# 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
Intermernt Serial Number (b)(6)
Date of Birth: (b)(6) 1969
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 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:**

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
   g. 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

## 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.

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 manner of death is homicide.

(b)(6)

(b)(6) Medical Examiner

DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

REPLY TO
ATTENTION OF

AFIP- (b)(6)

**PATIENT IDENTIFICATION**
AFIP Accessions Number Sequence
(b)(6)
Name
HAMED AL MU FARJI, KHALEED

SSAN: Autopsy: (b)(6)
Toxicology Accession #: (b)(6)
Date Report Generated: February 24, 2005

TO:

OFFICE OF THE ARMED FORCES MEDICAL EXAMINER
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

## CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

**AFIP DIAGNOSIS** **REPORT OF TOXICOLOGICAL EXAMINATION**

**Condition of Specimens:** GOOD
**Date of Incident** (b)(6) 2005 **Date Received:** 2/16/2005

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

**DRUGS:** The **HEART BLOOD** was screened for amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

None were found.

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(b)(6)

**CERTIFICATE OF DEATH (OVERSEAS)**
Acte dé décès (D'Outre-Mer)

| NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) | GRADE Grade | BRANCH OF SERVICE Arme | SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale |
|---|---|---|---|
| BTB Hamed Al Mu Farji, Khaleed, Yassen Hamad | | Iraqi Detainee | (b)(6) |

| ORGANIZATION Organisation | NATION (e.g., United States) Pays | DATE OF BIRTH Date de naissance | SEX Sexe |
|---|---|---|---|
| | Iraq | (b)(6) 1969 | ☑ MALE Masculin ☐ FEMALE Féminin |

| RACE Race | MARITAL STATUS État Civil | RELIGION Culte |
|---|---|---|
| CAUCASOID Caucasique | SINGLE Célibataire | PROTESTANT Protestant |
| NEGROID Negroide | MARRIED Marié | CATHOLIC Catholique |
| x OTHER (Specify) Autre (Spécifier) Other | WIDOWED Veuf | JEWISH Juif |
| | DIVORCED Divorcé | x OTHER (Specify) Autre (Spécifier) Sunni-Islam |
| | SEPARATED Séparé | |

| NAME OF NEXT OF KIN Nom du plus proche parent | RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit |
|---|---|
| | |
| STREET ADDRESS Domicile à (Rue) | CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris) |
| | |

**MEDICAL STATEMENT** Déclaration médicale

| | CAUSE OF DEATH (Enter only once cause per line) Cause du décès (N'indiquer qu'une cause par ligne) | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès |
|---|---|---|
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH[1] Maladie ou condition directement responsable de la mort[1] | Gunshot wound of the head | |
| ANTECEDENT CAUSES Symptômes précurseurs de la mort — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire | | |
| ANTECEDENT CAUSES — UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire | | |
| OTHER SIGNIFICANT CONDITIONS[2] Autres conditions significatives[2] | | |

| MODE OF DEATH Condition de décès | AUTOPSY PERFORMED Autopsie effectuée ☑ YES Oui ☐ NO Non | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures |
|---|---|---|
| NATURAL Mort naturelle | MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie | |
| ACCIDENT Mort accidentelle | | |
| SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste (b)(6) | |
| x HOMICIDE Homicide | SIGNATURE Signature (b)(6) — DATE Date 05 Feb 2005 | AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☑ NO Non |

| DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) | PLACE OF DEATH Lieu de décès |
|---|---|
| (b)(6) 2005 | Iraq |

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du dé funtet je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci-dessus.

| NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire | TITLE OR DEGREE Titre ou diplôme |
|---|---|
| (b)(6) | Medical Examiner |
| GRADE Grade (b)(6) | INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902 |
| DATE Date 29 March 05 | SIGNATURE (b)(6) |

[1] State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
[2] State conditions contributing to the death, but not related to the disease or condition causing death.
[1] Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu 'un arrêt du coeur, etc
[2] Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

DD FORM 1 APR 77 2064 REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(FAS), 26 SEP 75, WHICH ARE OBSOLETE.

*(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)*

<table>
<tr><td colspan="5">DISPOSITION OF REMAINS</td></tr>
<tr><td colspan="2">NAME OF MORTICIAN PREPARING REMAINS</td><td>GRADE</td><td>LICENSE NUMBER AND STATE</td><td>OTHER</td></tr>
<tr><td colspan="2">INSTALLATION OR ADDRESS</td><td>DATE</td><td colspan="2">SIGNATURE</td></tr>
<tr><td colspan="2">NAME OF CEMETERY OR CREMATORY</td><td colspan="3">LOCATION OF CEMETERY OR CREMATORY</td></tr>
<tr><td colspan="3">TYPE OF DISPOSITION</td><td colspan="2">DATE OF DISPOSITION</td></tr>
<tr><td colspan="5">REGISTRATION OF VITAL STATISTICS</td></tr>
<tr><td colspan="2" rowspan="2">REGISTRY (Town and Country)</td><td rowspan="2">DATE REGISTERED</td><td colspan="2">FILE NUMBER</td></tr>
<tr><td>STATE</td><td>OTHER</td></tr>
<tr><td colspan="2">NAME OF FUNERAL DIRECTOR</td><td colspan="3">ADDRESS</td></tr>
<tr><td colspan="5">SIGNATURE OF AUTHORIZED INDIVIDUAL</td></tr>
</table>

**DD FORM 2064, APR 1977 (BACK)** USAPA V1.00

MEDCOM 0416

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| Da (b)(6) of | (S) Unknown age ♂ has a gunshot to the face. |
| P | pt had no pulse, neg respirations : SpO2 0% pulse 0 |
| R | Pt is placed in expectant category |
| B/P | (O) pt has a gunshot wound to the face : Neg LOC |
| T | Neg Breath sounds |
| SPO2 | Neg pulses felt at the carotid, brachial, radial, or femoral pulse |
| | (A/P) Pt is expectant : DOA - 1230 |
| | |
| Meds | (b)(6) |
| | |
| All | |
| | |
| Tob | (b)(6) |

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
|---|---|---|---|
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | |

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

Compound # :

| REGISTER NO | WARD NO |
|---|---|
| | |

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
USAPA V2.00

Exhibit 4



(b)(6)

A

## HOSPITAL REPORT OF DEATH

For use of this form, see AR 40400; the proponent agency is Office of The Surgeon General.

NAME AND LOCATION OF HOSPITAL

*Instructions - Medical Officer in attendance will:*

*Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.*

*Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.*

### SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA *(Patient's ward plate will be used to imprint identifying data if available)*

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH *(Hour-day-month-year)* 1230

3. MEDICAL EXAMINER/CORONER'S CASE — YES [ ] NO [x]

4. RELIGION

5. CHAPLAIN NOTIFIED — YES [ ] NO [x]

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

| CAUSE OF DEATH | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)* | DUE TO *(or as a consequence of)* GSW To face | Immediately |
| 7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)* | DUE TO *(or as a consequence of)* (1) GSW | |
| | (2) | |
| 8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT | a. | |
| | b. | |

9. DATE (b)(6) 05 | 10. TY (b)(6) | 11. (b)(6) ANCE

### SECTION B - ADMINISTRATIVE ACTIO(N)

| TYPE OF ACTION | HOUR | DAY | MONTH | YEAR | INITIALS OF RESPONSIBLE OFFICER |
|---|---|---|---|---|---|
| 12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON | | | | | |
| 13. POST ADJUTANT GENERAL NOTIFIED | | | | | |
| 14. IMMEDIATE CO OF DECEASED NOTIFIED | | | | | |
| 15. INFORMATION OFFICE NOTIFIED | | | | | |
| 16. POST MORTUARY OFFICER NOTIFIED | | | | | |
| 17. RED CROSS NOTIFIED | | | | | |
| 18. OTHER *(Specify)* | | | | | |
| 19. | | | | | |

### SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED *(If yes, give date and place)* — YES [ ] NO [x]

21. AUTOPSY ORDERED BY *(Signature)*

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE | 24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY | 25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY

26. DATE | 27. TYPED NAME AND GRADE OF REGISTRAR | 28. SIGNATURE OF REGISTRAR

DA FORM 3894, OCT 72 — REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED. USAPA V2.01

# CERTIFICATE OF DEATH *(OVERSEAS)*
## Acte de décès *(D'Outre-Mer)*

| NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms) | GRADE Grade | BRANCH OF SERVICE Arme | SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale |
|---|---|---|---|
| | | | |
| ORGANIZATION Organisation | NATION *(e.g., United States)* Pays | DATE OF BIRTH Date de naissance | SEX Sexe ☐ MALE Masculin ☐ FEMALE Féminin |

| RACE Race | MARITAL STATUS État Civil | | RELIGION Culte | |
|---|---|---|---|---|
| ☐ CAUCASOID Caucasique | ☐ SINGLE Célibataire | ☐ DIVORCED Divorcé | ☐ PROTESTANT Protestant | ☐ OTHER *(Specify)* Autre *(Spécifier)* |
| ☐ NEGROID Négroïde | ☐ MARRIED Marié | | ☐ CATHOLIC Catholique | |
| ☑ OTHER (Specify) Autre *(Spécifier)* Iraqi | ☐ WIDOWED Veuf | ☐ SEPARATED Séparé | ☐ JEWISH Juif | |

| NAME OF NEXT OF KIN Nom du plus proche parent | RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit |
|---|---|
| STREET ADDRESS Domicilé à (Rue) | CITY OF TOWN AND STATE *(Include ZIP Code)* Ville (Code postal compris) |

**MEDICAL STATEMENT** Declaration médicale

| CAUSE OF DEATH *(Enter only one cause per line)* Cause du décès (N'indiquer qu'une cause par ligne) | | | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès |
|---|---|---|---|
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH [1] Maladie ou condition directement responsable de la mort. [1] | | GSW to the face | Immediate |
| ANTECEDENT CAUSES Symptômes précurseurs de la mort. | MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire | | |
| | UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire | | |
| OTHER SIGNIFICANT CONDITIONS [2] Autres conditions significatives [2] | | | |

| MODE OF DEATH Condition de décès | AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☐ NO Non | | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitees par des causes exterieures |
|---|---|---|---|
| ☐ NATURAL Mort naturelle | MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie | | |
| ☐ ACCIDENT Mort accidentelle | | | |
| ☐ SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste | | |
| ☐ HOMICIDE Homicide | SIGNATURE Signature | DATE Date | AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☐ NO Non |

| DATE OF DEATH *(Hour, day, month, year)* Date de décès *(l'heure, le jour, le mois, l'année)* | PLACE OF DEATH Lieu de décès |
|---|---|
| (b)(6) 05 | Camp bucca, Iraq |

I HAVE VEIWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci dessus

| NAME OF MEDICAL OFFICER Nom du médicin militaire ou du médicin sanitaire | | TITLE OR DEGREE Titre ou diplômé |
|---|---|---|
| GRADE Grade | INSTALLATION OR ADDRESS Installation ou adresse | |
| DATE Date | SIGNATURE Signature | |

[1] *State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.*
[2] *State conditions contributing to the death, but not related to the disease or condition causing death.*
[1] *Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.*
[2] *Préiser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.*

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| Date: (b)(6) 05 | (S) Unk Age Iraqi male detainee brought |
| P | into TMC pulseless / ∅ breathing after |
| R | being shot by lethal rounds during a |
| B/P | riot. CPR initiated, intubated, attempted |
| T | IV access, but ∅ able to get. Had been |
| SPO2 | down @ compound for 10-15 min prior to |
| | arrival. Quick look using paddles showed a |
| | (A) flat-line (b)(6) (C) |
| Meds | Entry wound to (R) chest wall @ |
| | midback axillae (b)(6), exit @ (R) axillae. |
| All | |
| | Pt assessed as Expectant c other pts |
| Tob | brought in who had VS, but unstable p |
| | a few minutes. |
| | - ∅ other measures instituted. |
| | Unk TOD - ? 1200 |
| | (b)(6) |

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
|---|---|---|---|
| | | | |

| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR |
|---|---|---|
| | | |

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) | REGISTER NO | WARD NO

ISN:

Compound # :

Name: (b)(6)

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

**HOSPITAL REPORT OF DEATH**

For use of this form, see AR 40400; the proponent agency is Office of The Surgeon General.

NAME AND LOCATION OF HOSPITAL

*Instructions - Medical Officer in attendance will:*
*Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.*
*Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.*

## SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

### PERSONAL DATA

1. PATIENT DATA *(Patient's ward plate will be used to imprint identifying data if available)*

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH *(Hour-day-month-year)*

3. MEDICAL EXAMINER/ CORONER'S CASE [X] YES [ ] NO

4. RELIGION

5. CHAPLAIN NOTIFIED [ ] YES [X] NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

| CAUSE OF DEATH | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)* | DUE TO *(or as a consequence of)* Gun Shot Wound-Chest | 10 min |
| 7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)* | DUE TO *(or as a consequence of)* (1) | |
| | (2) | |
| 8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT | a. | |
| | b. | |

| 9. DATE | 10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE | 11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE |
|---|---|---|
| (b)(6) 05 | (b)(6) | (b)(6) |

## SECTION B - ADMINISTRATIVE ACTION

| TYPE OF ACTION | HOUR | DAY | MONTH | YEAR | INITIALS OF RESPONSIBLE OFFICER |
|---|---|---|---|---|---|
| 12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON | | | | | |
| 13. POST ADJUTANT GENERAL NOTIFIED | | | | | |
| 14. IMMEDIATE CO OF DECEASED NOTIFIED | | | | | |
| 15. INFORMATION OFFICE NOTIFIED | | | | | |
| 16. POST MORTUARY OFFICER NOTIFIED | | | | | |
| 17. RED CROSS NOTIFIED | | | | | |
| 18. OTHER *(Specify)* | | | | | |
| 19. | | | | | |

## SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED *(If yes, give date and place)* [ ] YES [ ] NO

21. AUTOPSY ORDERED BY *(Signature)*

22. PROVISIONAL PATHOLOGICAL FINDINGS

| 23. DATE | 24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY | 25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY |
|---|---|---|
| | | |

| 26. DATE | 27. TYPED NAME AND GRADE OF REGISTRAR | 28. SIGNATURE OF REGISTRAR |
|---|---|---|
| | | |

DA FORM 3894, OCT 72 REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED. USAPA V2.01

# CERTIFICATE OF DEATH *(OVERSEAS)*
## Acte de décès *(D'Outre-Mer)*

| NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms) | GRADE Grade | BRANCH OF SERVICE Arme | SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale |
|---|---|---|---|
| | | | |

| ORGANIZATION Organisation | NATION *(e.g., United States)* Pays | DATE OF BIRTH Date de naissance | SEX Sexe |
|---|---|---|---|
| | | | ☐ MALE Masculin<br>☐ FEMALE Féminin |

| RACE Race | MARITAL STATUS État Civil | | RELIGION Culte | |
|---|---|---|---|---|
| ☐ CAUCASOID Caucasique | ☐ SINGLE Célibataire | ☐ DIVORCED Divorcé | ☐ PROTESTANT Protestant | ☐ OTHER *(Specify)* Autre *(Spécifier)* |
| ☐ NEGROID Négróide | ☐ MARRIED Marié | | ☐ CATHOLIC Catholique | |
| X OTHER (Specify) Autre *(Spécifier)* Iraqi | ☐ WIDOWED Veuf | ☐ SEPARATED Séparé | ☐ JEWISH Juif | |

| NAME OF NEXT OF KIN Nom du plus proche parent | RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit |
|---|---|
| | |
| **STREET ADDRESS** Domicilé à (Rue) | **CITY OF TOWN AND STATE** *(Include ZIP Code)* Ville (Code postal compris) |
| | |

### MEDICAL STATEMENT Declaration médicale

| | CAUSE OF DEATH *(Enter only one cause per line)* Cause du décès (N'indiquer qu'une cause par ligne) | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès |
|---|---|---|
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH [1] Maladie ou condition directement responsable de la mort [1] | Gun Shot Wound - Chest | 10 min |
| ANTECEDENT CAUSES Symptômes précurseurs de la mort — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire | | |
| UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire | | |
| OTHER SIGNIFICANT CONDITIONS [2] Autres conditions significatives [2] | | |

| MODE OF DEATH Condition de décès | AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☐ NO Non | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitees par des causes exterieures |
|---|---|---|
| ☐ NATURAL Mort naturelle | MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie | |
| ☐ ACCIDENT Mort accidentelle | | |
| ☐ SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste | |
| ☐ HOMICIDE Homicide | SIGNATURE Signature / DATE Date | AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☐ NO Non |

| DATE OF DEATH *(Hour, day, month, year)* Date de décès *(l'heure, le jour, le mois, l'année)* | PLACE OF DEATH Lieu de décès |
|---|---|
| | |

I HAVE VEIWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci dessus

| NAME OF MEDICAL OFFICER Nom du médicin militaire ou du médicin sanitaire | TITLE OR DEGREE Titre ou diplômé |
|---|---|
| **GRADE** Grade | **INSTALLATION OR ADDRESS** Installation ou adresse |
| **DATE** Date | **SIGNATURE** Signature |

1 *State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.*
2 *State conditions contributing to the death, but not related to the disease or condition causing death.*
1 *Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.*
2 *Préiser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.*

# STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use of this form, see AR 600-8-1 the proponent agency is PERSCOM

| THRU: (Include ZIP Code) | TO: (Include ZIP Code) | FROM: (Include ZIP Code) |
|---|---|---|
| | | |

| 1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial) | 2. SSN | 3. GRADE |
|---|---|---|
| | | |

4. ORGANIZATION AND STATION

5. ACCIDENT INFORMATION — a. DATE — b. PLACE (City and State)

## SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR

6. INDIVIDUAL WAS ☐ OUT PATIENT ☒ ADMITTED ☐ DEAD ON ARRIVAL

7. NAME OF HOSPITAL OR TREATMENT FACILITY: Camp Bucca IFAS ☐ CIVILIAN ☒ MILITARY

8. HOUR AND DATE ADMITTED: (b)(6) 05

9. HOUR AND DATE EXAMINED: (b)(6) 05

10. NATURE AND EXTENT OF ☐ INJURY ☐ DISEASE ☑ RESULTING IN DEATH (Explain): GSW - Chest

11. MEDICAL OPINION: a. INDIVIDUAL ☐ WAS ☑ WAS NOT UNDER THE INFLUENCE OF ☐ ALCOHOL ☐ DRUGS (Specify):

b. INDIVIDUAL ☐ WAS ☐ WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate).

c. INJURY ☐ IS ☐ IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE.

d. INJURY ☐ WAS ☐ WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION:

12. THE FOLLOWING DISABILITY MAY RESULT ☐ TEMPORARY ☐ PERMANENT PARTIAL ☐ PERMANENT TOTAL

13. BLOOD ALCOHOL TEST MADE ☐ YES ☐ NO

14. NO. OF MG ALCOHOL/100 ML BLOOD

15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when): Riot compound 5. Received GSW to Chest.

| 16. DATE | 17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN | 18. SIGNATURE |
|---|---|---|
| (b)(6) 05 | (b)(6) | (b)(6) |

## SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER

19. DUTY STATUS ☐ PRESENT FOR DUTY ☐ ABSENT WITHOUT AUTHORITY ☐ ABSENT WITH AUTHORITY: ☐ ON PASS ☐ ON LEAVE

20. HOUR AND DATE OF ABSENCE — a. FROM — b. TO

21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERRED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance) ☐ YES ☐ NO

22. INDIVIDUAL WAS ON ☐ ACTIVE DUTY ☐ ACTIVE DUTY FOR TRAINING ☐ INACTIVE DUTY TRAINING

23. HOUR AND DATE TRAINING — a. BEGAN — b. ENDED

24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING ☐ DIRECTLY TO TRAINING ☐ DIRECTLY FROM TRAINING

| 25. MODE OF TRANSPORTATION | 26. HOUR BEGINNING TRAVEL | 27. DISTANCE INVOLVED | 28. NORMAL TIME FOR TRAVEL |
|---|---|---|---|
| | | | |

29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE ☐ PRESENT FOR DUTY ☐ ABSENT WITH AUTHORITY ☐ ABSENT WITHOUT AUTHORITY

30. DETAILS OF ACCIDENT - REMARKS (If additional space is needed, continue on reverse) (Attach inclosures as necessary)

31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED ☐ YES ☐ NO

32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) ☐ YES ☐ NO

| 33. DATE | 34. TYPE NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER | 35. SIGNATURE |
|---|---|---|
| | | |

DA FORM 2173, OCT 72 — REPLACES DA FORM 2173, 1 JUNE 66, WHICH IS OBSOLETE. *U.S. GPO: 1994-300-727/10493

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

(b)(6)

C

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| Date: | (S) Unk age Iraqi male detainee brought into |
| P | TMC c̄ unk injury, ∅ breathing / pulseless. CPR initiated |
| R | ET tube placed c̄ (+) breath sounds (B) |
| B/P | pads connected which showed Asystole, |
| T | Epinephrine dosed down ET tube while |
| SPO2 | IV access being obtained in (R) antecubital |
| | vein. Pt continued to be pulseless |
| | and was then redosed c̄ Epinephrine then |
| Meds | Atropine s̄ any effect. IVF bolus c̄ |
| | NS 1L, redosed 3 min later c̄ Epi - ∅ effect. |
| All | 2° survey showed GSW to (R) upper |
| | back s̄ any apparent exit wounds. |
| Tob | Pt @ this point had been in asystole |
| | for 10-15 min, therefore, ∅ other |
| | lifesaving treatment was done due to the |
| | other casualties already in the ED needing tx. |
| | TOD? ~1210 chest compressions / bagging d/c |
| | (b)(6) |
| | On Review of photo, wound (L) upper back |

Handwritten note at top right: being involved w/ mass casualties

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

| HOSPITAL OR MEDICAL FACILITY | STATUS (b)(6) 05 | DEPART./SERVICE | RECORDS MAINTAINED AT |
|---|---|---|---|
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | |

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

ISN :

Compound # :

| REGISTER NO | WARD NO |
|---|---|
| | |

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
FIRMR (41 CFR) 201-9.202-1

USAPA V2.00

Exhibit 4

000033

ACLU-RDI 5650 p.17

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10-L-0126 ACLU CID ROI 5520

(b)(6)

## HOSPITAL REPORT OF DEATH

For use of this form, see AR 40400, the proponent agency is Office of The Surgeon General.

NAME AND LOCATION OF HOSPITAL

*Instructions - Medical Officer in attendance will:*
*Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.*
*Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.*

### SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA *(Patient's ward plate will be used to imprint identifying data if available)*

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH *(Hour-day-month-year)* (b)(6) 05

3. MEDICAL EXAMINER/ CORONER'S CASE ☒ YES ☐ NO

4. RELIGION

5. CHAPLAIN NOTIFIED ☐ YES ☒ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

| CAUSE OF DEATH | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)* | DUE TO *(or as a consequence of)* Gun Shot Wound Chest | 10 min |
| 7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)* | DUE TO *(or as a consequence of)* (1) | |
| | (2) | |
| 8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT | a. | |
| | b. | |

9. DATE 1-31-05

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)

11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)

### SECTION B - ADMINISTRATIVE ACTION

| TYPE OF ACTION | HOUR | DAY | MONTH | YEAR | INITIALS OF RESPONSIBLE OFFICER |
|---|---|---|---|---|---|
| 12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON | | | | | |
| 13. POST ADJUTANT GENERAL NOTIFIED | | | | | |
| 14. IMMEDIATE CO OF DECEASED NOTIFIED | | | | | |
| 15. INFORMATION OFFICE NOTIFIED | | | | | |
| 16. POST MORTUARY OFFICER NOTIFIED | | | | | |
| 17. RED CROSS NOTIFIED | | | | | |
| 18. OTHER *(Specify)* | | | | | |
| 19. | | | | | |

### SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED *(If yes, give date and place)* ☐ YES ☐ NO

21. AUTOPSY ORDERED BY *(Signature)*

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE

24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY

25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY

26. DATE

27. TYPED NAME AND GRADE OF REGISTRAR

28. SIGNATURE OF REGISTRAR

DA FORM 3894, OCT 72 REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED. USAPA V2.01

# CERTIFICATE OF DEATH *(OVERSEAS)*
## Acte de décès *(D'Outre-Mer)*

| NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms) | GRADE Grade | BRANCH OF SERVICE Arme | SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale |
|---|---|---|---|
| ORGANIZATION Organisation | NATION *(e.g., United States)* Pays | DATE OF BIRTH Date de naissance | SEX Sexe ☐ MALE Masculin ☐ FEMALE Féminin |

| RACE Race | MARITAL STATUS État Civil | | RELIGION Culte | |
|---|---|---|---|---|
| ☐ CAUCASOID Caucasique | ☐ SINGLE Célibataire | ☐ DIVORCED Divorcé | ☐ PROTESTANT Protestant | ☐ OTHER *(Specify)* Autre *(Spécifier)* |
| ☐ NEGROID Négróide | ☐ MARRIED Marié | | ☐ CATHOLIC Catholique | |
| ☐ OTHER (Specify) Autre *(Spécifier)* | ☐ WIDOWED Veuf | ☐ SEPARATED Séparé | ☐ JEWISH Juif | |

| NAME OF NEXT OF KIN Nom du plus proche parent | RELATIONSHIP TO DECEASED Parenté du décéde avec le susdit |
|---|---|
| STREET ADDRESS Domicilé à (Rue) | CITY OF TOWN AND STATE *(Include ZIP Code)* Ville (Code postal compris) |

### MEDICAL STATEMENT Declaration médicale

| | CAUSE OF DEATH *(Enter only one cause per line)* Cause du décès (N'indiquer qu'une cause par ligne) | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès |
|---|---|---|
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH [1] Maladie ou condition directement responsable de la mort. [1] | Gun Shot Wound - Chest | 10 min |
| ANTECEDENT CAUSES Symptômes précurseurs de la mort. — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire | | |
| UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire | | |
| OTHER SIGNIFICANT CONDITIONS [2] Autres conditions significatives [2] | | |

| MODE OF DEATH Condition de décès | AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☐ NO Non | | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitees par des causes exterieures |
|---|---|---|---|
| ☐ NATURAL Mort naturelle | MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie | | |
| ☐ ACCIDENT Mort accidentelle | | | |
| ☐ SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste | | |
| ☐ HOMICIDE Homicide | SIGNATURE Signature | DATE Date | AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☐ NO Non |

| DATE OF DEATH *(Hour, day, month, year)* Date de décès *(l'heure, le jour, le mois, l'année)* | PLACE OF DEATH Lieu de décès |
|---|---|

I HAVE VEIWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci dessus

| NAME OF MEDICAL OFFICER Nom du médicin militaire ou du médicin sanitaire | TITLE OR DEGREE Titre ou diplômé |
|---|---|
| GRADE Grade | INSTALLATION OR ADDRESS Installation ou adresse |
| DATE Date | SIGNATURE Signature |

[1] *State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.*
[2] *State conditions contributing to the death, but not related to the disease or condition causing death.*
[1] *Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.*
[2] *Préiser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.*

DD FORM 2064, APR 1977 REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-R(PAS), 26 SEP 1975, WHICH ARE OBSOLETE. USAPA V1.00 Exhibit 4

# STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use of this form, see AR 600-8-1 the proponent agency is PERSCOM

THRU: *(Include ZIP Code)*

TO: *(Include ZIP Code)*

FROM: *(Include ZIP Code)*

1. NAME OF INDIVIDUAL EXAMINED *(Last, First, and Middle Initial)*
2. SSN
3. GRADE
4. ORGANIZATION AND STATION
5. ACCIDENT INFORMATION
   a. DATE
   b. PLACE *(City and State)*

## SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR

6. INDIVIDUAL WAS ☐ OUT PATIENT ☒ ADMITTED ☐ DEAD ON ARRIVAL
7. NAME OF HOSPITAL OR TREATMENT FACILITY ☐ CIVILIAN ☒ MILITARY
   Camp Bucca IFAS
8. HOUR AND DATE ADMITTED (b)(6) 05
9. HOUR AND DATE EXAMINED (b)(6) 05
10. NATURE AND EXTENT OF ☐ INJURY ☐ DISEASE ☒ RESULTING IN DEATH *(Explain)*
    GSW - chest
11. MEDICAL OPINION: a. INDIVIDUAL ☐ WAS ☒ WAS NOT UNDER THE INFLUENCE OF ☐ ALCOHOL ☐ DRUGS *(Specify)*:
    b. INDIVIDUAL ☐ WAS ☐ WAS NOT MENTALLY SOUND *(Attach Psychiatric evaluation if appropriate)*.
    c. INJURY ☐ IS ☐ IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE.
    d. INJURY ☐ WAS ☐ WAS NOT INCURRED IN LINE OF DUTY. *BASIS FOR OPINION:*
12. THE FOLLOWING DISABILITY MAY RESULT ☐ TEMPORARY ☐ PERMANENT PARTIAL ☐ PERMANENT TOTAL
13. BLOOD ALCOHOL TEST MADE ☐ YES ☐ NO
14. NO. OF MG ALCOHOL/100 ML BLOOD
15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE *(how, where, when)*
    Riot @ Compound S. Received GSW to chest.
16. DATE (b)(6) 05
17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR (b)(6)
18. SIGNATURE (b)(6)

## SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER

19. DUTY STATUS ☐ PRESENT FOR DUTY ☐ ABSENT WITHOUT AUTHORITY ☐ ABSENT WITH AUTHORITY: ☐ ON PASS ☐ ON LEAVE
20. HOUR AND DATE OF ABSENCE
    a. FROM
    b. TO
21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERRED WITH THE PERFORMANCE OF MILITARY DUTY *(Explain in item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance)* ☐ YES ☐ NO
22. INDIVIDUAL WAS ON ☐ ACTIVE DUTY ☐ ACTIVE DUTY FOR TRAINING ☐ INACTIVE DUTY TRAINING
23. HOUR AND DATE TRAINING
    a. BEGAN
    b. ENDED
24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING ☐ DIRECTLY TO TRAINING ☐ DIRECTLY FROM TRAINING
25. MODE OF TRANSPORTATION
26. HOUR BEGINNING TRAVEL
27. DISTANCE INVOLVED
28. NORMAL TIME FOR TRAVEL
29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE ☐ PRESENT FOR DUTY ☐ ABSENT WITH AUTHORITY ☐ ABSENT WITHOUT AUTHORITY
30. DETAILS OF ACCIDENT - REMARKS *(If additional space is needed, continue on reverse) (Attach inclosures as necessary)*
31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED ☐ YES ☐ NO
32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY *(Not applicable on deaths)* ☐ YES ☐ NO
33. DATE
34. TYPE NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER
35. SIGNATURE

DA FORM OCT 72 2173 REPLACES DA FORM 2173, 1 JUNE 66, WHICH IS OBSOLETE. *U.S. GPO: 1994-300-727/10493

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| (b)(6) | Ø5 |
| P | Detainee shot in (R) head. Entrance wound |
| R | (R) parietal, exit (R) frontal. GCS 3 but |
| B/P | breathing spontaneous. Jaw clenched. Vitals |
| T | HR 115, pOx 81%. IV established 150mg Sux |
| SPO2 | Intubation 7.0 ET tube Good BS. Central line |
| | attempt (L) SC c̄ blood return but unable to thread |
| | wire. OG tube / Foley. Ancef 2gm. Dilantin |
| Meds | 1 gm, 1230 Vecuronium 10mg @ 1245. Central line |
| ? | (R) femoral. Pupils remained 3mm reactive |
| All | sluggish. CXR ØPTX |
| | Vitals @ 1300 HR 91 pOx 98% on AC |
| Tob | @ 700cc RR 20. HOB @ 30° Bairhugger |
| ? | applied. BP ↓ to 74/38 p̄ 1½ liters, 500cc |
| | bolus → Total of 2.5 L by 1320. HCT @ 25 |
| (b)(6) | 1 Unit PRBC's ordered. pH 6.932 (venous) |
| | 144 / 104 / 12 / 296 ; 3.2 / 77 |
| 1330 | HR 46 pOx 98% BP 102/20 (R) pupil @ 4mm (L) @ 3mm |
| | nonreactive. Repeat ABG 7.16 |
| | 1 Unit PRBC's hung → repeat HCT 13, 2 Unit hung. Central |
| | pulse palpable but no radial pulse p̄ 4 L NS → pt placed |

OVER

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
|---|---|---|---|
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | |

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) | REGISTER NO | WARD NO

SN:

Compound #:

(b)(6)

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV 6-97)

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| Date: | |
| P | Detainee shot in (R) head. Entrance wound |
| R | (R) parietal, exit (R) frontal. GCS 3 but |
| B/P | breathing spontaneous. Jaw clenched. Vitals |
| T | HR 115, pOx 81%. IV established 150mg Sux |
| SPO2 | Intubation 7.0 ET tube Good BS, Central line |
| | attempt (L) SC c̄ blood return but unable to thread |
| | wire. OG tube / Foley Ancef 2gm Dilantin |
| Meds | 1gm; 1230 Vecuronium 10mg @ 1245. Central line |
| ? | (R) femoral. Pupils remained 3mm reactive |
| All | sluggish. CXR ØPTX |
| ? | Vitals @ 1300 HR 91 pOx 98% on SIMV |
| Tob | @ 700cc RR 18. HOB @ 30° Bairhugger |
| ? | applied. BP ↓ to 74/38 p̄ 1½ liters, 500cc |
| | bolus |

(b)(6)

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
|---|---|---|---|
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | |

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* | REGISTER NO | WARD NO

SSN:

Compound # :

Name: (b)(6)

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record 000038

STANDARD FORM 600 (REV. 6-97)

Exhibit 4

## HOSPITAL REPORT OF DEATH

For use of this form, see AR 40400. The proponent agency is Office of The Surgeon General.

NAME AND LOCATION OF HOSPITAL

*Instructions - Medical Officer in attendance will:*

*Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.*

*Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.*

### SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

**PERSONAL DATA**

1. PATIENT DATA *(Patient's ward plate will be used to imprint identifying data if available)*
(b)(6)
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH *(Hour-day-month-year)*
(b)(6) Ø5

3. MEDICAL EXAMINER/CORONER'S CASE
☑ YES ☐ NO

4. RELIGION

5. CHAPLAIN NOTIFIED
☐ YES ☑ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH
NA

| CAUSE OF DEATH | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)* | DUE TO *(or as a consequence of)* Gun shot wound to head; blood loss; brain swelling | 2½ hours |
| 7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)* | DUE TO *(or as a consequence of)* (1) | |
| | (2) | |
| 8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT | a. | |
| | b. | |

9. DATE (b)(6) Ø5

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)

11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)

### SECTION B - ADMINISTRATIVE ACTION

| TYPE OF ACTION | HOUR | DAY | MONTH | YEAR | INITIALS OF RESPONSIBLE OFFICER |
|---|---|---|---|---|---|
| 12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON | | | | | |
| 13. POST ADJUTANT GENERAL NOTIFIED | | | | | |
| 14. IMMEDIATE CO OF DECEASED NOTIFIED | | | | | |
| 15. INFORMATION OFFICE NOTIFIED | | | | | |
| 16. POST MORTUARY OFFICER NOTIFIED | | | | | |
| 17. RED CROSS NOTIFIED | | | | | |
| 18. OTHER *(Specify)* | | | | | |
| 19. | | | | | |

### SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED *(If yes, give date and place)*
☐ YES ☐ NO

21. AUTOPSY ORDERED BY *(Signature)*

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE

24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY

25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY

26. DATE

27. TYPED NAME AND GRADE OF REGISTRAR

28. SIGNATURE OF REGISTRAR

DA FORM 3894, OCT 72 REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED. USAPA V2.01

# CERTIFICATE OF DEATH *(OVERSEAS)*
## Acte de décès *(D'Outre-Mer)*

| NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms) | GRADE Grade | BRANCH OF SERVICE Arme | SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale |
|---|---|---|---|
| | | | |
| ORGANIZATION Organisation | NATION *(e.g., United States)* Pays | DATE OF BIRTH Date de naissance | SEX Sexe ☐ MALE Masculin ☐ FEMALE Féminin |

| RACE Race | MARITAL STATUS État Civil | | RELIGION Culte | |
|---|---|---|---|---|
| CAUCASOID Caucasique | SINGLE Célibataire | DIVORCED Divorcé | PROTESTANT Protestant | OTHER *(Specify)* Autre *(Spécifier)* |
| NEGROID Négroïde | MARRIED Marié | | CATHOLIC Catholique | |
| OTHER (Specify) Autre *(Spécifier)* | WIDOWED Veuf | SEPARATED Séparé | JEWISH Juif | |

| NAME OF NEXT OF KIN Nom du plus proche parent | RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit |
|---|---|
| STREET ADDRESS Domicilé à (Rue) | CITY OF TOWN AND STATE *(Include ZIP Code)* Ville (Code postal compris) |

### MEDICAL STATEMENT Declaration médicale

| | CAUSE OF DEATH *(Enter only one cause per line)* Cause du décès (N'indiquer qu'une cause par ligne) | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès |
|---|---|---|
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH [1] Maladie ou condition directement responsable de la mort [1] | Gun shot wound to head | 2½ hours |
| ANTECEDENT CAUSES Symptômes précurseurs de la mort — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire | | |
| UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire | | |
| OTHER SIGNIFICANT CONDITIONS [2] Autres conditions significatives [2] | | |

| MODE OF DEATH Condition de décès | AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☐ NO Non | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitees par des causes exterieures |
|---|---|---|
| NATURAL Mort naturelle | MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie | |
| ACCIDENT Mort accidentelle | | |
| SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste | |
| HOMICIDE Homicide | SIGNATURE Signature / DATE Date | AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☐ NO Non |

| DATE OF DEATH *(Hour, day, month, year)* Date de décès *(l'heure, le jour, le mois, l'année)* | PLACE OF DEATH Lieu de décès |
|---|---|
| (b)(6) 05 | Camp Bucca Internment Facility, Iraq |

I HAVE VEIWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci dessus

| NAME OF MEDICAL OFFICER Nom du médicin militaire ou du médicin sanitaire | TITLE OR DEGREE Titre ou diplômé |
|---|---|
| GRADE Grade | INSTALLATION OR ADDRESS Installation ou adresse |
| DATE Date | SIGNATURE Signature |

[1] *State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.*
[2] *State conditions contributing to the death, but not related to the disease or condition causing death.*
[1] *Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.*
[2] *Préiser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.*

# STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use of this form, see AR 600-8-1 the proponent agency is PERSCOM

| THRU: (Include ZIP Code) | TO: (Include ZIP Code) | FROM: (Include ZIP Code) |
|---|---|---|
| | | |

| 1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial) | 2. SSN | 3. GRADE |
|---|---|---|
| | | |

4. ORGANIZATION AND STATION

5. ACCIDENT INFORMATION — a. DATE — b. PLACE (City and State)

## SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR

6. INDIVIDUAL WAS ☐ OUT PATIENT ☒ ADMITTED ☐ DEAD ON ARRIVAL

7. NAME OF HOSPITAL OR TREATMENT FACILITY ☐ CIVILIAN ☐ MILITARY
Camp Bucca IFAS

8. HOUR AND DATE ADMITTED (b)(6) ∅5

9. HOUR AND DATE EXAMINED (b)(6) ∅5

10. NATURE AND EXTENT OF ☐ INJURY ☐ DISEASE ☒ RESULTING IN DEATH (Explain)
GSW to head

11. MEDICAL OPINION: a. INDIVIDUAL ☐ WAS ☒ WAS NOT UNDER THE INFLUENCE OF ☐ ALCOHOL ☐ DRUGS (Specify):
b. INDIVIDUAL ☐ WAS ☐ WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate).
c. INJURY ☐ IS ☐ IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE.
d. INJURY ☐ WAS ☐ WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION:

12. THE FOLLOWING DISABILITY MAY RESULT ☐ TEMPORARY ☐ PERMANENT PARTIAL ☐ PERMANENT TOTAL

13. BLOOD ALCOHOL TEST MADE ☐ YES ☐ NO

14. NO. OF MG ALCOHOL/100 ML BLOOD

15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when)
Riot at compound 5 Pt received gunshot wound to (R) head

16. DATE (b)(6) ∅5

17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR (b)(6)

18. SIGNATURE (b)(6)

## SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER

19. DUTY STATUS ☐ PRESENT FOR DUTY ☐ ABSENT WITHOUT AUTHORITY ☐ ABSENT WITH AUTHORITY: ☐ ON PASS ☐ ON LEAVE

20. HOUR AND DATE OF ABSENCE a. FROM b. TO

21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERRED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance) ☐ YES ☐ NO

22. INDIVIDUAL WAS ON ☐ ACTIVE DUTY ☐ ACTIVE DUTY FOR TRAINING ☐ INACTIVE DUTY TRAINING

23. HOUR AND DATE TRAINING a. BEGAN b. ENDED

24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING ☐ DIRECTLY TO TRAINING ☐ DIRECTLY FROM TRAINING

| 25. MODE OF TRANSPORTATION | 26. HOUR BEGINNING TRAVEL | 27. DISTANCE INVOLVED | 28. NORMAL TIME FOR TRAVEL |
|---|---|---|---|
| | | | |

29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE ☐ PRESENT FOR DUTY ☐ ABSENT WITH AUTHORITY ☐ ABSENT WITHOUT AUTHORITY

30. DETAILS OF ACCIDENT - REMARKS (If additional space is needed, continue on reverse) (Attach inclosures as necessary)

31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED ☐ YES ☐ NO

32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) ☐ YES ☐ NO

| 33. DATE | 34. TYPE NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER | 35. SIGNATURE |
|---|---|---|
| | | |

DA FORM 2173, OCT 72 — REPLACES DA FORM 2173, 1 JUNE 66, WHICH IS OBSOLETE. *U.S. GPO: 1994-300-727/10493

CLINICAL RECORD - DOCTOR'S ORDERS 0008-05-CID939-

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION
(b)(6)

DATE OF ORDER (b)(6) 05 | TIME OF ORDER 630P HOURS | LIST TIME ORDER NOTED AND SIGN

ADMIT TO PACU → MSU
S/P I+D (L) HUMERUS FX
STABLE
ROUTINE VITALS
c NV ✓S (L) HAND
NKDA
OOB AD LIB

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER ____ HOURS

NWB (L) UE
SLING PRN
Regular diet as tol
NPO p MN 1 FEB FOR OR 2 FEB
LR @ 100 until good PO
PRIMAXIN 1000mg IV Q8°
MVI 1 PO QD
Percocet 1-2 PO Q4° PRN

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER HOURS

MSO4 2-5mg IV Q2° PRN
COLACE 100mg PO BID
AP / LATERAL XRAY (L) HUMERUS.

done 2019

(b)(6)

Note (b)(6)

31 Jan 05 2019

24 January 2100 (b)(6) .05

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 4256, 1 APR 79 — REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

0008-05-CID939

# MEDICAL RECORD - PATIENT REASSESSMENT

For use of this form see MEDCOM Circular 40-5

DIRECTIONS: A check (✓) in the small box indicates stated description reflects actual physical findings. An asterisk (*) in the box indicates that a variance exists. A brief explanation of any abnormal findings is required.

| DATE: (b)(6) 05 | TIME: 1000 INITIALS: (b)(6) | TIME: INITIALS: | TIME: INITIALS: |
|---|---|---|---|
| **1. 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. | ☑ language barrier | ☐ | ☐ |
| **2. 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. | ☐ report not being hungary | ☐ | ☐ |
| **5. G.U./REPRODUCTIVE.** Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual vaginal/ penile/breast discharge. | ☐ foley 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. | ☐ external fixator on (L) Humerous c̄ DRESSING | ☐ | ☐ |
| **7. 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.** 3/10 | ☐ Denies pain/discomfort. | ☐ Denies pain/discomfort. | ☐ Denies pain/discomfort. |
| Note: If patient complains of pain/discomfort, document the intensity (0-10 Item scale), location, and other descriptive information in item12 | | | |
| **9. PSYCHOSOCIAL.** Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate. Interacts appropriately with others. | ☑ | ☐ | ☐ |
| **10. SLEEP.** Patient expresses he/she slept well and feels rested. | ☑ | ☐ | ☐ |

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

NOTE: Additional assessment data regarding IV site(s), pain, dressings, etc., is contained on page 2 of this form.

DIRECTIONS: This assessment is for use ... or other health care personnel according to ... policy.

## SECTION I: VITAL SIGNS/OTHER INFORMATION

(b)(6)

Date: (b)(6) Time: 2100 Patient oriented to: [ ] Safety procedures [ ] Call light use [ ] Side rail use [✓] Unit procedures

Temp: 98.2 [ ] Oral [ ] Rectal [ ] Axillary [✓] Tympanic Pulse: 77 Respirations: 20

BP: 132/66 Rhythm: Reg Height: ______ Weight: ______

Presenting Complaint: S/P HD (L) humerus Fx Allergies: NKDA SpO2 98.2

## SECTION II: REVIEW OF SYSTEMS

Directions: *A check (✓) in the small box, left column, indicates stated description reflects actual physical findings. An asterisk (*) in the box indicates that a variance exists. A brief explanation of abnormal findings is required, or you may circle the appropriate descriptive terms.*

| | |
|---|---|
| **1. 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<br>Doesn't speak/understand English |
| **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<br>Capillary refill = 2 seconds. Pacemaker (Type): ______ |
| **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<br>Wheezing Rales/rhonchi Night sweats |
| **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<br>Hemorrhoids Rectal bleeding Heartburn Distension Flatus<br>Last BM: ______ Bowel frequency: ______<br>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<br>Catheter: Foley/External/Supra-pubic Hx of UTI/calculi<br>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: ______ Assistive devices: Ext Fix.<br>Weakness/paralysis: (L) humerus Fx<br>Homan's sign (L) / (R) leg |
| **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<br>GSW (L) open wound to shoulder |
| **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: ______<br>Assistance needed to fall asleep: ______ |
| **10. PAIN.** No current complaint of pain/discomfort. No ongoing (chronic) pain problems. [✓] | **PAIN ASSESSMENT.** For patients complaining of pain, complete the following:<br>**Intensity of Pain Scale:** (0 = No pain; 10 = Worst pain)<br>Location(s): (L) humerus Fx<br>Intensity/Description: ______<br>Onset/Duration: ______<br>Exacerbated by: ______<br>Alleviated by: PRN meds |

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

(b)(6)

*MEDCOM FORM 686-R (TEST) (MCHO) JUN 03*

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☒

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

0.9% Nacl

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNA[TURE] (b)(6) (b)(6)

15. XRAY IN OPERATING ROOM YES ☒ NO ☐ mini C-arm IF YES, SITE (L) humerus

16. LABORATORY SPECIMENS

| | NAME | NAME |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | | |
| FROZEN SECTION (FS) YES ☐ NO ☒ | | |
| CULTURE (C) YES ☐ NO ☒ | | |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| | 1. | 2. | 3. |
|---|---|---|---|
| TYPE/SIZE | 1" Penrose | | |
| SITE | Left Shoulder | | |

18. DRESSING/IMMOBILIZATION (Specify)

Xeroform
Kerlix

19. ADDITIONAL INFORMATION

Surgeons - (b)(6)
anesthesia - (b)(6)
general anesthesia

20. OPERATION(S) PERFORMED

I+D Left Humerus Fracture, External Fixator Left Humerus

21. PATIENT TRANSFERRED TO: icu for recovery | TIME: 1855 | METHOD: litter

22. REGISTERED NURSE SIGNATURE (b)(6)

REVERSE OF DA FORM 5179-1, OCT 87

USAPA V1.01

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| D. CIRCULATION<br>✓ Potential for inadequate tissue perfusion due to *medication* | o 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. *N/A*<br>✓ Check that safety straps are correctly applied.<br>✓ Offer pillow for under knees.<br>o Place and take down legs from stirrups with slow bilateral motion. *N/A*<br>o Check that rings have been removed. *None* |
| E. NEUROMUSCULAR CONTROL<br>E.1. ✓ Potential impairment of mobility due to *injury*<br>E.2. ✓ Potential discomfort due to *injury, surgery* | o Pt. will be transferred to OR table without difficulty.<br>o Pt. will not experience unnecessary physical discomfort. | ✓ Have sufficient people available for transfer.<br>✓ Insure proper body alignment.<br>✓ Allow patient to lie in position of comfort while waiting for surgery.<br>✓ Offer support (i.e., pillows, bathtowels, etc.) for positioning. |
| F. NEUROMUSCULAR CONTROL<br>F.1. ✓ Disminished visual perception due to being *medicated*<br>F.2. ✓ Potential for decreased communictaion due to *EPW - language - arabic*<br>F.3. Potential injury due to dentures. *? N/A* | o Pt. will be made aware of surroundings prior to anesthesia induction.<br>o Pt. will be transferred safely to OR table.<br>o Pt. will be able to understand instructions.<br>o Minimize danger of injury during intraop period. | ✓ Introduce self. Keep pt. informed as to where he/she is and what is happening.<br>✓ Inform pt. in which direction to move and assist if necessary.<br>✓ Speak clearly and slowly.<br>✓ Address pt. from *either* side.<br>✓ Validate pt.'s understanding of verbal communications. *Speaks arabi*<br>o Verify removal of dentures. *N/A* |
| 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. |

10. OR NURSING INTERVENTIONS COMPLETED [(b)(6)] ...TIONS NOTED. [(b)(6)] *2005 1630* DATE

11. POSTOPERATIVE EVALUATION:

12. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title)
(b)(6)
(b)(6) *2005* TIME *1630*

13. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title)
(b)(6)
(b)(6) *2005* TIME *1850*

AGE: 25 (b)(6) 0008-05-CID579-40002
008-05-CID093

HEIGHT:

WEIGHT:

3. PREVIOUS SURGERY [ ] NO [ ] YES (type):
?

4. PROPOSED SURGICAL PROCEDURE:
I+D (L) humerous poss ext. Fixation

5. ADDITIONAL INFORMATION:

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| A. PSYCHOSOCIAL<br>✓ Potential for anxiety related to injury surgery. | o Pt. verbalizes any specific anxiety.<br>o Pt. exhibits relaxed body posture. | ✓ Allow pt. to verbalize freely.<br>✓ Explain OR environment and answer questions regarding surgery.<br>✓ Offer comfort measures, (e.g., warm blanket, touch)<br>✓ Explain all nursing procedures before they are done.<br>✓ Remain with pt. whenever possible.<br>o Maintain family interface. N/A |
| B. AERATION<br>✓ Potential for respiratory dysfunction due to anesthesia | o PT. will be able to breathe without difficulty during immediate intra-operative phase. | ✓ Offer to elevate head of litter or offer pillow.<br>✓ Observe pt. while awaiting surgery for signs of distress<br>✓ Assist anesthesia during intubation and extubation |
| C. INTEGUMENT<br>✓ Potential impairment of skin integuity due to wound - Several small 1cm round wounds on body | o PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas. | ✓ Utilize pressure preventing devices on OR table and accessories.<br>✓ Check for proper positioning and support to maintain good body alignment.<br>✓ Pad pressure points.<br>✓ Place ESU ground pad on non compromised skin surface area.<br>✓ Keep prep fluids from pooling. |

9. PATIENT'S IDENTIFICATION (For typed or written entries give: Name- last, first, middle; grade; date; hospital or medical facility)

(b)(6)

DA FORM 5179, JUN 91 Previous editions are obsolete. USAPA V1.01

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1. PATIENT TRANSPORTED TO OR VIA Litter BY (b)(6) | 2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY (b)(6) (b)(6) -40002

3. DATE (b)(6) 2005 | TIME PATIENT ARRIVED IN SUITE | 4. PATIENT IN ROOM TIME 1645 | NUMBER #1

0008-05-CID939

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☒ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | (b)(6) | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | (b)(6) | RELIEF CIRCULATOR | (b)(6) |

7. POSITION AND POSITIONAL AIDS *(Specify)*

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS:

8. SKIN PREPARATION Betadine Scrub / Solution

HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR
☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)*
SITE: (L) forearm to neck to (L) nipple + shoulder BY WHOM: (b)(6)
SITE: BY WHOM:
COMMENTS:

9. LOCATION OF EXTERNAL DEVICES

Towels to head
tape
tape
safety strap

LEGEND X Ground Pad -- Safety Strap --- Tourniquet

C = Correct I = Incorrect

| 10. COUNTS | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | | C | C | (b)(6) | (b)(6) |
| Needle Sharp | ☒ Yes | ☐ No | | C | C | | |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

(b)(6)

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO

☒ ESU NO: (b)(6) Cut 30 / Coag 30
GROUND PAD: BRAND Valleylab
LOT NO: (b)(6)

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.01

**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? ☐ 0-8 years ☐ 9-12 years ☐ 13-16 years ☐ 16 + years

**TEACHING NEEDS:** Identify specific areas for patient/family education. *(Check all that apply)*

- ☐ Advance directives
- ☐ Breast/testicular self exam
- ☐ Community resources
- ☐ Drug-food interaction
- ☐ Elimination
- ☐ ETOH/tobacco/drug use/abuse
- ☐ Health promotion
- ☐ Illness/diagnosis
- ☐ Infection control
- ☐ Isolation precautions
- ☐ Medical equipment use
- ☐ Medications
- ☐ Nutrition/hydration
- ☐ Pain management
- ☐ Procedure/treatment
- ☐ Rehabilitation techniques
- ☐ Respiratory care
- ☐ Safety precautions
- ☐ Sexual concerns
- ☐ Skin care/hygiene/grooming
- ☐ Stress management
- ☐ Other *(Specify)*:

**Factors which may influence the patient's ability to learn:**

- ☐ Cognitive limitations
- ☑ Cultural/religious factors
- ☐ None - Patient verbalizes/demonstrates understanding.
- ☐ Language barrier
- ☐ Motivation
- ☐ Psychological factors
- ☐ Sensory limitations ☐ Hearing ☐ Speech ☐ Vision

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: limit mobility

**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? ☐ Yes ☐ No

If "Yes," please explain:

Do you have other concerns that we can help you with? ☐ Yes ☐ No

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.

☐ 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.

Discharge is anticipated to: ☐ Home alone ☑ Home w/family ☐ Barracks

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 ☐ No If "No," explain:

From this initial assessment, note patient problems/needs on MEDCOM Form 687-R (Test), Interdisciplinary Plan of Care and/or MEDCOM Form 691-R (Test), Patient Release/Discharge Instructions.

**11. IV SITE.** (Condition Legend: P - Puffy I - Infiltrated In - Indurated R - Reddened OK - No swelling/redness * - Central line)

| | TIME: 1000 INITIALS: (b)(6) | | TIME: INITIALS: | | TIME: INITIALS: | |
|---|---|---|---|---|---|---|
| IV patency check q ___ hr: | SITE 1 | SITE 2 | SITE 1 | SITE 2 | SITE 1 | SITE 2 |
| Insertion date | | | | | | |
| Catheter size | | | | | | |
| Location | (R) AC | | | | | |
| Condition | patent | | | | | |
| Site care provided | | | | | | |
| Tubing changed | | | | | | |
| IV site changed | | | | | | |
| Comment: | LR@100 | | | | | |

**12. PAIN.** For location of pain, use the anatomical numbering scheme (Figure 1) displayed at the bottom of this page.

| TIME: 1000 INITIALS: (b)(6) | TIME: INITIALS: | TIME: INITIALS: |
|---|---|---|
| Location: (L) ARM | Location: | Location: |
| Intensity (0 - 10 scale): 3/10 | Intensity (0 - 10 scale): | Intensity (0 - 10 scale): |
| Description: | Description: | Description: |
| Increased by: | Increased by: | Increased by: |
| Relieved by: | Relieved by: | Relieved by: |

**13. OTHER INTERVENTIONS.** Document assessment and care of any drains, wounds, dressings, etc., in the spaces provided below.

| TIME: INITIALS: | TIME: INITIALS: | TIME: INITIALS: |
|---|---|---|
| Intervention: | Intervention: | Intervention: |
| Findings: | Findings: | Findings: |

**14. COMMENTS:**

0700 PT CARE ASSUMED (b)(6)
1015 PT ASSESSMENT COMPLETE PT c/o 3/10 PAIN AT THIS TIME. PT DENIES BEING ANY ... FEVER TO GRAVITY. EXTERNAL FIXATOR TO (L) HUMERUS IN PLACE. GAUZE DRESSING TO (L) SHOULDER. (b)(6)
1915 PT DENIES PAIN AT THIS PER TRANSFER (b)(6)

Figure 1 (anatomical diagram, front and back, numbered regions 1–43)

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0008-05-CID939

DIRECTIONS: A check (✓) in the small box indicates stated description reflects actual physical ... indicates that a variance exists. A brief explanation of any abnormal findings is required.

| DATE: (b)(6) | TIME: 1000 INITIALS: (b)(6) | TIME: INITIALS: | TIME: INITIALS: |
|---|---|---|---|
| **1. 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. | ☑ language barrier | ☐ | ☐ |
| **2. 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 auscutation, 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. | ☐ report not being hungary | ☐ | ☐ |
| **5. G.U./REPRODUCTIVE.** Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual vaginal/ penile/breast discharge. | ☐ foley 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. | ☐ external fixator on (L) Humerous c̄ DRESSING | ☐ | ☐ |
| **7. 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.** 3/10 | ☐ Denies pain/discomfort. | ☐ Denies pain/discomfort. | ☐ Denies pain/discomfort. |
| Note: If patient complains of pain/discomfort, document the intensity (0-10 Item scale), location, and other descriptive information in item 12 | | | |
| **9. PSYCHOSOCIAL.** Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate. Interacts appropriately with others. | ☑ | ☐ | ☐ |
| **10. SLEEP.** Patient expresses he/she slept well and feels rested. | ☑ | ☐ | ☐ |

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

(b)(6)

**NOTE: Additional assessment data regarding IV site(s), pain, dressings, etc., is contained on page 2 of this form.**

*MEDCOM FORM 689-1-R (TEST) (MCHO) JUN 03*



MC V1.00



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Exhibit 12

DIRECTIONS: This assessment ... or other health care personnel according to ... policy.

SECTION I: VITAL SIGNS/OTHER INFORMATION

Date: (b)(6) Time: 2100 Patient oriented to: ☐ Safety procedures ☐ Call light use ☐ Side rail use ☑ Unit procedures

Temp: 98.2 ☐ Oral ☐ Rectal ☐ Axillary ☑ Tympanic Pulse: 77 Respirations: 20

BP: 132/65 Rhythm: RRR Height: Weight:

Presenting Complaint: S/P ... (L) humerus Fx Allergies: NKDA SpO2 98.2

SECTION II: REVIEW OF SYSTEMS

Directions: *A check (✓) in the small box, left column, indicates stated description reflects actual physical findings. An asterisk (*) in the box indicates that a variance exists. A brief explanation of abnormal findings is required, or you may circle the appropriate descriptive terms.*

| System | Variance |
|---|---|
| 1. **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 (circled) |
| 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 (Type): ____ |
| 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 |
| 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: ____ Assistive devices: Ext Fix. Weakness/paralysis: (L) humerus Fx Homan's sign (L) / (R) leg |
| 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 GSW (L) open wound to shoulder |
| 8. **PSYCHOSOCIAL.** Behavior is appropriate to the present situation. Anxiety is controlled or mild and appropriate. Interacts appropriately with others. ☐ | Anxious Fretful (circled) Tearful Withdrawn (circled) Angry Apprehensive (circled) |
| 9. **SLEEP.** Sleep is usually restful; awakes refreshed. ☑ | Patient's description of sleep: ____ Assistance needed to fall asleep: ____ |
| 10. **PAIN.** No current complaint of pain/discomfort. No ongoing (chronic) pain problems. | **PAIN ASSESSMENT.** For patients complaining of pain, complete the following: **Intensity of Pain Scale:** (0 = No pain; 10 = Worst pain) Location(s): (L) humerus Fx Intensity/Description: ____ Onset/Duration: ____ Exacerbated by: ____ Alleviated by: PRN meds |

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

(b)(6)

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0004-05-CID939

ARRIVAL STATUS

Date: (b)(6)

Time of arrival: 1535

Time of injury: ____

Transit time: 1530

C-spine immob: YES (NO)

Intubated: YES (NO)

T: 94.6 BP: 121/69 HR: 81 RR: 20 O2Sat: 100

PAIN: ____ 0 1 2 3 4 5 6 7 8 9 10

Last Tetanus: ____ GCS: ____

TRIAGE CATEGORY: ☐ Immediate ☐ Delayed ☐ Minimal ☐ Expectant

WOUNDED BY: ☐ Unknown ☐ Enemy ☐ Friendly ☐ Civ (Host nation) ☐ Training ☐ Self accident ☐ Self non-accident ☐ Sports recreation ☐ Other:

MODE OF ARRIVAL: ☐ Walk ☐ Carry ☐ USMC CASEVAC ☐ Non-med ground ☒ Ground Ambulance ☒ Air Ambulance ☐ Ship EVAC ☐ Other:

PATIENT CATEGORY: Nation: ☐ US ☐ Host nation ☐ Coalition: ____ ☒ Enemy: ____

Service: ☐ USA ☐ USN ☐ USMC ☐ USAF ☐ SOF ☐ Civilian ☐ Combatants ☐ Contractor ☐ Non-gov't org ☐ Other:

**TOURNIQUET**: ☐ Yes ☒ No; Time on: ____ Time off: ____

**CPR IN PROGRESS**: ☐ Yes ☒ No; Time started: ____ Time ended: ____

**GENDER**: ☒ Male ☐ Female

**EXPOSURE**: ☒ Remove clothes ☒ Warm blanket ☐ Cooling blanket ☐ Bear hugger ☐ Radiant warmer ☐ IV bag warmer ☐ Other:

**PROTECTION** ☒ Unknown

| Item | Worn | Struck | Penetrated |
|---|---|---|---|
| ☐ Helmet (Kevlar or ACH (circle one)) | ☐ Worn | ☐ Struck | ☐ Penetrated |
| ☐ Flak vest | ☐ Worn | ☐ Struck | ☐ Penetrated |
| ☐ Ceramic plate | ☐ Worn | ☐ Struck | ☐ Penetrated |
| ☐ Eye protection | ☐ Worn | ☐ Struck | ☐ Penetrated |
| ☐ Deltoid/axilla | ☐ Worn | ☐ Struck | ☐ Penetrated |
| ☐ Groin/leg | ☐ Worn | ☐ Struck | ☐ Penetrated |

## PRIMARY SURVEY

**AIRWAY**: ☒ Patent ☐ Stridor ☐ Drooling ☐ Obstructed ☐ Oral/Nasal Airway ☐ BVM ☐ Chest tube(s) ☐ Intubated ☐ Other:

**BREATHING**: ☒ Unlabored ☐ Labored ☐ Absent ☐ Retraction ☐ Flaring

Breath Sounds:

| Right | | Left |
|---|---|---|
| ☒ | Clear | ☒ |
| ☐ | Rales | ☐ |
| ☐ | Flail | ☐ |
| ☐ | Wheeze | ☐ |
| ☐ | Absent | ☐ |

Trachea: ☐ Midline ☐ Deviated

Chest symmetry: (circle one) Left> Equal <Right

**CIRCULATION**

Skin: ☒ Warm ☐ Cool ☐ Hot ☐ Pink ☐ Pale ☐ Cyanotic ☒ Dry ☐ Moist ☐ Diaph

Heart Sounds: ☒ Clear ☐ Muffled

Capillary Refill: ☒ <2 seconds (normal) ☐ >2 seconds (delayed)

**DEFICIT**: ☒ Alert ☐ Responds to verbal ☐ Responds to pain ☐ Unresponsive

GCS: ____ Eyes ____ Verbal ____ Motor ____

Sphincter Tone: ☐ WNL ☐ Weak ☐ None

## SECONDARY SURVEY

**HEAD/NECK EENT**

Drainage: Nose (color): none

CSF: Halo sign none

Glucose ____

Eyes: Equal (R/L) ; Fixed R / L ; Reactive R / L ; Dilated R / L

Other: ____

C-Spine tender: ☐ Yes ☒ No

Dental injury: ☐ Yes ☒ No

Tympanic Membrane: ☐ Clear R L ☐ Blood R L

**HEART**

Rhythm: ☒ NSR ☐ Sinus tachycardia ☐ Sinus bradycardia ☐ Asystole ☐ Other

Pulses: (S) = Strong, P = Palpable, D = Doppler, A = Absent

| Pulse | Right | Left |
|---|---|---|
| Carotid | S | S |
| Femoral | | |
| Brachial | | |
| Radial | | |
| Pedal | | |

JVD Distension: ☐ Right ☐ Left

**ABDOMINAL/GU**: ☒ Flat ☐ Distended ☐ Obese ☒ Non-tender ☐ Tender ☐ Rigid ☐ Guarding ☐ Rebound tenderness ☐ Unable to assess

Pelvis stable: ☒ YES ☐ NO

Hemorrhage: ☐ YES ☒ NO

Blood at meatus/vagina: ☐ YES ☒ NO

Prostate: ☐ WNL ☐ Abnormal

Bowel sounds: ☒ YES ☐ NO

Last Meal @ ____

**EXTREMITIES**

ROM: ☐ YES ☐ NO

Fracture/dislocation: ☐ RUE ☐ RLE ☒ LUE ☐ LLE

| | Motor | | Sensation | |
|---|---|---|---|---|
| RUE | (+) | - | (+) | - |
| LUE | + | (-) | + | - |
| RLE | (+) | - | (+) | - |
| LLE | (+) | - | (+) | - |

Back Exam: ☒ WNL ☐ ABNL

Time logrolled: ____

**PATIENT IDENTIFICATION**

Name/Rank:

SSN/Patient Id #: (b)(6)

DOB: (ddmmyy)

Deployed unit:

MTF transferred from:

**ALLERGIES**: ☒ Unknown ☐ NKDA ☐ PCN ☐ Sulfa ☐ Morphine ☐ Codeine ☐ Other:

**PAST MED HX**: ☒ Unknown ☐ None ☐ Respiratory hx ☐ Seizure hx ☐ Cardiac hx ☐ HTN ☐ DM ☐ Ulcers ☐ Other:

**CURRENT MEDICATIONS**: ☐ UNKNOWN ☐ NONE ☐ OTHER ____

**LAST MED GIVEN @**: ☐ Morphine ____ ☐ Fentanyl ____ ☐ Antibiotic ____ ☐ Other:



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| Time | Temp | HR | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1630 | | 79 | 128/69 | 16 | r | 100 | on 4 L | | |
| | | | / | | | | | | |
| | | | / | | | | | | |
| | | | / | | | | | | |
| | | | / | | | | | | |
| | | | / | | | | | | |
| | | | / | | | | | | |
| | | | / | | | | | | |

Mode:
Rate:
ET/NT Size:
_____ cm at the
☐ Teeth ☐ Lips
_____ cm at nare
☐ R ☐ L
Tidal Volume:

## SECONDARY SURVEY

(AB)rasion
(AMP)utation
(AV)ulsion
(BL)eeding
(B)urn
(C)repitus
(D)eformity
(DG)Degloving
(E)cchymosis
(FX)Fracture
(F)oriegn Body
(GSW)Gun Shot Wound
(H)ematoma
(LAC)eration
(PW)Puncture Wound
(P)ain
(SS)Seatbelt Sign
(SW)Stab Wound

Handwritten on diagram: GSW BL; superficial from gun shot; GSW BL; superficial from gun shot

## MECHANISM OF INJURY

- ☒ GSW/Bullet
- ☐ Blunt trauma
- ☐ Single fragment
- ☐ Multi-fragment
- ☐ MVC
- ☐ Aircraft crash
- ☐ Knife/edge (stab)
- ☐ Mortar/RPG/Grenade
- ☐ CBRNE
- ☐ Blast
- ☐ Burn
- ☐ Crush
- ☐ Fall
- ☐ IED
- ☐ Other:

Burn:
☐ 1st ☐ 2nd ☐ 3rd
%TBSA =

## VASCULAR ASSESSMENT

S Strong
P Palpable
D Doppler
A Absent

| LAB Time | Lab test | X-RAY Time | Xray | CT Time | CT | PROCEDURES Proced | Size | Location |
|---|---|---|---|---|---|---|---|---|
| | Hct | | C-spine | | Head | Foley (circled) | | |
| | pH | 1545 | Chest | | Chest | NG | | |
| | pO2 | | Abd | | Abd | Ch tube-1 | | |
| | pCO2 | | Pelvis | | Pelvis | Ch tube-2 | | |
| | BE | | Extrem | | Other: | Cent Ln | | |
| | Glucose | | Other: | | | A-Line | | |
| | HCG | 1545 | (L) arm | | | FAST | | |
| | Other: | | | | | Other: | | |
| | CBC | | | | | | | |

## GLASCOW COMA SCALE

| Best Eye Opening | |
|---|---|
| Spontaneous | 4 |
| To speech | 3 |
| To pain | 2 |
| None | 1 |

| Best Verbal Response | |
|---|---|
| Oriented | 5 |
| Confused | 4 |
| Inappropriate words | 3 |
| Incomprehens sounds | 2 |
| None | 1 |

| Best Motor Response | |
|---|---|
| Obeys commands | 6 |
| Localizes pain | 5 |
| Withdraws from pain | 4 |
| Flexion to pain | 3 |
| Extension from pain | 2 |
| No response | 1 |

Pupil Size:
R = 3 mm L = 3 mm
☐ Brisk ☐ Brisk
☐ Sluggish ☐ Sluggish
☐ Non-reactive ☐ Non-reactive

2 3 4 5 6 7 8

## PATIENT IDENTIFICATION

Name:
Patient Id./SSN:

MEDCOM Test Form 1381, DEC 2004 | Subject to the Privacy Act of 1974 | Page 2 of 3

(b)(6)

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE



| IO2 on: | IO2 off: | Delivery | | IVF: | 1000cc | Urine: | Amount |
|---|---|---|---|---|---|---|---|
| 1535 | | Nasal Canula | | NGT: | | NGT: | |
| | | NRB Mask: | | Blood: | | Blood: | |
| | | BVM: | | | | Chest tube (R): | |
| | | Other: | | | | Chest tube (L): | |
| | | | | Other: | | Other: | |
| | | | | TOTAL | | TOTAL | |

0008-05-CID-0939

## IV ACCESSES

| Date | Time | Gauge | Site | Initials |
|---|---|---|---|---|
| 31 Jan 05 | 1535 | 18 | (R) Forearm | |
| | | | | |
| | | | | |

## MEDICATIONS

| Medication | Time | Dose | Route | Initials |
|---|---|---|---|---|
| Tetanus (if needed) | | 0.5 | IM | |
| (2) Fentanyl | 1635 | 100 mcg | IVP | (b)(6) |
| (1) Versed | 1635 | 3 mg | IVP | (b)(6) |

## IV FLUIDS

| Time | Fluid | Rate | Amt UP | Amt IN | Initials |
|---|---|---|---|---|---|
| 1535 | NS | Bolus | 1000cc | | |
| | | | | | |
| | | | | | |

## BLOOD PRODUCTS

| Time beg/end | Type | Unit #: | Time UP | Total in | Initials |
|---|---|---|---|---|---|
| / | | | | | |
| / | | | | | |
| / | | | | | |
| / | | | | | |
| / | | | | | |
| / | | | | | |
| / | | | | | |

## DISPOSITION

☐ RTD
☐ Evacuated to: ____
Evac priority: ☐ Routine ☐ Priority ☐ Urgent
Report called to: ____
Time Transferred: ____
Accompanied by: ____
Via: ☐ Stretcher ☐ Wheelchair
☐ Deceased

## DEATH INFORMATION

Time of Death: ____
Time to Morgue: ____
Time Services Notified: ____

## VALUABLES AND CLOTHING

☐ None Found ☐ Weapon Disposition: ____
☐ Given to Patient
☐ Secured by PAD ☐ Other:

| TIME | NOTES |
|---|---|
| | |

## PATIENT IDENTIFICATION

Name:
Patient Id./SSN:

Nurse Name:
Signature:
Date:
Time:

MEDCOM Test Form 1381, DEC 2004

Subject to the Privacy Act of 1974



86th CSH/Ali Air Base, Iraq



FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

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

ATTENDING PHYSICIAN: Delayed Expectant

0009-05-CID579-40002

HISTORY & PHYSICAL

INJURY DESCRIPTION: R L L R

MECHANISM OF INJURY:

(AB)rasion
(AMP)utation
(AV)ulsion
(BL)eeding
(B)urn
(C)repitus
(D)eformity
(DG)Degloving
(E)cchymosis
(FX)Fracture
(F)oriegn Body
(GSW)Gun Shot Wound
(H)ematoma
(LAC)eration
(PW)Puncture Wound
(P)ain

Pulses Present:
S= Strong
P= Palpable
D= Doppler
A=Absent

☐ GSW/Bullet ☐ CBRNE
☐ Blunt trauma ☐ Blast
☐ Single fragment ☐ Burn
☐ Multi-fragment ☐ Crush
☐ MVC ☐ Fall
☐ Aircraft crash ☐ IED
☐ Knife/edge (stab) ☐ Other_____
☐ Mortar/RPG/Grenade

0008-05-CID939

**HISTORY & PHYSICAL:**

**Head & Neck:**
Tym Membranes
☐ R Clear ☐
☐ R Blood ☐

**Chest:**
☐ Pulmonary Contusion
☐ Pulmonary Hematoma

**Abdomen:**

**Pelvis:**

**Upper Extremities:**

**Lower extremites:**

**Neuro:**
GCS:_____
Sphincter Tone:_____
C-Spine Tender
☐ Yes ☐ No

**Skin:** Burn: 1st 2nd 3rd %TBSA

Vision: Pupils R L
Brisk ☐ ☐
Sluggish ☐ ☐
NR ☐ ☐
Hand motion ☐ ☐
Light perception ☐ ☐
No light perception ☐ ☐
Size ___mm ___mm

**Procedures:**
☐ C-Collar ☐ Intubate ☐ Canthotomy
☐ Airway (oral/ nasal) ☐ CRIC ☐ Cantholysis
☐ Oral ☐ Nasal
☐ Chest tube
☐ R ☐ L ☐ Air ☐ Blood ☐ Needle decompression
☐ FAST
☐ DPL
☐ NG/OG
☐ Pelvic Binder
☐ Foley
☐ Closed reduction ☐ EXT Fixation
☐ Splint ☐ Long Bone Splint
☐ Tourniquet Type_______ Time on:_____ Time off:_____
☐ Closed reduction ☐ EXT Fixation
☐ Splint ☐ Long Bone Splint
☐ Tourniquet Type_______ Time on:_____ Time off:_____
☐ Sedated
☐ Chemically Paralyzed
☐ Seizure Protocol
☐ Intraosseus ☐ Bair Hugger ☐ Level 1
☐ Central Line ☐ Chill Buster
☐ A-Line ☐ Cooling Blanket

| Damage Control Procedures | Hypothermia | Coagulopathy | Class of Hemorrhage | Shock |
|---|---|---|---|---|
| ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | I ☐ II ☐ III ☐ IV ☐ | ☐ Yes ☐ No |

**DNBI CATEGORY**
☐ Cardiac ☐ GI ☐ Injury, MVA ☐ Nephrology ☐ Psychiatric, Stress
☐ Dermatologic ☐ Heat/Cold ☐ Injury, Work/Training ☐ Ob/Gyn ☐ Pulmonary
☐ Endocrine ☐ Infectious Disease ☐ Injury,Other ☐ Ophthalmologic ☐ STDs
☐ Fever, Unexplained ☐ Injury,Rec./Sports ☐ Neurologic ☐ Psychiatric, Mental ☐ All Other Medical/Surgical

**Evacuation Priority:**
☐ Routine
☐ Priority
☐ Urgent

**Evacuated/ Dispositioned to:**
☐ OR, ICU, ICW _______________
☐ Level III, Level IV, Host Nation, Coalition Facility _______________
☐ RTD Unit _______________
☐ Deceased (see below)

**Time of Disposition:**
(hr,dd,mm,yy)
_______________

**Cause of Death:**
**Anatomic:**
☐ Airway ☐ Head ☐ Neck ☐ Chest ☐ Abdomen ☐ Pelvis ☐ Extremity(Upper/ Lower) ☐ Other, specify:
**Physiologic:**
☐ Breathing ☐ CNS ☐ Hemorrhage ☐ Total Body Disruption ☐ Sepsis ☐ Multi-organ Failure ☐ Other, specify

PATIENT NAME:

Physician Signature: (b)(6)

SSN/ID:

Printed or typed name: (b)(6)

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☑

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |

0008-05-CID939

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

0.9% Nacl

OTHER ORDERS

| | TIME | CARRIED OUT BY |
|---|---|---|
| | | |

PHYSICIAN'S SIGNA(b)(6) (b)(6)

15. X-RAY IN OPERATING ROOM

YES ☒ NO ☐ mini C-arm IF YES, SITE (L) humerus

16. LABORATORY SPECIMENS

| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
|---|---|---|
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☑ NO ☐

| | 1. | 2. | 3. |
|---|---|---|---|
| TYPE/SIZE | 1" Penrose | | |
| SITE | Left Shoulder | | |

18. DRESSING/IMMOBILIZATION *(Specify)*

Xeroform
Kerlix

19. ADDITIONAL INFORMATION

Surgeons - (b)(6)
anesthesia - (b)(6)
general anesthesia

20. OPERATION(S) PERFORMED

I&D Left Humerus Fracture, External Fixator Left Humerus

21. PATIENT TRANSFERRED TO: icu for recovery TIME: 1855 METHOD: litter

22. REGISTERED ... (b)(6)

REVERSE OF DA FORM 5179-1, OCT 87

USAPA V1.01

SURGEON (b)(6) | FIRST ASSISTANT (b)(6) | SECOND ASSISTANT

ANESTHETIST (b)(6) | ANESTHETIC (b)(6) | 0008-05-CID939 | TIME BEGAN: | TIME ENDED:

CIRCULATING NURSE (b)(6) | SCRUB NURSE (b)(6) | TIME OPERATION BEGAN | TIME OPERATION COMPLETED

OPERATIVE DIAGNOSES

Same

DRAINS (Kind and number)

Penrose x1

SPONGE COUNT VERIFIED

Y

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION

Φ

OPERATION PERFORMED

I+D (L) Humerus Fx Ex fix (L) Humerus

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.)

PROSTHETIC DEVICES (Lot no.)

DATE OF OPERATION

Entry / exit wounds debrided sharply

Fx site irrigated 2L NS

Ex fix placed percutaneously x

Discal-most pin placed under vision / palp.

to avoid radial n. injury

Fx aligned

SIGNATURE OF SURGEON (b)(6)

DATE (b)(6) 06

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital) (b)(6) | REGISTER/I.D. NO. | WARD NO.

(b)(6)

**OPERATION REPORT**
Medical Record

STANDARD FORM 516 (REV. 5-83)
Prescribed by GSA and ICMR, FIRMR (41CFR) 201-45.50

*U.S. GPO: 1990-269-669

0008-05-CID939

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| D. CIRCULATION ✓ Potential for inadequate tissue perfusion due to *medications* | o 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. *N/A* ✓ Check that safety straps are correctly applied. ✓ Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. *N/A* o Check that rings have been removed. *None* |
| E. NEUROMUSCULAR CONTROL E.1. ✓ Potential impairment of mobility due to *injury* E.2. ✓ Potential discomfort due to *injury, surgery* | o Pt. will be transferred to OR table without difficulty. o 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 *medicated* F.2. ✓ Potential for decreased communictaion due to *EPW - language - arabic* F.3. Potential injury due to dentures. *? N/A* | o Pt. will be made aware 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 intraop period. | ✓ 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 *either* side. ✓ Validate pt.'s understanding of verbal communications. *Speaks arabic* o Verify removal of dentures. *N/A* |
| 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. |

10. OR NURSING INTERVENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

(b)(6) (b)(6) *2005 1630* DATE

11. POSTOPERATIVE EVALUATION:

12. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title)

(b)(6)

(b)(6) *2005* TIME *1630*

13. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title)

(b)(6)

DATE (b)(6) *2005* TIME ~~*16*~~ *1850*

**CLINICAL RECORD - DOCTOR'S ORDERS** 0009-05-CID 939

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

| PATIENT IDENTIFICATION | ↓ | DATE OF ORDER / TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|
| (b)(6) | | (b)(6) 2006 — 0900 HOURS | |
| | | ADMIT TO PACU → ICW | |
| | | S/P I+D / EX FIX (R) TIBIA FX | |
| | | STABLE | |
| | | ROUTINE VITALS c NV V's (R) FOOT | |
| | | OOB c ASSIST | |
| | | NWB (R) LE c CRUTCHES | |
| | | Regular diet | |
| NURSING UNIT / ROOM NO. / BED NO. | | | |
| PATIENT IDENTIFICATION | | DATE OF ORDER / TIME OF ORDER ____ HOURS | (b)(6) |
| | | LR @ 100 until 4000 PO INTAKE | (b)(6) |
| | | Percocet 1-2 PO Q4° PRN | @ 130 |
| | | MSO4 2-5mg IV Q2° PRN | |
| | | COLACE 100mg PO BID | |
| | | ~~UNASYN 3gm IV Q6°~~ PO | |
| | | PRIMAXIN 1000mg IV Q8° | |
| | | MVI i PO QD | |
| NURSING UNIT / ROOM NO. / BED NO. | | ~~[illegible]~~ | |
| PATIENT IDENTIFICATION | | DATE OF ORDER / TIME OF ORDER | |
| | | AP / LATERAL XRAY ____ HOURS | |
| | | (R) TIBIA | |
| | | (b)(6) | |
| | | (b)(6) | |
| NURSING UNIT / ROOM NO. / BED NO. | | | |
| PATIENT IDENTIFICATION | | DATE OF ORDER / TIME OF ORDER ____ HOURS | |
| NURSING UNIT / ROOM NO. / BED NO. | | | |

DA FORM 4256, 1 APR 79 — REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

TIME OF INJURY:
TIME OF ARRIVAL:
ATTENDING PHYSICIAN: (b)(6)
HISTORY & PHYSICAL

INJURY DESCRIPTION: R L L R

(AB)rasion
(AMP)utation
(AV)ulsion
(BL)eeding
(B)urn
(C)repitus
(D)eformity
(DG)Degloving
(E)cchymosis
(FX)Fracture
(F)oriegn Body
(GSW)Gun Shot Wound
(H)ematoma
(LAC)eration
(PW)Puncture Wound
(P)ain

splint

Pulses Present:
S= Strong
P= Palpable
D= Doppler
A=Absent

2+ 2+ 2+
2+ cap fill

MECHANISM OF INJURY
- [ ] GSW/Bullet
- [ ] Blunt trauma
- [ ] Single fragment
- [ ] Multi-fragment
- [ ] MVC
- [ ] Aircraft crash
- [ ] Knife/edge (stab)
- [ ] Mortar/RPG/Grenade
- [ ] CBRNE
- [ ] Blast
- [ ] Burn
- [ ] Crush
- [ ] Fall
- [ ] IED
- [ ] Other____

## HISTORY & PHYSICAL:

**Head & Neck:** Normocephalic / atraumatic

Tym Membranes: R Clear [x] / R Blood [ ]

**Chest:** lungs clear heart RRR
- [ ] Pulmonary Contusion
- [ ] Pulmonary Hematoma

**Abdomen:** soft NT

**Pelvis:** stable

**Upper Extremities:** strength 5/5 in all 4

**Lower extremites:** (L) UNL - (R) splint in place, ext intact - 2+ cap refill

**Neuro:**
GCS: 15
Sphincter Tone:____
C-Spine Tender
[ ] Yes [ ] No

**Skin:** Burn: 1st 2nd 3rd %TBSA

Vision: Pupils R L
Brisk / Sluggish / NR / Hand motion / Light perception / No light perception
Size mm mm

**Procedures:**
- [x] C-Collar
- [ ] Airway (oral/ nasal)
- [ ] Oral [ ] Nasal
- [ ] Chest tube [ ] R [ ] L [ ] Air [ ] Blood [ ] Needle decompression
- [ ] Intubate
- [ ] CRIC
- [ ] Canthotomy
- [ ] Cantholysis
- [ ] FAST
- [ ] DPL
- [ ] NG/OG
- [ ] Pelvic Binder
- [ ] Foley
- [ ] Closed reduction [ ] EXT Fixation
- [ ] Splint [ ] Long Bone Splint
- [ ] Tourniquet Type____ Time on:____ Time off:____
- [ ] Closed reduction [ ] EXT Fixation
- [ ] Splint [ ] Long Bone Splint
- [ ] Tourniquet Type____ Time on: Time off:
- [ ] Sedated
- [ ] Chemically Paralyzed
- [ ] Seizure Protocol
- [ ] Intraosseus [ ] Bair Hugger [ ] Level 1
- [ ] Central Line [ ] Chill Buster
- [ ] A-Line [ ] Cooling Blanket

**Damage Control Procedures** [ ] Yes [ ] No
**Hypothermia** [ ] Yes [ ] No
**Coagulopathy** [ ] Yes [ ] No
**Class of Hemorrhage** I [ ] II [ ] III [ ] IV [ ]
**Shock** [ ] Yes [ ] No

**DNBI CATEGORY**
- [ ] Cardiac
- [ ] Dermatologic
- [ ] Endocrine
- [ ] Fever, Unexplained
- [ ] GI
- [ ] Heat/Cold
- [ ] Infectious Disease
- [ ] Injury,Rec./Sports
- [ ] Injury, MVA
- [ ] Injury, Work/Training
- [ ] Injury,Other
- [ ] Neurologic
- [ ] Nephrology
- [ ] Ob/Gyn
- [ ] Ophthalmologic
- [ ] Psychiatric, Mental
- [ ] Psychiatric, Stress
- [ ] Pulmonary
- [ ] STDs
- [ ] All Other Medical/Surgical

**Evacuation Priority:**
- [ ] Routine
- [ ] Priority
- [ ] Urgent

**Evacuated/ Dispositioned to:**
- [ ] OR, ICU, ICW ____
- [ ] Level III, Level IV, Host Nation, Coalition Facility ____
- [ ] RTD Unit ____
- [ ] Deceased (see below)

**Time of Disposition:** (hr,dd,mm,yy)

**Cause of Death:**
**Anatomic:**
[ ] Airway [ ] Head [ ] Neck [ ] Chest [ ] Abdomen [ ] Pelvis [ ] Extremity(Upper/ Lower) [ ] Other, specify:
**Physiologic:**
[ ] Breathing [ ] CNS [ ] Hemorrhage [ ] Total Body Disruption [ ] Sepsis [ ] Multi-organ Failure [ ] Other, specify

PATIENT NAME: (b)(6)
SSN/ID: (b)(6)
(b)(6)

Physician Signature: (b)(6)
Printed or typed name: (b)(6)

DEC 2004 Subject to the Privacy Act of 1974

DATE | NOTES

0008-05-CID939

DATE: (b)(6) 05 — NUTRITION SCREEN PROGRESS NOTE — [handwritten: [illegible] English & translator [illegible]]

TIME: 0800 S: Weight Change: Yes No Nausea: Vomiting: Diarrhea:

Appetite Change: Chewing Difficulty: Swallowing Difficulty:

Vitamin/Mineral/Dietary Supplement Use:

Food Allergies: Special Diet:

Typical Eating Pattern:

O: Age: Height: Weight: DBW: %DBW: %Wt Change BMI:

Albumin: gm/dl

Diagnosis: GSW at [illegible]

Diet Order: Reg / NPO [illegible]

A: Nutritional Status: HIGH RISK MODERATE RISK NOT COMPROMISED

Further RD Intervention Needed ?: Yes No — Difficult to assess w/o

Nutrition Risk Factors: — above info, ht/wt. Likely

P: Not Compromised. Provide basic nutrition services. — ↑ risk 2° dx. Will

Nutrition assessment by RD within 48 hours (moderate risk) — monitor po intake.

Nutrition assessment by RD within 24 hours (high risk)

Nutritional counseling/diet instruction provided: (b)(6)

Other:

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | | | | |

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

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

REGISTER NO. | WARD NO.

(b)(6)

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

DATE

0008-05-CID939

(b)(6)

Post op note

Pre op dx: RLE GSW open fem fx

Post op dx: Same

Proc: Washout + splint

Anes: ?

Orifice/Blood loss: 16cc

Findings: Open (L) fx, NV intact c devitalized tissue. Pulse lavage ~ 3 liters + post splint.

Dispo: No ortho support here so will tx ...

(b)(6)

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

(b)(6)

REGISTER NO.

WARD NO.

**PROGRESS NOTES**

STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR (41 CFR) 201-45.505,
509-111

(b)(6)

(b)(6)

MALE DETAINEE

| Name (Last, First, MI) | ISN # (b)(6) | SSN | Race |
|---|---|---|---|
| | | | |

REASON FOR REPORT: 0008-05-CID 939

☐ INPROCESSING ☐ CHANGE/UPDATE ☐ RELEASE/REGISTRATION ☐ REPORTED OR SUSPECTED VIOLENCE

**PURPOSE:** To provide or update baseline physical identification marks on the body of the detainee
**INSTRUCTIONS:** Annotate the location of identifying marks, scars, or tattoos using the numbers below after thorough examination. Use a continuation sheet or photos, if necessary, to accurately portray written or graphically designed tattoos. Injuries will be reported to medical officials.

IV 18g

break 7

Mark with numbers and an arrow to the location of any of the following and describe if needed:

1. SCAR
2. MARK
3. TATTOO
4. CUT
5. BRUISE
6. SWELLING
7. OTHER puncture

REVIEW ☐
DIA ☐

CAUSE OR REASON: (+) PMS all (−) blood, pr olscontured (−) edema break from gun shot wound
98 SpO2 78 pulse @1230

COMPLETED BY: (b)(6) (b)(6)

PRINTED NAME RANK DUTY POSITION SIGNATURE

CONTINUATION SHEET ATTACHED? ☐ YES ☐ NO

(b)(6)

626

0008-05-CID939

(S) 37 y/o m w/ a gunshot to the (R) leg

(O) Upon exam in IWAP [illegible]
pt has an open wound to the (R) shin (tib)

All: NKA
Meds: Morphine

Neurovascular intact. Pulses present.
Neg ABW [illegible] or [illegible]
Lungs - CTA (B) w/o [illegible]
[illegible]
[illegible]
Neg other wounds or fx, deformities found.

(A/P) GSW (R) TIB
Evacuate for Surg.

12 8/15
p: 83

(b)(6)

1 gram Ancef : 1230
3 gram Unasyn 1245
Morphine Sulfate 2ml @ 10mg/ml 1220

IV NS - 1225 1L

Xray - through & through shrapnel
fx tib

(b)(6)

Comp #5

0008-05-CID939

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES [ ] NO [X]

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |

WOUND IRRIGATION [X] YES [ ] NO, TYPE(S):

0.9% Normal Saline

OTHER ORDERS

| | TIME | CARRIED OUT BY |
|---|---|---|
| | | |

PHYSICIAN'S SIGNATURE (b)(6)

ORTHOPAEDICS

15. X-RAY IN OPERATING ROOM YES [X] NO [ ] IF YES, SITE mini C-arm (R) Lower Leg

16. LABORATORY SPECIMENS

| | NAME | NAME |
|---|---|---|
| SPECIMEN (S) YES [ ] NO [X] | | |
| FROZEN SECTION (FS) YES [ ] NO [X] | | |
| CULTURE (C) YES [ ] NO [X] | | |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES [X] NO [ ]

| | 1. | 2. | 3. |
|---|---|---|---|
| TYPE/SIZE | 1/2" PenRose | | |
| SITE | Right Lower leg | | |

18. DRESSING/IMMOBILIZATION *(Specify)*

Xeroform, Kerlix

19. ADDITIONAL INFORMATION

Surgeon - (b)(6)
Anesthesia - (b)(6)
general anesthesia
foley catheter intact from icu

20. OPERATION(S) PERFORMED

Right Tibia I+D + External Fixation

21. PATIENT TRANSFERRED TO icu for recovery TIME 1051 (b)(6)

22. REGISTERED NURSE SIGNATURE (b)(6)

REVERSE OF DA FORM 5179-1, OCT 87

USAPA V1.01

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| D. CIRCULATION<br>✓ Potential for inadequate tissue perfusion due to medications | o 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. N/A<br>o Check that safety straps are correctly applied.<br>o Offer pillow for under knees.<br>o Place and take down legs from stirrups with slow bilateral motion. N/A<br>o Check that rings have been removed. N/A |
| E. NEUROMUSCULAR CONTROL<br>E.1. ✓ Potential impairment of mobility due to injury, surgery<br>E.2. ✓ Potential discomfort due to injury, surgery | o Pt. will be transferred to OR table without difficulty.<br>o Pt. will not experience unnecessary physical discomfort. | o Have sufficient people available for transfer.<br>o Insure proper body alignment.<br>o Allow patient to lie in position of comfort while waiting for surgery.<br>o Offer support (i.e., pillows, bathtowels, etc.) for positioning. |
| F. NEUROMUSCULAR CONTROL<br>F.1. ✓ Disminished visual perception due to being medicated<br>F.2. ✓ Potential for decreased communictaion due to culture - Iraqi<br>F.3. Potential injury due to dentures. ? N/A | o Pt. will be made aware of surroundings prior to anesthesia induction.<br>o Pt. will be transferred safely to OR table.<br>o Pt. will be able to understand instructions.<br>o Minimize danger of injury during intraop period. | o Introduce self. Keep pt. informed as to where he/she is and what is happening.<br>o Inform pt. in which direction to move and assist if necessary.<br>o Speak clearly and slowly.<br>o Address pt. from either side.<br>o Validate pt.'s understanding of verbal communications. arabic<br>o 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. |

10. OR NURSING INTERVENTIONS COMPLETED/ADDITIONAL INTERVENTIONS NOTED (b)(6) (b)(6) 2005 DATE

11. POSTOPERATIVE EVALUATION:

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) (b)(6)

DATE 1 Feb 2005 TIME 0830

13. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) (b)(6)

DATE 1 Feb 05 TIME 1051

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CLINICAL RECORD

For use of this form, see AR 40-407; proponent agency is the Office of The Surgeon General

Mo (b)(6) Yr. 05

0008-05-CID939

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED |
|---|---|---|---|---|
| (b)(6) 05 | (b)(6) | IVF LR @ 75cc/hr | 02 19 / 13 07 | 1 2 (b)(6) |

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS: S/P I & D Ext Fx (R) Tibia fx

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. 2

PATIENT IDENTIFICATION: (b)(6)

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.


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Exhibit 12

0008 -05-CID 939

Date: (b)(6)
Time of arrival:
Time of injury:
Trans time:
C-spine immob: YES / NO
Intubated: YES / NO
T: ___ BP: 141/87 HR: 96 RR: 17 O2Sat: 96
PAIN: ___ 0 1 2 3 4 5 6 7 8 9 10
Last Tetanus: ___ GCS: ___

TRIAGE CATEGORY: ☐ Delay ☐ Minimal ☐ Expectant

WOUNDED BY: ☐ Enemy ☒ Friendly ☐ Civ (Host nation) ☐ Training ☐ Self accident ☐ Self non-accident ☐ Sports recreation ☐ Other:

MODE OF ARRIVAL: ☐ USMC CASEVAC ☐ Non-med ground ☐ Ground Ambulance ☒ Air Ambulance ☐ Ship EVAC ☐ Other:

PATIENT CATEGORY: ☒ Host nation ☐ Coalition: ___ ☒ Enemy: ___
Service: ☐ USA ☐ USN ☐ USMC ☐ USAF ☐ SOF ☐ Civilian ☐ Combatants ☐ Contractor ☐ Non-gov't org ☐ Other:

**TOURNIQUET**
☐ Yes ☒ No
Time on: ___
Time off: ___

**CPR IN PROGRESS**
☐ Yes ☒ No
Time started: ___
Time ended: ___

**GENDER**
☒ Male
☐ Female

**EXPOSURE**
☒ Remove clothes
☐ Warm blanket
☐ Cooling blanket
☐ Bear hugger
☐ Radiant warmer
☐ IV bag warmer
☐ Other:

**PROTECTION** ☒ Unknown

| Item | Worn | Struck | Penetrated |
|---|---|---|---|
| ☐ Helmet — Kevlar or ACH (circle one) | ☐ Worn | ☐ Struck | ☐ Penetrated |
| ☐ Flak vest | ☐ Worn | ☐ Struck | ☐ Penetrated |
| ☐ Ceramic plate | ☐ Worn | ☐ Struck | ☐ Penetrated |
| ☐ Eye protection | ☐ Worn | ☐ Struck | ☐ Penetrated |
| ☐ Deltoid/axilla | ☐ Worn | ☐ Struck | ☐ Penetrated |
| ☐ Groin/leg | ☐ Worn | ☐ Struck | ☐ Penetrated |

## PRIMARY SURVEY

**AIRWAY**
☐ Patent
☐ Stridor
☐ Drooling
☐ Obstructed
☒ Oral/Nasal Airway
☐ BVM
☐ Chest tube(s)
☐ Intubated
☐ Other:

**BREATHING**
☒ Unlabored
☐ Labored
☐ Absent
☐ Retraction
☐ Flaring
Trachea: ☐ Midline ☐ Deviated
Chest symmetry: (circle one) Left> Equal <Right

**Breath Sounds**

| Right | | Left |
|---|---|---|
| ☒ | Clear | ☒ |
| ☐ | Rales | ☐ |
| ☐ | Flail | ☐ |
| ☐ | Wheeze | ☐ |
| ☐ | Absent | ☐ |

**CIRCULATION**
Skin:
☒ Warm ☐ Cool ☐ Hot
☐ Pink ☐ Pale ☐ Cyanotic
☐ Dry ☐ Moist ☐ Diaph
Heart Sounds:
☒ Clear ☐ Muffled
Capillary Refill:
☒ <2 seconds (normal)
☐ >2 seconds (delayed)

**DEFICIT**
☒ Alert
☐ Responds to verbal
☐ Responds to pain
☐ Unresponsive
GCS: 15
Eyes ___ Verbal ___
Motor ___
Sphincter Tone:
☐ WNL ☐ Weak ☐ None

## SECONDARY SURVEY

**HEAD/NECK EENT**
Drainage:
Nose (color): none
CSF: Halo sign none
Glucose ___
Eyes: Equal (R/L)
Fixed R / L
Reactive (R)/(L)
Dilated R / L
Other: ___
C-Spine tender:
☐ Yes ☒ No
Dental injury:
☐ Yes ☐ No
Tympanic Membrane:
☒ Clear R (L)
☐ Blood R L
Blackened (R)

**HEART**
Rhythm:
☒ NSR
☐ Sinus tachycardia
☐ Sinus bradycardia
☐ Asystole
☐ Other
Pulses:
S = Strong D = Doppler
P = Palpable A = Absent

| Pulse | | Right | Left |
|---|---|---|---|
| Carotid | SP | Right | (Left) |
| Femoral | SP | Right | (Left) |
| Brachial | SP | Right | (Left) |
| Radial | SP | Right | (Left) |
| Pedal | SP | Right | (Left) |

JVD Distension:
☐ Right
☐ Left

**ABDOMINAL/GU**
☒ Flat
☐ Distended
☐ Obese
☒ Non-tender
☐ Tender
☐ Rigid
☐ Guarding
☐ Rebound tenderness
☐ Unable to assess
Pelvis stable: ☒ YES ☒ NO
Hemorrhage: ☐ YES ☒ NO
Blood at meatus/vagina: ☐ YES ☐ NO
Prostate: ☐ WNL ☐ Abnormal
Bowel sounds: ☒ YES ☐ NO
Last Meal @ ? unk

**EXTREMITIES**
ROM: ☐ YES ☐ NO
Fracture/dislocation:
☐ RUE
☒ RLE GSW
☐ LUE
☐ LLE

| | Motor | | Sensation | |
|---|---|---|---|---|
| RUE | (+) | - | (+) | - |
| LUE | (+) | - | (+) | - |
| RLE | (+) | - | (+) | - |
| LLE | (+) | - | (+) | - |

Back Exam: ☒ WNL ☐ ABNL
Time logrolled: 1601

**PATIENT IDENTIFICATION**
Name/Rank: (b)(6)
SSN/Patient Id #:
DOB: (ddmmyy)
Deployed unit:
MTF transferred from: Q...A

**ALLERGIES**
☐ Unknown
☐ NKDA
☐ PCN
☐ Sulfa
☐ Morphine
☐ Codeine
☐ Other:

**PAST MED HX**
☒ Unknown
☐ None
☐ Respiratory hx
☐ Seizure hx
☐ Cardiac hx
☐ HTN
☐ DM
☐ Ulcers
☐ Other:

**CURRENT MEDICATIONS**
☒ UNKNOWN
☐ NONE
☐ OTHER ___

**LAST MED GIVEN @:**
☐ Morphine ___
☐ Fentanyl ___
☐ Antibiotic ___
☐ Other:



86th CSH/Ali Air Base, Iraq

(b)(6)

LABORATORY

| CBC | SMA7 | Urinalysis | PMH: |
|---|---|---|---|
| | | SpGr: ____ | ☐ Unknown ☐ None ☐ Cardiac ☐ Respiratoy ☐ Seizure ☐ HTN ☐ DM ☐ Ulcers ☐ Other |
| PT/INR/PTT ___/___/___ | LFT | Ph: ____ | |
| ABG | Amylase: ____ | Chem: ____ | |
| FIO2: ____ | Alk Phos: ____ | Micro: ____ | Allergies: |
| Ph: ____ | LDH: ____ | RBC: ____ | ☐ NKDA ☐ Other____ |
| PCO2: ____ | Bili: ____ | WBC: ____ | ☐ ASA ☐ PCN |
| PO2: ____ | SGOT: ____ | Bact: ____ | ☐ Sulfa ☐ Morphine ☐ Codeine |
| HCO3: ____ | SGPT: ____ | HCG: ____ | ☐ Latex |

| | Medications | IV Fluids/Blood Products |
|---|---|---|
| Sat: ____ | ☐ DT | ☐ Crystalloids ____cc's ☐ NS ☐ LR |
| BE: ____ | ☐ ATBX ____ | ☐ Colloids ____cc's |
| Vent: Yes ☐ No ☐ | ☐ Versed | ☐ PRBC's ____ ____units |
| ETT SIZE ____ | ☐ Morphine | ☐ FFP ____ ____units |
| | ☐ Fenatnyl | ☐ Whole Bld ____ ____units |
| | ☐ Other ____ | ☐ Cryo ____ ____units |
| | | ☐ PLT's ____ ____packs |

RADIOLOGY

| | OBTAINED | PENDING | RESULTS | FRACTURE, SPLINTING, REMARKS |
|---|---|---|---|---|
| CT | ☐ HEAD | ☐ | | |
| | ☐ C-SPINE | ☐ | | |
| | ☐ ABDOMEN/PELVIS | ☐ | | |
| | ☐ CHEST | ☐ | | |
| CXR | ☐ SUPINE | ☐ | | |
| | ☐ UP RIGHT | ☐ | | |
| X-RAY SPINE | ☐ C-SPINE | ☐ | | |
| | ☐ FLEXION | ☐ | | |
| | ☐ EXTENSION | ☐ | | |
| | ☐ T-SPINE | ☐ | | |
| | ☐ L-SPINE | ☐ | | |
| | ☐ PELVIS | ☐ | | |
| EXTREMITY | ☐ ____ R L | ☐ | | |
| | ☐ ____ R L | ☐ | | |
| | ☐ ____ R L | ☐ | | |
| | ☐ ____ R L | ☐ | | |
| | ☐ ____ R L | ☐ | | |
| | ☐ ____ R L | ☐ | | |
| OTHER | ☐ ____ | ☐ | | |
| | ☐ ____ | ☐ | | |
| | ☐ | ☐ | | |

Attending Staff:

Diagnosis: GSW to (R) leg w/ trauma (R) leg fx - wash-out today in Bucka -

Plan: Admission to ICW → OR in AM

(b)(6)

Physician Signature:

Physician Printed or Typed Name: (b)(6)

Date: (dd.mm.yy) Patient ID: 000210

Exhibit 12



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0008-05-CID939

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | Mo. (b)(6) | | Yr. 05 | |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| (b)(6) 05 | (b)(6) | Admit to ICU for Recovery | (b)(6) 05 | — | 1100 | (b)(6) |
| (b)(6) 05 | (b)(6) | D/C to ward when Aldrete score > 9 | 05 | — | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED |
|---|---|---|---|
| (b)(6) 05 | (b)(6) | PACU Orders | |
| | | O2 by NC PRN to | |
| | | maintain Sat > 92% | |
| 05 | | Morphine 2mg q10 | (b)(6) 05 2mg 1145 (b)(6) |
| | | min to total of 10mg | |
| 05 | | Demerol 12.5mg q | |
| | | 10min to total of 25mg | |
| 05 | | Zofran 4mg IV x1 | |
| | | PRN N/V | |
| 05 | | Phenergan 12.5mg IV x2 | |
| | | q15 min PRN N/V | |

0008-05-CID939

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:

HEIGHT:

WEIGHT:

2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication):
? None known

3. PREVIOUS SURGERY [ ] NO [ ] YES (type):
?

4. PROPOSED SURGICAL PROCEDURE:
Fx Tibia - GSW External fixator placement

5. ADDITIONAL INFORMATION:

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| A. PSYCHOSOCIAL<br>✓ Potential for anxiety related to injury, surgery | o Pt. verbalizes any specific anxiety.<br>o Pt. exhibits relaxed body posture. | o Allow pt. to verbalize freely.<br>o Explain OR environment and answer questions regarding surgery.<br>o Offer comfort measures, (e.g., warm blanket, touch)<br>o Explain all nursing procedures before they are done.<br>o Remain with pt. whenever possible.<br>o Maintain family interface. |
| B. AERATION<br>✓ Potential for respiratory dysfunction due to anesthesia | o PT. will be able to breathe without difficulty during immediate intra-operative phase. | o Offer to elevate head of litter or offer pillow.<br>o Observe pt. while awaiting surgery for signs of distress<br>o Assist anesthesia during intubation and extubation |
| C. INTEGUMENT<br>✓ Potential impairment of skin integuity due to movement, transfer | o PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas. | o Utilize pressure preventing devices on OR table and accessories.<br>o Check for proper positioning and support to maintain good body alignment.<br>o Pad pressure points.<br>o Place ESU ground pad on non compromised skin surface area.<br>o Keep prep fluids from pooling. |

9. PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; date; hospital or medical facility)

(b)(6)

VIA litter (b)(6)

3. DATE (b)(6) 05 | TIME PATIENT ARRIVED IN SUITE 0830 | 4. PATIENT IN ROOM TIME 0835 | NUMBER #1

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☒ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER (Specify)

COMMENTS:

0008-05-CID939

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | (b)(6) | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | (b)(6) | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS (Specify)

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: arms extended on armboards & secured

8. SKIN PREPARATION Betadine Scrub/Solution

HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION (Specify)
SITE: (R) leg to Knee BY WHOM (b)(6)
SITE: BY WHOM:

COMMENTS: no adverse reactions

9. LOCATION OF EXTERNAL DEVICES

LEGEND X Ground Pad -- Safety Strap --- Tourniquet

C = Correct I = Incorrect

| 10. COUNTS | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | | C | C | (b)(6) | (b)(6) |
| Needle Sharp | ☒ Yes | ☐ No | | C | C | | |
| Instrument | ☐ Yes | ☐ No | | | | | |
| Other | ☐ Yes | ☐ No | | | | | |

11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)

(b)(6)

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO

Cut 30
Coag 30

☒ ESU NO: (b)(6)
GROUND PAD: BRAND Valleylab
LOT NO: (b)(6)

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.01

0008-05-CID939

## MEDICAL RECORD - PATIENT REASSESSMENT

For use of this form see MEDCOM Circular 40-5

DIRECTIONS: A check (✓) in the small box indicates stated description reflects actual physical findings. An asterisk (*) in the box indicates that a variance exists. A brief explanation of any abnormal findings is required.

| DATE: (b)(6) 05 | TIME: 1600 INITIAL (b)(6) | TIME: INITIALS: | TIME: INITIALS: |
|---|---|---|---|
| **1. 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. | ☒ pt nonverbal at this time, nonverbal communication appropriate | ☐ | ☐ |
| **2. CARDIOVASCULAR.** Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness or chest discomfort. | ☒ brisk cap refill RLE 2+ pedal pulses RLE | ☐ | ☐ |
| **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. | ☒ | ☐ | ☐ |
| **5. G.U./REPRODUCTIVE.** Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual vaginal/ penile/breast discharge. | ☒ F1C C40 | ☐ | ☐ |
| **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. | ☒ ex fix to RLE FROM | ☐ | ☐ |
| **7. 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. | ☒ IV to ® hand ex fix to RLE c mod serosanguinous drainage | ☐ | ☐ |
| **8. PAIN.** | ☒ Denies pain/discomfort. | ☐ Denies pain/discomfort. | ☐ Denies pain/discomfort. |
| Note: If patient complains of pain/discomfort, document the intensity (0-10 Item scale), location, and other descriptive information in item12 | | | |
| **9. PSYCHOSOCIAL.** Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate. Interacts appropriately with others. | ☒ | ☐ | ☐ |
| **10. SLEEP.** Patient expresses he/she slept well and feels rested. | ☒ | ☐ | ☐ |

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

(b)(6)

NOTE: Additional assessment data regarding IV site(s), pain, dressings, etc., is contained on page 2 of this form.

0008-05-CID939

## MEDICAL RECORD - SHORT STAY ASSESSMENT

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

**DIRECTIONS:** This assessment is for use with the adult patient whose hospital stay is less than 24 hours. It should be completed by the RN, or other health care personnel according to local policy.

**SECTION I: VITAL SIGNS/OTHER INFORMATION**

Date: (b)(6) /05 Time: 1800 Patient oriented to: ☐ Safety procedures ☐ Call light use ☐ Side rail use ☒ Unit procedures

Temp: 98.5 ☐ Oral ☐ Rectal ☐ Axillary ☒ Tympanic Pulse: 81 Respirations: 20

BP: 137/88 Rhythm: ___ Height: ___ Weight: ___

Presenting Complaint: Allergies:

**SECTION II: REVIEW OF SYSTEMS**

Directions: *A check (✓) in the small box, left column, indicates stated description reflects actual physical findings. An asterisk (*) in the box indicates that a variance exists. A brief explanation of abnormal findings is required, or you may circle the appropriate descriptive terms.*

| System | Check | Findings |
|---|---|---|
| **1. 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<br>Doesn't speak/understand English<br>speaks small amt english |
| **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<br>Capillary refill = <2 seconds. Pacemaker (Type): ___ |
| **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<br>Wheezing Rales/rhonchi Night sweats<br>LSCTA O2 SAT 99% @ 2L 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<br>Hemorrhoids Rectal bleeding Heartburn Distension Flatus<br>Last BM: ___ Bowel frequency: ___<br>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<br>Catheter: (Foley)/External/Supra-pubic Hx of UTI/calculi<br>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: ___ Assistive devices: ___<br>Weakness/paralysis: RLE GSW SPLINTS D Z ACE DSG<br>Homan's sign (L) / (R) leg |
| **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<br>EPW pleasant |
| **9. SLEEP.** Sleep is usually restful; awakes refreshed. | N/A | Patient's description of sleep: N/A<br>Assistance needed to fall asleep: N/A |
| **10. PAIN.** No current complaint of pain/discomfort. No ongoing (chronic) pain problems. | | **PAIN ASSESSMENT.** For patients complaining of pain, complete the following:<br>**Intensity of Pain Scale:** (0 = No pain; 10 = Worst pain)<br>Location(s): RLE<br>Intensity/Description: ___<br>Onset/Duration: ___<br>Exacerbated by: ___ |

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

(b)(6)

| TIME: | INITIALS: (b)(6) | TIME: | INITIALS: | TIME: | INITIALS: |
|---|---|---|---|---|---|
| IV patency check q __ hr: | | IV patency check q __ hr: | | IV patency check q __ hr: | |

| | SITE 1 | SITE 2 | | SITE 1 | SITE 2 | | SITE 1 | SITE 2 |
|---|---|---|---|---|---|---|---|---|
| Insertion date | | | Insertion date | | | Insertion date | | |
| Catheter size | | | Catheter size | | | Catheter size | | |
| Location | (R) AC | OK | Location | | | Location | | |
| 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 changed | | |
| **Comment:** | | | **Comment:** | | | **Comment:** | | |

**12. PAIN.** For location of pain, use the anatomical numbering scheme (Figure 1) displayed at the bottom of this page.

| **TIME:** ____ **INITIALS:** ____ | **TIME:** ____ **INITIALS:** ____ | **TIME:** ____ **INITIALS:** ____ |
|---|---|---|
| Location: | Location: | Location: |
| Intensity (0 - 10 scale): | Intensity (0 - 10 scale): | Intensity (0 - 10 scale): |
| Description: | Description: | Description: |
| Increased by: | Increased by: | Increased by: |
| Relieved by: | Relieved by: | Relieved by: |

**13. OTHER INTERVENTIONS.** Document assessment and care of any drains, wounds, dressings, etc., in the spaces provided below.

| **TIME:** ____ **INITIALS:** ____ | **TIME:** ____ **INITIALS:** ____ | **TIME:** ____ **INITIALS:** ____ |
|---|---|---|
| Intervention: | Intervention: | Intervention: |
| Findings: | Findings: | Findings: |

**14. COMMENTS:**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

Used with permission.

*Figure 1*

*Page 2 of 2 pages*

*MEDCOM FORM 689-1-R (TEST) (MCHO) JUN 03*

Does the patient exhibit readiness to learn? ☐ Yes ☐ No ☐ ... ☐ Reading ☐ Demonstration

What is his/her most effective method of learning? ☐ One-on-One ☐ Group/classroom instruction

Education/grade level achieved? ☐ 0-8 years ☐ 9-12 years ☐ 13-16 years ☐ 16 + years

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**TEACHING NEEDS:** Identify specific areas for patient/family education. *(Check all that apply)*

☐ Advance directives
☐ Breast/testicular self exam
☐ Community resources
☐ Drug-food interaction
☐ Elimination
☐ ETOH/tobacco/drug use/abuse
☐ Health promotion
☐ Illness/diagnosis
☐ Infection control
☐ Isolation precautions
☐ Medical equipment use
☐ Medications
☐ Nutrition/hydration
☐ Pain management
☐ Procedure/treatment
☐ Rehabilitation techniques
☐ Respiratory care
☐ Safety precautions
☐ Sexual concerns
☐ Skin care/hygiene/grooming
☐ Stress management
☐ Other *(Specify)*: ______

**Factors which may influence the patient's ability to learn:**

☐ Cognitive limitations
☐ Cultural/religious factors
☒ Language barrier
☐ Motivation
☐ Psychological factors
☐ Sensory limitations ☐ Hearing ☐ Speech ☐ Vision
☐ None - Patient verbalizes/demonstrates understanding.

Does the patient want educational materials? ☐ No ☐ Yes *(Specify below)*

COMMENTS: NO TRANSLATOR AVAILABLE

**SECTION IV: FUNCTIONAL ASSESSMENT** (Bathing, dressing, grooming, toileting, mobility, etc.)

☐ The patient demonstrates no functional limitations.

☐ Problem noted: ______

**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? ☐ Yes ☐ No

If "Yes," please explain: Don't Know

Do you have other concerns that we can help you with? ☐ Yes ☐ No

If "Yes," please explain: No translator

**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.
☐ 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.

Discharge is anticipated to: ☐ Home alone ☐ Home w/family ☐ Barracks

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 ☐ No 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.

Assessed by: ______ *(Signature)* ______ *(Printed Name & Title)* ______ *(Date)*

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## VITAL SIGNS

Estimated Weight: ______ kg

| Time | Temp | HR | B/P | RR | Rhythm | SPO2 | Mode | E | V | M | T | Pain | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1650 | 82 | 79 | 136/82 | 11 | NSR | 100 | 3L | NC | | | | | |
| | | | / | | | | | | | | | | |
| | | | / | | | | | | | | | | |
| | | | / | | | | | | | | | | |
| | | | / | | | | | | | | | | |
| | | | / | | | | | | | | | | |
| | | | / | | | | | | | | | | |
| | | | / | | | | | | | | | | |

## INTUBATION/MECH VENT

FIO2: ______ Time: ______
PEEP: ______ Mode: ______
ET/NT Size: Rate: ______
______ cm at the
☐ Teeth ☐ Lips
______ cm at nare
☐ R ☐ L
Tidal Volume:
______

## SECONDARY SURVEY

(AB)rasion
(AMP)utation
(AV)ulsion
(BL)eeding
(B)urn
(C)repitus
(D)eformity
(DG)Degloving
(E)cchymosis
(FX)Fracture
(F)oriegn Body
(GSW)Gun Shot Wound
(H)ematoma
(LAC)eration
(PW)Puncture Wound
(P)ain
(SS)Seatbelt Sign
(SW)Stab Wound

GSW FX

## MECHANISM OF INJURY

☑ GSW/Bullet
☐ Blunt trauma
☐ Single fragment
☐ Multi-fragment
☐ MVC
☐ Aircraft crash
☐ Knife/edge (stab)
☐ Mortar/RPG/Grenade
☐ CBRNE
☐ Blast
☐ Burn
☐ Crush
☐ Fall
☐ IED
☐ Other:

Burn:
☐ 1st ☐ 2nd ☐ 3rd
%TBSA = ______

## VASCULAR ASSESSMENT

**S** Strong
**P** Palpable
**D** Doppler
**A** Absent

## LAB

| Time | Lab test |
|---|---|
| | Hct |
| | pH |
| | pO2 |
| | pCO2 |
| | BE |
| | Glucose |
| | HCG |
| | Other: |

## X-RAY

| Time | Xray |
|---|---|
| | C-spine |
| | Chest |
| | Abd |
| | Pelvis |
| | Extrem |
| | Other: |

## CT

| Time | CT |
|---|---|
| | Head |
| | Chest |
| | Abd |
| | Pelvis |
| | Other: |

## PROCEDURES

| Proced | Size | Location |
|---|---|---|
| Foley | | |
| NG | | |
| Ch tube-1 | | |
| Ch tube-2 | | |
| Cent Ln | | |
| A-Line | | |
| FAST | | |
| Other: | | |

## GLASCOW COMA SCALE

**Best Eye Opening**
Spontaneous (4)
To speech 3
To pain 2
None 1

**Best Verbal Response**
Oriented (5)
Confused 4
Inappropriate words 3
Incomprehens sounds 2
None 1

**Best Motor Response**
Obeys commands (6)
Localizes pain 5
Withdraws from pain 4
Flexion to pain 3
Extension from pain 2
No response 1

## Pupil Size:

R = ______ mm L = ______ mm

☐ Brisk ☐ Brisk
☐ Sluggish ☐ Sluggish
☐ Non-reactive ☐ Non-reactive

## PATIENT IDENTIFICATION

Name: (b)(6)
Patient ID/SSN: (b)(6)

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## OXYGENATION

| O2 on: | O2 off: | Delivery Method: | |
|---|---|---|---|
| | | Nasal Canula | |
| | | NRB Mask: | |
| | | BVM: | |
| | | Other: | |
| | | | |
| | | | |
| | | | |

## INTAKE & OUTPUT

| INTAKE | Amount | OUTPUT | Amount |
|---|---|---|---|
| IVF: | | Urine: | |
| NGT: | | NGT: | |
| Blood: | | Blood: | |
| | | Chest tube (R): | |
| | | Chest tube (L): | |
| Other: | | Other: | |
| TOTAL | | TOTAL | |

## IV ACCESSES

| Date | Time | Gauge | Site | Initials |
|---|---|---|---|---|
| (b)(6) 05 | 1600 | 18g | Ⓡ hand | (b)(6) |
| | | | | |
| | | | | |

## MEDICATIONS

| Medication | Time | Dose | Route | Initials |
|---|---|---|---|---|
| Tetanus (if needed) | | 0.5 | IM | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## IV FLUIDS

| Time | Fluid | Rate | Amt UP | Amt IN | Initials |
|---|---|---|---|---|---|
| 1600 | NS | | ↑1L | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## BLOOD PRODUCTS

| Time beg/end | Type | Unit #: | Time UP | Total in | Initials |
|---|---|---|---|---|---|
| / | | | | | |
| / | | | | | |
| / | | | | | |
| / | | | | | |
| / | | | | | |
| / | | | | | |
| / | | | | | |

## DISPOSITION

☐ RTD

☐ Evacuated to: ______

Evac priority: ☐ Routine ☐ Priority ☐ Urgent

Report called to: ______

Time Transferred: ______

Accompanied by: ______

Via: ☐ Stretcher ☐ Wheelchair

☐ Deceased

## VALUABLES AND CLOTHING

☐ None Found ☐ Weapon Disposition: ______

☐ Given to Patient ______

☐ Secured by PAD ☐ Other:

## DEATH INFORMATION

Time of Death: ______

Time to Morgue: ______

Time Services Notified: ______

| TIME | NOTES |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

## PATIENT IDENTIFICATION

Name:

Patient Id /SSN:

Nurse Name:

Signature:

Date:

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NSN 7540-00-634-4123

**MEDICAL RECORD** | **NURSING NOTES** (Sign all notes)

| DATE | HOUR A.M. | HOUR P.M. | OBSERVATIONS Include medication and treatment when indicated |
|---|---|---|---|
| (b)(6) 05 | | 1800 | Nsg ADm to ICW. See short stay Assessment. Neuro intact to (R)LE. IV 18g (R)H infusing slowly. ER said he was a difficult stick. Reg diet NPO p̄ MN. Foley draining well. CBC in Am. Surg tomorrow. LSCTA O2 sat 99% on 2 L N/c. Will continue to monitor —— (b)(6) |
| | | | I & O 1800 to 2200 — 650ml, 0200 = 250 0600 = 350 ml from FTG (b)(6) |
| (b)(6) 05 @ | 1300 | | See System review sheet for details. ∅ s/sx of distress, ∅ c/o pain @ this time. Pt c̄ RLE elevated, resting in bed. Will cont POC —— (b)(6) |

(Continue on reverse side)

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO. | WARD NO.

NURSING NOTES
Medical Record 000220

| MEDICAL RECORD | PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT<br>For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General. |
|---|---|
| 1. AGE:<br>HEIGHT:<br>WEIGHT: | 2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication):<br>3. PREVIOUS SURGERY [ ✓ ] NO [ ] YES (type): |

4. PROPOSED SURGICAL PROCEDURE:

Left upper Extremity I+D

5. ADDITIONAL INFORMATION:

Emergency Care

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| A. PSYCHOSOCIAL<br>✓ Potential for anxiety related to Surgery | ✓ Pt. verbalizes any specific anxiety.<br>✓ Pt. exhibits relaxed body posture. | ✓ Allow pt. to verbalize freely. C Translator<br>✓ Explain OR environment and answer questions regarding surgery.<br>✓ Offer comfort measures, (e.g., warm blanket, touch)<br>✓ Explain all nursing procedures before they are done.<br>✓ Remain with pt. whenever possible.<br>o Maintain family interface. |
| B. AERATION<br>✓ Potential for respiratory dysfunction due to Sedation | ✓ PT. will be able to breathe without difficulty during immediate intra-operative phase. | ✓ Offer to elevate head of litter or offer pillow.<br>✓ Observe pt. while awaiting surgery for signs of distress<br>✓ Assist anesthesia during intubation and extubation |
| C. INTEGUMENT<br>✓ Potential impairment of skin integuity due to Prep Soln, ESU Pad | ✓ PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas. | ✓ Utilize pressure preventing devices on OR table and accessories.<br>✓ Check for proper positioning and support to maintain good body alignment.<br>✓ Pad pressure points.<br>✓ Place ESU ground pad on non compromised skin surface area<br>✓ Keep prep fluids from pooling. |

9. PATIENT'S IDENTIFICATION (For typed or written entries give: Name- last, first, middle; grade; date; hospital or medical facility)

(b)(6)

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| D. CIRCULATION<br>✓ 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.<br>✓ Check that safety straps are correctly applied.<br>o Offer pillow for under knees.<br>o Place and take down legs from stirrups with slow bilateral motion.<br>✓ Check that rings have been removed. |
| E. NEUROMUSCULAR CONTROL<br>E.1. ✓ Potential impairment of mobility due to Sedation<br>E.2. ✓ Potential discomfort due to Surgery | ✓ Pt. will be transferred to OR table without difficulty.<br>✓ Pt. will not experience unnecessary physical discomfort. | ✓ Have sufficient people available for transfer.<br>✓ Insure proper body alignment.<br>✓ Allow patient to lie in position of comfort while waiting for surgery.<br>✓ Offer support (i.e., pillows, bathtowels, etc.) for positioning. |
| F. NEUROMUSCULAR CONTROL<br>F.1. ✓ Disminished visual perception due to being Sedated<br>F.2. ____ Potential for decreased communictaion due to ____<br>F.3. Potential injury due to dentures. ____ | ✓ Pt. will be made aware of surroundings prior to anesthesia induction.<br>✓ Pt. will be transferred safely to OR table.<br>✓ Pt. will be able to understand instructions.<br>✓ Minimize danger of injury during intraop period. | ✓ Introduce self. Keep pt. informed as to where he/she is and what is happening.<br>✓ Inform pt. in which direction to move and assist if necessary.<br>✓ Speak clearly and slowly.<br>✓ Address pt. from Either side.<br>✓ Validate pt.'s understanding of verbal communications.<br>o 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. |

10. OR NURSING INTERVENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

(b)(6) (b)(6) 05 DATE

11. POSTOPERATIVE EVALUATION:

| 12. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title) (b)(6) | 13. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title) (b)(6) |
|---|---|
| DATE (b)(6) 05 TIME: 1230 | DATE: (b)(6) 05 TIME: 1330 |

REVERSE OF DA FORM 5179, JUN 91 USAPA V1.01

**MEDICAL RECORD** | **INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-407, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Litter BY (b)(6)

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY (b)(6)

3. DATE (b)(6) 05 TIME PATIENT ARRIVED IN SUITE 1230

4. PATIENT IN ROOM TIME 1302 NUMBER 1-3

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☑ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS: Initial Emergency

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | (b)(6) | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | (b)(6) (b)(6) | RELIEF CIRCULATOR INT. | |

7. POSITION AND POSITIONAL AIDS *(Specify)* pt's Rt Arm on Arm Board < 90% pt's (L) Arm @ side.

☑ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☑ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP
COMMENTS:

PREP SOLUTION *(Specify)* 10% Povidine Iodine
SITE: Left Upper Arm + Shoulder BY WHOM: (b)(6)
COMMENTS: Ø Pooling of Prep Soln.

9. LOCATION OF EXTERNAL DEVICES

Prep Area

LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

C = Correct I = Incorrect

| 10. COUNTS | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☑ Yes | ☐ No | | C | C | (b)(6) | (b)(6) |
| Needle Sharp | ☑ Yes | ☑ No SW | | C | C | | |
| Instrument | ☐ Yes | ☑ No | | | | | |
| Other | ☐ Yes | ☑ No | | | | | |

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

(b)(6)

12. ELECTROSURGERY DEVICE(S) (ESU) ☑ YES ☐ NO

☐ ESU NO: (b)(6) 40/40
GROUND PAD: BRAND Valley Lab
LOT NO: (b)(6) 2006-08
☐ ESU NO:
GROUND PAD: BRAND
LOT NO:
☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87

13. PROSTHESIS, IMPLANTS ☐ YES ☑ NO IF YES NAME: ID NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☑

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S):
0.9% NSS c̄ Pulse Evac

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| 16 FR Foley Cath Placed c̄ Urine Returned | Intraop | (b)(6) |

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☐ NO ☑ IF YES, SITE

16. LABORATORY SPECIMENS

| | NAME | NAME |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☑ | | |
| FROZEN SECTION (FS) YES ☐ NO ☑ | | |
| CULTURE (C) YES ☐ NO ☑ | | |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☑

| TYPE/SIZE | 1. | 2. | 3. |
|---|---|---|---|
| SITE | 1. | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*
Fluffs
Kerlix
~~Ace~~ sw
sling.

19. ADDITIONAL INFORMATION
Surgeon: (b)(6)
Anesth:

20. OPERATION(S) PERFORMED
I&D of Left upper Extremity Gun Shot Wound

| 21. PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| ICW | 1350 | Stretcher |

22. REGISTERED NURSE SIGNATURE (b)(6)

**PROGRESS NOTES**

| DATE | |
|---|---|
| #1 | |
| (b)(6) /05 | Surgery |
| | Pre-op dx: (L) prox humerus fx open, traumatic |
| | Post-op dx: same |
| | Proc: washout, IV Abx, splint. |
| | Nursing |
| | Anesthesia/Gen |
| | Findings: (L) prox open humerus fx. Devitalized tissue debrided. Pulse irrigated. |
| | Dispo: No ortho support here → air evac for definitive tx |

(b)(6)

# 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 list 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 ORDER OR SET OF ORDERS | ORDER NOTED TIME & INITIALS | COMPLETED TIME & INITIALS |
|---|---|---|---|
| | **ANESTHESIA PACU POST OPERATIVE ORDERS** | | |
| | Date: (b)(6) 05 Time: 1300 | | |
| 1 | Admit to PACU | | |
| 2 | Allergies: ? | | |
| 3 | Vital sign per PACU protocol | | |
| 4 | IV inf NS @ 100 ml/hr | | |
| 5 | O2 per PACU protocol | | |
| | | | |
| | **Pain Medication** | | |
| 6 | Toradol 30 mg IV PRN X 1 dose | | |
| 7 | Morphine 1-3 mg IV q 5 minutes PRN, max dose 30 mg | | |
| ~~8~~ | Meperidine ______ mg IV q ______ minutes PRN, max dose ______ mg | | |
| ~~9~~ | Fentanyl ______ mcg IV q ______ minutes PRN, max dose ______ mcg | | |
| | | | |
| | **Antiemetics** | | |
| ~~10~~ | Droperidol ______ mg IV PRN | | |
| ~~11~~ | Reglan ______ mg IV X 1 PRN (Pediatric dose = 0.15 mg / kg) | | |
| 12 | Zofran 4 mg IV q 15 minutes PRN, max total dose 8 mg | | |
| | | | |
| 13 | Notify anesthesia for pain, nausea and/or vomiting not responding to above orders or | | |
| | Other problems related to anesthesia per PACU protocol | | |
| 14 | Discontinue O2 and discharge patient per PACU protocol | | |
| | (b)(6) | | |

PATIENT IDENTIFICATION

(b)(6)

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

Diagnosis: ____________

Height: ________ Weight: ______ Diet: ________

Allergies: ____________

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

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V 1.00

# MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML. "I" = CONSTANT INFUSION

| DRUG (Units) | | TOTALS | TOTAL EBL |
|---|---|---|---|
| Fentanyl ( ) | 250 | | |
| Chlorimidate ( ) | 20 | | |
| Sux ( ) | 120 | | TOTAL URINE |
| ( ) | | | |
| ( ) | | | |
| ( ) | | | |
| VOLAT AGENT: Iso % del / % e.t. | | | |
| AIR L/Min | | | |
| N2O L/Min | | | |
| O2 L/Min | 2/2 | | |
| SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS | | | |

FLUIDS - SUMMARY
CRYSTALLOID-
COLLOID-
BLOOD-

**FLUIDS**
LINE site 18g RAC ☐ Warmed — 200
☐ Warmed
☐ Warmed
☐ Warmed

**LOSSES** EST BLOOD LOSS
URINE -

REMARKS
*Code drugs with numbers, events with letters*
Detainee (b)(6)
Left shoulder GSW
Unasyn 3g

PHYS STATUS 1 2 3 4 5 E
BODY WEIGHT: KG LB
HEMATOCRIT:
INITIAL DATA: BP- HR-
EQUIP CHECK OK?- Y N
PATIENT RECHECK OK for PROCEDURE? TIME-

TIME → 1230 x 1300

SYMBOLS: BP by cuff V Λ; Heart rate ●; Resp rate; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø

Scale: 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20

**VENTIL**

| | | |
|---|---|---|
| VT - ml | | |
| f - breaths/min | 22 | 6 |
| Peak inf pres / PEEP | | |
| MODE - S(pon), A(ssist), C(on) | SC | S |

**MONITORS/ACCESSORIES**

| | | | |
|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | + | + |
| BP/oth | FIO2 (Frac or %) | .79 | .80 |
| ART line | SpO2 (%) | 100 | 100 |
| Steth- PC/ES | ECG | ST | SR |
| Gas analyzer | TEMP-site | | |
| | N-M Block (T/4) | | |
| Warming blkt | | | |
| Conv warmer | | | |

RECOVERY AT 1300
PACU ICU (Specify) OTHER Kirkuk
CONDITION: Stable
RESP- SpO2- BP- HR-

ANESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 1230 | 1235 | 1308 |
| | Ready | Begin | End |
| PROC | 1240 | 1246 | 1255 |

*Mark with letters & symbols, explain under REMARKS* EVENTS Position → Supine

PROCEDURES and CPT Codes: Left Shoulder I+D

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* GETA RSI Cric P.dose

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility* (b)(6)

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* OGT suctioned

SURGEONS: (b)(6)

PROCEDURE LOCATION: 1

ANESTHETISTS: (b)(6)

DA(b)(6) 05

PAGE 1 OF 1

MEDICAL RECORD- SUPPLEMENTAL DATA
For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE
1 of 4
POST-ANESTHESIA RECOVERY FLOWSHEET

OTSG APPROVED (Date)

MEDICAL HX: ASA 1 2 3 4 5 E

PROCEDURE: GSW Sp

ANESTHESIA: (GEN) SAB LOC EPI REG IVCS

ALLERGIES: NKDA

EBL

UO

OR MEDS: VERSED, FENTANYL, REGLAN, DROPERIDOL, PROPOFOL, ANCEF, UNASYN, OTHER:

FLUIDS/ TYPE: Ringer's Lactate, D5W, D5 1/2NS, 0.9NS, D5RL, OTHER

| VITAL SIGNS | | | | | | PAR SCORE | | | | | | OTHER | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TIME | B/P | PULSE | RESP | 02 SAT | TEMP | ACT | RESP | CIRC | LOC | COLOR | PARS | SPINAL LEVEL | NEURO-VASCULAR | COMMENTS |
| PRE-OP | / | | | | | | | | | | | | L R upper lower Pulse: dp pt rad | |
| | / | | | | | | | | | | | | blanche pulse warm moves y n | |
| | / | | | | | | | | | | | | blanche pulse warm moves y n | |
| | / | | | | | | | | | | | | blanche pulse warm moves y n | |
| | / | | | | | | | | | | | | blanche pulse warm moves y n | |
| | / | | | | | | | | | | | | blanche pulse warm moves y n | |
| | / | | | | | | | | | | | | blanche pulse warm moves y n | |
| | / | | | | | | | | | | | | blanche pulse warm moves y n | |
| | / | | | | | | | | | | | | blanche pulse warm moves y n | |
| | / | | | | | | | | | | | | blanche pulse warm moves y n | |
| | / | | | | | | | | | | | | blanche pulse warm moves y n | |

PARS (post anesthesia recovery score)

ACTIVITY- MOVES:
4 extremities on command 2
2 extremities on command 1
0 extremities on command 0

CIRCULATION:
BP +/- 20% of pre-op level 2
BP +/- 20- 50% of pre-op level 1
BP +/- 50% of pre-op level 0

COLOR:
Pink, normal blanching, T>96 2
Pale, dusky, blotchy, jaundiced 1
Cyanosis (lips, nail beds, skin) 0

RESPIRATION:
Coughs and deep breaths 2
Dyspnea, shallow or labored breathing 1
Apneic 0

CONSCIOUSNESS:
Fully awake, alert, responsive 2
Arousable on calling 1
Not responding 0

LEGEND
Act= activity
DOP= doppler
EPI= epidural
GEN= general endotracheal
L+ number= lumbar spine
LOC= local anesthetic
N=no
pt= posterior tibial
EBL= estimated blood loss
REG= regional block
SAB= spinal anesthetic block
S+ number= sacral spine
T+ number= thoracic spine
Y= yes
UO= urine output

(Continue on reverse)

PREPARED BY (SIGNATURE AND TITLE)

DEPARTMENT/ SERVICE/ CLINIC
PACU

DATE

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

☐ HISTORY/PHYSICAL
☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☐ OTHER (Specify) NURSING NOTES/ ASSESSMENT
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700
1 MAY 78

EAMC OP 147, 1 Nov 00

## DOCTOR'S ORDERS - *(SIGN ALL ORDERS)*

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

| PATIENT IDENTIFICATION | DATE OF ORDER (b)(6) /05 TIME 1417 | NURSE'S SIGNATURE |
|---|---|---|
| | Admit ICW sp GSW | (b)(6) |
| | Stable | |
| | Reg diet | |
| | Unasyn 3g IV q 6° x 24° | |
| | Percocet I-II tabs PO q 4-6° PRN | |
| | Colace 100mg PO q 12° | |
| (b)(6) NURSING UNIT / ROOM NO. / BED NO. | | |
| PATIENT IDENTIFICATION | DATE OF ORDER TIME | |
| | CBC now + q am | |
| | BID w/D dressing Δ starting in am | (b)(6) |
| (b)(6) NURSING UNIT / ROOM NO. / BED NO. | | |
| PATIENT IDENTIFICATION | DATE OF ORDER (b)(6) 05 TIME 1600 | |
| | ① 5MG VALIUM IV Q 6 HRS PRN | (b)(6) |
| | (b)(6) | |
| (b)(6) NURSING UNIT / ROOM NO. / BED NO. | | |
| PATIENT IDENTIFICATION | DATE OF ORDER (b)(6) 05 TIME 1615 | |
| | ① 5MG VALIUM IV ~~Q6 HRS~~ X1 NOW | (b)(6) |
| | (b)(6) | (b)(6) |
| (b)(6) NURSING UNIT / ROOM NO. / BED NO. | | |

**MEDICAL RECORD** | **PROGRESS NOTES**

DATE

(b)(6) /05 Surg

Brief op note

Pre-op dx: GSW R LE

Postop dx: same

Proc: washout + dressing Δ

Anes: [illegible]

Abx: kefl / Gent [illegible]

Findings: GSW to R LE c̄ penetration of ant tib plate. Washout c̄ Fragment d/c. No fx on Xray.

Dispo: To ward for wet dressing Δ's + IV abx

(b)(6)

(b)(6) /05 Surg

POD#1

wound healing well, hemostatic

A/P: D/C

Dry dressing QV

(b)(6)

*(Continue on reverse side)*

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO. | WARD NO.

**PROGRESS NOTES**
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR (41 CFR) 201-45.505
509-111

MEDICAL RECORD- SUPPLEMENTAL DATA
For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE
1 of 4

POST-ANESTHESIA RECOVERY FLOWSHEET

OTSG APPROVED (Date)

MEDICAL HX: Riot GSW left leg
ASA (1) 2 3 4 5 (E)

OR MEDS:
VERSED
FENTANYL 250
REGLAN
DROPERIDOL
PROPOFOL
ANCEF
UNASYN 3g
OTHER:

FLUIDS/ TYPE:
Ringer's Lactate
D5W
D51/2NS
0.9NS 500
D5RL
OTHER

PROCEDURE: I+D left leg
ANESTHESIA: (GEN) SAB LOC EPI REG IVCS
ALLERGIES: (NKDA)
EBL min
UO NC

| VITAL SIGNS | | | | | | PAR SCORE | | | | | | OTHER | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TIME | B/P | PULSE | RESP | O2 SAT | TEMP | ACT | RESP | CIRC | LOC | COLOR | PARS | SPINAL LEVEL | NEURO-VASCULAR | COMMENTS |
| PRE-OP | 152/60 | 70 | 20 | 99 | — | | | | | | | | L R upper lower Pulse: dp pt rad | |
| 1430 | 118/79 | 101 | 20 | | | 2 | 2 | 2 | 2 | 2 | 10 | | blanche pulse warm moves y n | |
| 1440 | 131/67 | 93 | 16 | 97% | | 2 | 2 | 2 | 2 | 2 | 10 | | blanche pulse warm moves y n | |
| | / | | | | | | | | | | | | blanche pulse warm moves y n | |
| | / | | | | | | | | | | | | blanche pulse warm moves y n | |
| | / | | | | | | | | | | | | blanche pulse warm moves y n | |
| | / | | | | | | | | | | | | blanche pulse warm moves y n | |
| | / | | | | | | | | | | | | blanche pulse warm moves y n | |
| | / | | | | | | | | | | | | blanche pulse warm moves y n | |
| | / | | | | | | | | | | | | blanche pulse warm moves y n | |
| | / | | | | | | | | | | | | | |

PARS (post anesthesia recovery score)

ACTIVITY- MOVES:
4 extremities on command 2
2 extremities on command 1
0 extremities on command 0

CIRCULATION:
BP +/- 20% of pre-op level 2
BP +/- 20- 50% of pre-op level 1
BP +/- 50% of pre-op level 0

COLOR:
Pink, normal blanching, T>96 2
Pale, dusky, blotchy, jaundiced 1
Cyanosis (lips, nail beds, skin) 0

RESPIRATION:
Coughs and deep breaths 2
Dyspnea, shallow or labored breathing 1
Apneic 0

CONSCIOUSNESS:
Fully awake, alert, responsive 2
Arousable on calling 1
Not responding 0

LEGEND
Act= activity
DOP= doppler
EPI= epidural
GEN= general endotracheal
L+ number= lumbar spine
LOC= local anesthetic
N= no
pt= posterior tibial
EBL= estimated blood loss
REG= regional block
SAB= spinal anesthetic block
S+ number= sacral spine
T+ number= thoracic spine
Y= yes
UO= urine output

(b)(6)

(Continue on reverse)

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

(b)(6)

DEPARTMENT/ SERVICE/ CLINIC
PACU

DATE (b)(6) 05

☐ HISTORY/PHYSICAL
☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☐ OTHER (Specify) NURSING NOTES/ ASSESSMENT
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700
1 MAY 78

EAMC OP 147, 1 Nov 00

2

**INITIAL ASSESMENT**

| | |
|---|---|
| RESPIRATORY | AIRWAY: unsupported oral nasal<br>LUNG SOUNDS: CTA OTHER: see notes<br>RESP: spontaneous deep shallow labored unlabored<br>O2: none face mask blow-by NC l/min<br>SKIN COLOR: pink pale cyanotic |
| CIRCULATORY | SKIN TEMP (warm) cool dry moist<br>EXTREMITY lu ru ll rl<br>PULSE thready weak (strong)<br>CAP REFILL (brisk) slow absent |
| DRESSING (NONE) | LOCATION: Left leg<br>TYPE: dry / ace wrap<br>DRAINAGE: Ø |
| DRAINS (NONE) | LOCATION: Ø<br>TYPE:<br>DRAINAGE: |
| FOLEY | Y (N) COMMENTS: |
| IV (NONE) | LOCATION/GAUGE/CONDITION: Rt. arm<br>FLUIDS: RL D5RL D5W D51/2NS (NS)<br>OTHER:<br>ADDITIVES: |
| HEAT LAMPS | Y (N) |

**DISCHARGE ASSESMENT**

| | |
|---|---|
| RESPIRATORY | AIRWAY: unsupported oral nasal<br>LUNG SOUNDS: CTA OTHER: see notes<br>RESP: spontaneous deep shallow labored unlabored<br>O2: none face mask blow-by NC l/min<br>SKIN COLOR: pink pale cyanotic |
| CIRCULATORY | SKIN TEMP warm cool dry moist<br>EXTREMITY lu ru ll rl<br>PULSE thready weak strong<br>CAP REFILL brisk slow absent |
| DRESSING/ DRAINS/ IV (SAME) | CHANGES: |
| URINE | FOLEY VOIDED NOT VOIDED<br>AMOUNT: |

| | |
|---|---|
| REPORT CALLED TO: | Ward: |
| REPORT CALLED BY: | Time: |

## EKG RHYTHM STRIP

## PAIN CONTROL MEDICATIONS

| TIME | FOCUS (PAIN LEVEL) | DRUG/DOSE/ROUTE | RESPONSE | INITIALS |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| TIME | ADDITIONAL NOTES |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

PT/PARENT ORIENTED TO UNIT AND PLAN OF CARE Y/N PT/ PARENT VERBALIZES UNDERSTANDING Y/N

| PACU NURSE SIGNATURE | INITIALS |
|---|---|
| | |
| | |
| | |
| | |

# 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 list 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 ORDER OR SET OF ORDERS | ORDER NOTED TIME & INITIALS | COMPLETED TIME & INITIALS |
|---|---|---|---|
| | **ANESTHESIA PACU POST OPERATIVE ORDERS** | | |
| | Date: (b)(6) 05 Time: 1420 | | |
| 1 | Admit to PACU | | |
| 2 | Allergies: NKDA | | |
| 3 | Vital sign per PACU protocol | | |
| 4 | IV inf NS @ 100 ml/hr | | |
| 5 | O2 per PACU protocol | | |
| | | | |
| | **Pain Medication** | | |
| 6 | Toradol 30 mg IV PRN X 1 dose | | |
| 7 | Morphine 1-3 mg IV q 5 minutes PRN, max dose 30 mg | | |
| ~~8~~ | Meperidine ______ mg IV q ______ minutes PRN, max dose ______ mg | | |
| ~~9~~ | Fentanyl ______ mcg IV q ______ minutes PRN, max dose ______ mcg | | |
| | | | |
| | **Antiemetics** | | |
| ~~10~~ | Droperidol ______ mg IV PRN | | |
| ~~11~~ | Reglan ______ mg IV X 1 PRN (Pediatric dose = 0.15 mg / kg) | | |
| 12 | Zofran 4 mg IV q 15 minutes PRN, max total dose 8 mg | | |
| | | | |
| 13 | Notify anesthesia for pain, nausea and/or vomiting not responding to above orders or | | |
| | Other problems related to anesthesia per PACU protocol | | |
| 14 | Discontinue O2 and discharge patient per PACU protocol | | |
| | (b)(6) | | |

PATIENT IDENTIFICATION

(b)(6)

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

Diagnosis: ______

Height: ______ Weight: ______ Diet: ______

Allergies: ______

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

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V 1.00

# MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML; "I" = CONSTANT INFUSION

| DRUG (Units) | | | TOTALS |
|---|---|---|---|
| Fentanyl (mcg) | 250 | | 250 |
| Etomidate (mg) | 20 | | |
| Sux ( ) | 120 | | |
| VOLAT AGENT 250 % del / % e.t. | 250 | X | |
| AIR L/Min | | | |
| N2O L/Min | | | |
| O2 L/Min | 10 | | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS

TOTAL EBL: min

TOTAL URINE: NC

FLUIDS - SUMMARY
CRYSTALLOID- 500 ml
COLLOID- Ø
BLOOD- Ø

FLUIDS: LINE s Ng RAC ☐ Warmed NS — 500
☐ Warmed
☐ Warmed
☐ Warmed

LOSSES: EST BLOOD LOSS; URINE -

REMARKS: *Code drugs with numbers, events with letters*
Detainee Riot Combative and RSI

PHYS STATUS: (1) 2 3 4 5 (E)

BODY WEIGHT: 80 (KG) LB

HEMATOCRIT:

INITIAL DATA: BP- / HR-

EQUIP CHECK OK?- Y N

PATIENT RECHECK OK for PROCEDURE? TIME-

TIME → 1345 1400 x 1420

SYMBOLS: BP by cuff V Λ; Heart rate ●; Resp rate ○; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø

Scale: 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20

VENTIL

| | 1345 | 1400 | 1420 |
|---|---|---|---|
| VT - ml | | | |
| f - breaths/min | 18 | 20 | 20 |
| Peak inf pres / PEEP | | | |
| MODE - S(pon), A(ssist), C(on) | SC | S | S |

MONITORS/ACCESSORIES: BP/Auto Cuff; BP/oth; ART line; Steth- PC/ES; Gas analyzer; Warming blkt; Conv warmer

| | 1345 | 1400 | 1420 |
|---|---|---|---|
| ET CO2 (torr) | + | + | + |
| FIO2 (Frac or %) | .77 | .77 | RA |
| SpO2 (%) | 100 | 100 | 100 |
| ECG | SR | SR | |
| TEMP-site | | | |
| N-M Block (T/4) | | | |

*Mark with letters & symbols, explain under REMARKS* EVENTS Position → Supine

RECOVERY AT 1420
(PACU) ICU (Specify)
OTHER extubated stable
CONDITION: RESP- 20 SpO2- BP- 116/79 HR- 101

ANESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 1350 | 1352 | |

| | Ready | Begin | End |
|---|---|---|---|
| PROC | 1355 | 1400 | 1410 |

PROCEDURES and CPT Codes: Left leg GSW

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*
GETA / RSI Tonsured 7.0 ETT OP clear BBS=
AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*
(b)(6)

SURGEONS: (b)(6)

ANESTHETISTS: (b)(6)

PROCEDURE LOCATION: OR 1

DATE (b)(6) 05

| MEDICAL RECORD | PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT<br>For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General. |
|---|---|
| 1. AGE:<br>HEIGHT:<br>WEIGHT: | 2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication):<br>3. PREVIOUS SURGERY [✓] NO [ ] YES (type): |

4. PROPOSED SURGICAL PROCEDURE:

I&D of Left Lower Extremity Gunshot wound.

5. ADDITIONAL INFORMATION:

Emergency Care

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| A. PSYCHOSOCIAL<br>✓ Potential for anxiety related to Surgery | ✓ Pt. verbalizes any specific anxiety.<br>✓ Pt. exhibits relaxed body posture. | ✓ Allow pt. to verbalize freely. c̄ Translator<br>✓ Explain OR environment and answer questions regarding surgery.<br>✓ Offer comfort measures, (e.g., warm blanket, touch)<br>✓ Explain all nursing procedures before they are done.<br>✓ Remain with pt. whenever possible.<br>o Maintain family interface. |
| B. AERATION<br>✓ Potential for respiratory dysfunction due to Sedation | ✓ PT. will be able to breathe without difficulty during immediate intra-operative phase. | ✓ Offer to elevate head of litter or offer pillow.<br>✓ Observe pt. while awaiting surgery for signs of distress<br>✓ Assist anesthesia during intubation and extubation |
| C. INTEGUMENT<br>✓ Potential impairment of skin integuity due to ESU Pad, Prep Soln. | ✓ PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas. | ✓ Utilize pressure preventing devices on OR table and accessories.<br>✓ Check for proper positioning and support to maintain good body alignment.<br>✓ Pad pressure points.<br>✓ Place ESU ground pad on non compromised skin surface area.<br>✓ Keep prep fluids from pooling. |

9. PATIENT'S IDENTIFICATION (For typed or written entries give: Name- last, first, middle; grade; date; hospital or medical facility)

(b)(6)

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| D. CIRCULATION<br>✓ Potential for inadequate tissue perfusion due to Sedation | ✓ 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.<br>✓ Check that safety straps are correctly applied.<br>o Offer pillow for under knees.<br>o Place and take down legs from stirrups with slow bilateral motion.<br>o Check that rings have been removed. |
| E. NEUROMUSCULAR CONTROL<br>E.1. ✓ Potential impairment of mobility due to Sedation<br>E.2. ✓ Potential discomfort due to Surgery | ✓ Pt. will be transferred to OR table without difficulty.<br>✓ Pt. will not experience unnecessary physical discomfort. | ✓ Have sufficient people available for transfer.<br>✓ Insure proper body alignment.<br>✓ Allow patient to lie in position of comfort while waiting for surgery.<br>✓ Offer support (i.e., pillows, bathtowels, etc.) for positioning. |
| F. NEUROMUSCULAR CONTROL<br>F.1. ✓ Disminished visual perception due to being Sedated<br>F.2. ✓ Potential for decreased communictaion due to Sedation<br>F.3. Potential injury due to dentures. ____ | ✓ Pt. will be made aware of surroundings prior to anesthesia induction.<br>✓ Pt. will be transferred safely to OR table.<br>✓ Pt. will be able to understand instructions.<br>✓ Minimize danger of injury during intraop period. | ✓ Introduce self. Keep pt. informed as to where he/she is and what is happening.<br>✓ Inform pt. in which direction to move and assist if necessary.<br>✓ Speak clearly and slowly.<br>✓ Address pt. from Either side. c̄ Translator<br>✓ Validate pt.'s understanding of verbal communications.<br>o 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. |

10. OR NURSING INTERVENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

(b)(6) 31 JAN 05 DATE

11. POSTOPERATIVE EVALUATION:

| 12. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title) (b)(6) | 13. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title) (b)(6) |
|---|---|
| DATE: (b)(6) 05 TIME: 1330 | DATE: (b)(6) 05 TIME: 1430 |

REVERSE OF DA FORM 5179, JUN 91 USAPA V1.01

**MEDICAL RECORD** | **INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-407, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Litter BY (b)(6)
2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY (b)(6)
3. DATE (b)(6) 05 TIME PATIENT ARRIVED IN SUITE 1330
4. PATIENT IN ROOM TIME 1400 NUMBER 1-5

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☑ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS: Initial - Emergency

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | (b)(6) | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | (b)(6) | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS *(Specify)* Pt's Arms in Restraints @ sides - Combative.

☑ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Arrived in OR this way.

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☑ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP
COMMENTS: N/A

PREP SOLUTION *(Specify)* 10% Betadine
SITE: BY WHOM: (b)(6)
SITE: Right Lower Leg BY WHOM:
COMMENTS:

9. LOCATION OF EXTERNAL DEVICES

Prep Area

LEGEND X Ground Pad SW -- Safety Strap SW === Tourniquet N/A

10. COUNTS

C = Correct I = Incorrect

| 10. COUNTS | Yes | No | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☑ Yes | ☐ No | | C | C | (b)(6) | (b)(6) |
| Needle Sharp | ☑ Yes | ☐ No | | C | C | | |
| Instrument | ☐ Yes | ☑ No | | | | | |
| Other | ☐ Yes | ☑ No | | | | | |

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

(b)(6)

12. ELECTROSURGERY DEVICE(S) (ESU) ☑ YES ☐ NO 40/40

☑ ESU NO: (b)(6)
GROUND PAD: BRAND Valley Lab
LOT NO: (b)(6) Exp. 2006-08

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

13. PROSTHESIS, IMPLANTS ☐ YES ☑ NO IF YES NAME: ID NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☑

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S) Sw

0.9% NSS c̄ Pulse Evac.

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☐ NO ☑ IF YES, SITE

16. LABORATORY SPECIMENS

| | NAME | NAME |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☑ | | |
| FROZEN SECTION (FS) YES ☐ NO ☑ | | |
| CULTURE (C) YES ☐ NO ☑ | | |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☑

| TYPE/SIZE | 1. | 2. | 3. |
|---|---|---|---|
| SITE | 1. | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

Fluffs
Kerlix
Ace wrap.

19. ADDITIONAL INFORMATION

Surgeon: (b)(6)

Anesth:

20. OPERATION(S) PERFORMED

I&D of Right Lower Leg.

21. PATIENT TRANSFERRED TO ICW TIME 1430 METHOD Litter

22. REGISTERED NURSE SIGNATURE (b)(6)

NSN 7540-00-634-4176 600-108

**HEALTH RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| (b)(6) 05 | S) Pt c/o GSW (L) leg lower (ant tibia) |
| | O) 18G IV started @ 1200 500mL normal saline |
| | 1230 vitals B/P 140/80 P 98 R 16 |
| | 1245 pt given 1g Ancef IV |
| Time 1225 | ↳ vitals @ 1245 B/P 140/80 |
| 160/80 BP | Ancef completed & replaced w/ 500 ml normal saline @ 1240 |
| R 20 | 1242 vitals P 82 |
| P 98 | |
| | (L) GSW to (L) upper tibia |
| X-ray Shrapnel @ site of ex. | (A/P) GSW (L) lower leg - will ~~observe~~ EVAL, consider weight ... by Gen Sx |
| | (b)(6) |

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

(b)(6)

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)* | SEX

RELATIONSHIP TO SPONSOR | STATUS | RANK/GRADE

SPONSOR'S NAME | ORGANIZATION

DEPART./SERVICE | SSN/IDENTIFICATION NO. | DATE OF BIRTH

CLINICAL RECORD

**THERAPEUTIC DOCUMENTATION CARE PLAN** *(MEDICATIONS)*

For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.

Mo (b)(6) 05

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | 31 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (b)(6) | (b)(6) | Unasyn 3g IV q6° x 24° | 06 | / | (b)(6) | | | | | | | | | | | | |
| | | | 12 | / | | | | | | | | | | | | | |
| | | | 18 | (b)(6) | | | | | | | | | | | | | |
| | | | 24 | (b)(6) | | | | | | | | | | | | | |
| (b)(6) | | Colace 100 mg po q 12° | 09 | / | (b)(6) | | | | | | | | | | | | |
| | | | 21 | (b)(6) | | | | | | | | | | | | | |
| (b)(6) | | HL IV | 06 | (b)(6) | (b)(6) | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW (L) LE WASHOUT

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. ______

PATIENT IDENTIFICATION:

(b)(6)

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. USAPA V1.00

| Verify by Initialing | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | Mo (b)(6) | Yr. 03 |
|---|---|---|---|---|---|

| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|---|---|---|---|---|---|---|
| (b)(6) | (b)(6) | 5 MG VALIUM IV X1 NOW | (b)(6) | 1615 | 1615 | (b)(6) |
| | ----- | | | | | |
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INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | TIME/DATE DISPENSED | | |
|---|---|---|---|---|---|
| (b)(6) | (b)(6) | Percocet 1 or 2 Tabs PO q 4-6° prn | 1R? X2 31 Jan 1830 | 31 Jan 2230 (b)(6) | 2 tab PO (b)(6) |
| (b)(6) | | 5MG VALIUM IV Q6 HRS PRN | (b)(6) | 31 1600 (b)(6) 5 IV (b)(6) 4 | (b)(6) 2230 5 IV (b)(6) |
| ----- | ----- | | | | |
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USAPA V1.00

**CLINICAL RECORD** | **THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)**
For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.
Mo (b)(6) Yr. 05

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | 31 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (b)(6) | (b)(6) | ROUTINE VS | 05 | / | (b)(6) | | | | | | | | | | | | |
| | | | 17 | (b)(6) | | | | | | | | | | | | | |
| | | REGULAR DIET | B | / | (b)(6) | | | | | | | | | | | | |
| | | | L | / | | | | | | | | | | | | | |
| | | | D | (b)(6) | | | | | | | | | | | | | |
| | | CBC QAM | | / | (b)(6) | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW LLE
S/P WASHOUT

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO: ______

PATIENT IDENTIFICATION:
(b)(6)

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | Mo (b)(6) | Yr 05 | | |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| (b)(6) | (b)(6) | ADMIT ICW - STABLE | (b)(6) | NOW | 1415 | (b)(6) |
| | | V CBC NOW | | NOW | [illegible] | |
| | | CBC in AM | | AM | 0930 | (b)(6) |
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| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED |
|---|---|---|---|
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USAPA V1.00

~~D/C F, UPs c SURGERY~~

**FLOWSHEET FOR VITAL SIGNS AND OTHER PARAMETERS**
For use of this form, see AR 40-66; the proponent agency is the OTSG

WARD
ICW

*This form may be used for more than one day by drawing a heavy line and adding date. Insert column headings as required.*

DATE

(b)(6)

| | PATIENT'S NAME (b)(6) | BP | HR | RR | T | O2 % | O2 SOURCE | PAIN |
|---|---|---|---|---|---|---|---|---|
| | error (b)(6) ~~24 JAN~~ | | | | | | | |
| (b)(6) | 0500 | 132/59 | 66 | 18 | 985 | 97 | RA | Ø |
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# MARKS, SCARS, AND TATTOOS REPORT (b)(6)
## *MALE* DETAINEE

Date Initiated

| Name (Last, First, MI) | ISN # (b)(6) | SSN | Race |
|---|---|---|---|

REASON FOR REPORT:

☐ INPROCESSING ☐ CHANGE/UPDATE ☐ RELEASE/REGISTRATION ☐ REPORTED OR SUSPECTED VIOLENCE

**PURPOSE:** To provide or update baseline physical identification marks on the body of the detainee
**INSTRUCTIONS:** Annotate the location of identifying marks, scars, or tattoos using the numbers below after thorough examination. Use a continuation sheet or photos, if necessary, to accurately portray written or graphically designed tattoos. Injuries will be reported to medical officials.

IV 18g

break 7

Mark with numbers and an arrow to the location of any of the following and describe if needed:

1. SCAR
2. MARK
3. TATTOO
4. CUT
5. BRUISE
6. SWELLING
7. OTHER puncture

REVIEW ☐

DIA ☐

CAUSE OR REASON: (+) PMS all (-) blood, pr olsonlore (-) edema break from gun shot wound
98 SpO2 78 pulse @1230

COMPLETED BY:
(b)(6) (b)(6)

PRINTED NAME RANK DUTY POSITION SIGNATURE

*CONTINUATION SHEET ATTACHED?* ☐ *YES* ☐ *NO*

(b)(6)

(S) 37 yom w/ a gunshot to the (R) leg.

All: NKA

Meds: Morphine

(O) [illegible] in [illegible] is [illegible] x3
pt has an open wound to the (R) shin (tib)

Neurovascular intact. Pulses present.
Neg ABD in [illegible], or [illegible]

Lungs - CTA (B) w/ [illegible]
HRT - RRR c S1, S2
[illegible] - soft, [illegible], NTTP
Neg other wounds or fx, deformities found.

(A/P) GSW (R) TIB
Evacuate for Surg.

12 3/75
p: 83

(b)(6)

1 gram Ancef : 1230
3 gram Unasyn 1245
Morphine Sulfate 2ml @ 10mg/ml 1220

IV NS - 1225 1L

Xray - through & through shrapnel
fx tib

(b)(6)

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:
HEIGHT:
WEIGHT:

2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication):

3. PREVIOUS SURGERY [✓] NO [ ] YES (type):

4. PROPOSED SURGICAL PROCEDURE:
I&D of Gunshot wound to Right Lower Extremity

5. ADDITIONAL INFORMATION:
Emergency Case

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| A. PSYCHOSOCIAL<br>✓ Potential for anxiety related to Surgery | ✓ Pt. verbalizes any specific anxiety.<br>✓ Pt. exhibits relaxed body posture. | ✓ Allow pt. to verbalize freely. c̄ Translator<br>✓ Explain OR environment and answer questions regarding surgery.<br>✓ Offer comfort measures, (e.g., warm blanket, touch)<br>✓ Explain all nursing procedures before they are done.<br>✓ Remain with pt. whenever possible.<br>o Maintain family interface. |
| B. AERATION<br>✓ Potential for respiratory dysfunction due to Sedation | ✓ PT. will be able to breathe without difficulty during immediate intra-operative phase. | ✓ Offer to elevate head of litter or offer pillow.<br>✓ Observe pt. while awaiting surgery for signs of distress<br>✓ Assist anesthesia during intubation and extubation |
| C. INTEGUMENT<br>✓ Potential impairment of skin integuity due to ESU Pad, Prep Soln | ✓ PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas. | ✓ Utilize pressure preventing devices on OR table and accessories.<br>✓ Check for proper positioning and support to maintain good body alignment.<br>✓ Pad pressure points.<br>✓ Place ESU ground pad on non compromised skin surface area.<br>✓ Keep prep fluids from pooling. |

9. PATIENT'S IDENTIFICATION (For typed or written entries give: Name- last, first, middle; grade; date; hospital or medical facility)

(b)(6)

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| D. CIRCULATION<br>✓ Potential for inadequate tissue perfusion due to Sedation | ✓ 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.<br>✓ Check that safety straps are correctly applied.<br>o Offer pillow for under knees.<br>o Place and take down legs from stirrups with slow bilateral motion.<br>o Check that rings have been removed. |
| E. NEUROMUSCULAR CONTROL<br>E.1. ✓ Potential impairment of mobility due to Sedation<br>E.2. ✓ Potential discomfort due to Surgery | ✓ Pt. will be transferred to OR table without difficulty.<br>✓ Pt. will not experience unnecessary physical discomfort. | ✓ Have sufficient people available for transfer.<br>✓ Insure proper body alignment.<br>✓ Allow patient to lie in position of comfort while waiting for surgery.<br>✓ Offer support (i.e., pillows, bathtowels, etc.) for positioning. |
| F. NEUROMUSCULAR CONTROL<br>F.1. ✓ Disminished visual perception due to being Sedated<br>F.2. ✓ Potential for decreased communictaion due to Sedation<br>F.3. Potential injury due to dentures. | ✓ Pt. will be made aware of surroundings prior to anesthesia induction.<br>✓ Pt. will be transferred safely to OR table.<br>✓ Pt. will be able to understand instructions.<br>✓ Minimize danger of injury during intraop period. | ✓ Introduce self. Keep pt. informed as to where he/she is and what is happening.<br>✓ Inform pt. in which direction to move and assist if necessary.<br>✓ Speak clearly and slowly.<br>✓ Address pt. from Either side. c̄ Translator<br>✓ Validate pt.'s understanding of verbal communications.<br>o 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. |

10. OR NURSING INTERVENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

(b)(6) 31 JAN 05 DATE

11. POSTOPERATIVE EVALUATION:

| 12. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title) (b)(6) | 13. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title) (b)(6) |
|---|---|
| DATE: (b)(6) 05 TIME: 1300 | DATE (b)(6) 05 TIME: 1400 |

REVERSE OF DA FORM 5179, JUN 91 USAPA V1.01

**MEDICAL RECORD** — **INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-407, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA Litter BY (b)(6)

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY (b)(6)

3. DATE (b)(6) 05 — TIME PATIENT ARRIVED IN SUITE 1300

4. PATIENT IN ROOM TIME 1330 NUMBER 1-4

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☑ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS: Intubated - Emergency

6. NURSING PERSONNEL

| ASSIGNED SCRUB | (b)(6) | RELIEF SCRUB | |
|---|---|---|---|
| ASSIGNED CIRCULATOR | (b)(6) | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS *(Specify)* Pt's Arms on Padded Arm Boards <90°

☑ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☑ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP
COMMENTS: N/A

PREP SOLUTION *(Specify)* 10% Povodine Iodine
SITE: BY WHOM:
SITE: BY WHOM: (b)(6)
COMMENTS:

9. LOCATION OF EXTERNAL DEVICES

Prep Area

LEGEND X Ground Pad SW ∴ Safety Strap SW === Tourniquet

10. COUNTS — C = Correct I = Incorrect

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☑ Yes | ☐ No | | C | C | (b)(6) | (b)(6) |
| Needle Sharp | ☑ Yes | ☐ No | | C | C | | |
| Instrument | ☐ Yes | ☑ No | | | | | |
| Other | ☐ Yes | ☑ No | | | | | |

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

(b)(6)

12. ELECTROSURGERY DEVICE(S) (ESU) ☑ YES ☐ NO

☑ ESU NO: (b)(6) 40/40
GROUND PAD: BRAND Valley Lab
LOT NO: (b)(6) Exp. 2006-08
☐ ESU NO:
GROUND PAD: BRAND
LOT NO:
☐ BIPOLAR NO:

13. PROSTHESIS, IMPLANTS ☐ YES ☑ NO IF YES NAME: ID NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☐

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S):

0.9% NSS c̄ Pulse Evac

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| 16 FR Foley Cath Placed | Intraop | (b)(6) |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☐ NO ☑ IF YES, SITE

16. LABORATORY SPECIMENS

| | NAME | NAME |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☑ | | |
| FROZEN SECTION (FS) YES ☐ NO ☑ | | |
| CULTURE (C) YES ☐ NO ☑ | | |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☑

| TYPE/SIZE | 1. / | 2. / | 3. / |
|---|---|---|---|
| SITE | 1. | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

Fluffs
Kerlix
Splint material (3M)
Ace wraps
Webril

19. ADDITIONAL INFORMATION

Surgeon: (b)(6)

Anesth:

20. OPERATION(S) PERFORMED

I & D of Right LE — Gunshot wound

| 21. PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| ICW | 1400 | Litter |

22. REGISTERED NURSE SIGNATURE (b)(6)

NSN 7540-00-634-4176 600-109

**HEALTH RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| (b)(6) 05 | S: 24 y/o ♂ was shot by rubber bullet on (R) eye. |
| (b)(6) 05 | 6mg MSO4 given IM (L) ADM. |
| | Detainee was hit ē rubber Ball Bullet (R) outer upper lid ē large laceration a point of entry - Foreign Body not palpable |
| | Alert oriented x3. states sees very hazy (R) (b)(6) able to decern 2 fingers when held in front. - EOM - ok |
| | Fundus (L) OK |
| | pupil reactive |
| | fundus (R) eye not well visualized |
| | the (L) eye OK - no hyphema |
| | Xray - no FB seen |
| | Dx. Possible ocular globe injury |
| | Needs ophthalmology [illegible] |
| | Rx. Ancef 1 gram IV |
| | Morphine (b)(6) IM by (b)(6) 1530 (b)(6) |

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

(b)(6)

| RECORDS MAINTAINED AT | (b)(6) |
|---|---|
| PATIENT'S NAME (Last, First, Middle initial) | (b)(6) |
| RELATIONSHIP TO SPONSOR | STATUS | RANK/GRADE |
| SPONSOR'S NAME | ORGANIZATION |
| DEPART./SERVICE | SSN/IDENTIFICATION NO. | DATE OF BIRTH |

# MARKS, SCARS, AND TATTOOS REPORT
## *MALE* DETAINEE

(b)(6)

| Name (Last, First, MI) | ISN # (b)(6) | SSN | Date Initiated<br>Race |
|---|---|---|---|

REASON FOR REPORT:

☐ INPROCESSING ☐ CHANGE/UPDATE ☐ RELEASE/REGISTRATION ☐ REPORTED OR SUSPECTED VIOLENCE

**PURPOSE:** To provide or update baseline physical identification marks on the body of the detainee
**INSTRUCTIONS:** Annotate the location of identifying marks, scars, or tattoos using the numbers below after thorough examination. Use a continuation sheet or photos, if necessary, to accurately portray written or graphically designed tattoos. Injuries will be reported to medical officials.

Puncture and dressed w/ gauze

Mark with numbers and an arrow to the location of any of the following and describe if needed:

1. SCAR
2. MARK
3. TATTOO
4. CUT
5. BRUISE
6. SWELLING
7. OTHER

*REVIEW* ☐
DIA ☐

CAUSE OR REASON:

COMPLETED BY:

PRINTED NAME RANK DUTY POSITION SIGNATURE

*CONTINUATION SHEET ATTACHED?* ☐ *YES* ☐ *NO*

(b)(6)

(S) 30 y/o m a puncture wound to (R) buttock
pt doesn't know if it was a plastic bullet or anything
else. pt has no other complaints

P86

(O) WDWNM INAD 15 A&O x 3
Neg abnormalities on HEENT or neck exam
Lungs - CTA (B) w/ insp & exp
Heart - RRR c S1 S2
ABD - soft, ⊕ BS, NTTP
Rectal - good tone. Neg bleeding. Hemoccult Neg
Neurovascular & sensory intact
pt has a puncture wound over the (R) buttock

BP 145/69

R 20

(A/P) puncture wound (R) buttock
Will clean & irrigate area
tetanus shot -

RAD:

(b)(6)

# CERTIFICATE OF DEATH (OVERSEAS)
## Acte de décès (D'Outre-Mer)

| NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) | GRADE Grade | BRANCH OF SERVICE Arme | SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale |
|---|---|---|---|
| (b)(6) | | | |
| ORGANIZATION Organisation | NATION (e.g., United States) Pays | DATE OF BIRTH Date de naissance | SEX Sexe ☐ MALE Masculin ☐ FEMALE Féminin |

| RACE Race | MARITAL STATUS État Civil | | RELIGION Culte | |
|---|---|---|---|---|
| CAUCASOID Caucasique | SINGLE Célibataire | DIVORCED Divorcé | PROTESTANT Protestant | OTHER (Specify) Autre (Spécifier) |
| NEGROID Négroïde | MARRIED Marié | SEPARATED Séparé | CATHOLIC Catholique | |
| OTHER (Specify) Autre (Spécifier) | WIDOWED Veuf | | JEWISH Juif | |

| NAME OF NEXT OF KIN Nom du plus proche parent | RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit |
|---|---|
| STREET ADDRESS Domicilé à (Rue) | CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris) |

### MEDICAL STATEMENT Declaration médicale

| | CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne) | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès |
|---|---|---|
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH [1] Maladie ou condition directement responsable de la mort. [1] | Investigation pending | |
| ANTECEDENT CAUSES Symptômes précurseurs de la mort. — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire | | |
| UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire | | |
| OTHER SIGNIFICANT CONDITIONS [2] Autres conditions significatives [2] | | |

| MODE OF DEATH Condition de décès | AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☐ NO Non | | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes exterieures |
|---|---|---|---|
| NATURAL Mort naturelle | MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie | | |
| ACCIDENT Mort accidentelle | | | |
| SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste | | |
| HOMICIDE Homicide | SIGNATURE Signature | DATE Date | AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☐ NO Non |

| DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) | PLACE OF DEATH Lieu de décès |
|---|---|
| | |

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci dessus

| NAME OF MEDICAL OFFICER Nom du médicin militaire ou du médicin sanitaire | TITLE OR DEGREE Titre ou diplômé |
|---|---|
| (b)(6) | MD |
| GRADE Grade (b)(6) | INSTALLATION OR ADDRESS Installation ou adresse (b)(6) |
| DATE Date (b)(6) 04 | SIGNATURE Signature (b)(6) |

[1] State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
[2] State conditions contributing to the death, but not related to the disease or condition causing death.
[1] Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.
[2] Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

DD FORM 2064, APR 1977 REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-R(PAS), 26 SEP 1975, WHICH ARE OBSOLETE. USAPA V1.00

| MILITARY OPERATIONS<br>RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL | 1. DATE (YYYYMMDD)<br>2005(b)(6) | 2. PAGE 1 OF 1 PAGES |
|---|---|---|

**PRIVACY ACT STATEMENT**

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

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

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

**3. TENTATIVELY IDENTIFIED DECEDENT**

| a. NAME (Last, First, Middle Initial) (or Unidentified) | b. GRADE | c. SSN | d. ORGANIZATION | e. STATUS | f. DATE OF STATUS (YYYYMMDD) |
|---|---|---|---|---|---|
| (b)(6) | N/A | N/A | N/A | Deceased | 20050202 |

| 4. PLACE OF RECOVERY (Include grid coordinates) | 5. DATE OF RECOVERY (YYYYMMDD) | 6. EVACUATION NUMBERS a. #1 / b. #2 |
|---|---|---|
| Talil, Iraq | 2005(b)(6) | (b)(6) |

**7. INVENTORY OF EFFECTS**

| a. QUANTITY | b. DESCRIPTION | c. RECEIVED | d. CONDITION | e. DISPOSITION |
|---|---|---|---|---|
| -------- | Nothing Follows | -------- | ------------- | ------------------ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS**

| a. QUANTITY | b. DESCRIPTION | c. RECEIVED | d. CONDITION | e. DISPOSITION |
|---|---|---|---|---|
| 1 ea | 1000 Dinars, Central Bank of Iraq | ------- | -------------- | --------------------- |
| ----------- | Nothing Follows | ------- | ------------- | -------------------- |
| | | | | |

**9. EFFECTS INVENTORIED ABOVE REPRESENT** (X as appropriate)

☐ ALL KNOWN EFFECTS ☐ ALL KNOWN EFFECTS RECOVERED FROM UNIT ☒ ALL KNOWN EFFECTS RECOVERED FROM REMAINS

**10. PREPARING OFFICIAL**

| a. NAME (Last, First, Middle Initial) | b. GRADE | c. ORGANIZATION |
|---|---|---|
| (b)(6) | (b)(6) | (b)(6) |

| d. SIGNATURE | e. DATE SIGNED (YYYYMMDD) |
|---|---|
| (b)(6) | 20050202 |

**11. RECEIVING OFFICIAL**

| a. NAME (Last, First, Middle Initial) | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

| d. SIGNATURE | e. DATE SIGNED (YYYYMMDD) |
|---|---|
| | |

**12. RECEIVING OFFICIAL**

| a. NAME (Last, First, Middle Initial) | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

| d. SIGNATURE | e. DATE SIGNED (YYYYMMDD) |
|---|---|
| | |

# RECORD OF IDENTIFICATION PROCESSING
*(Effects and Physical Data)*

DATE: 2005(b)(6)

| LAST NAME - FIRST NAME - MIDDLE INITIAL *(Or unknown number)* | GRADE | SERVICE NO. SSAN | CIL CASE NUMBER *(If applicable)* |
|---|---|---|---|
| (b)(6) | N/A | N/A | N/A |

| NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER | PLOT | ROW | GRAVE |
|---|---|---|---|
| (b)(6) | N/A | N/A | N/A |

RECEIVED FROM
TALIL, IRAQ

OFFICIAL IDENTIFICATION FOUND WITH REMAINS *(Include personal effects aiding identification)*
1 EA IRAQI IDENTIFICATION CARD
1 EA MEDICAL IDENTIFICATION BRACELET
NOTHING FOLLOWS

IMPRINT OF IDENTIFICATION TAG
N/A

ITEMS OF CLOTHING AND EQUIPMENT FOUND WITH REMAINS *(Indicate type, color, size, markings, service, etc. If laundry marks are indistinct, follow procedures outlined in TM10-286)*

NOTHING FOLLOWS

| FINGERPRINTS TAKEN | X-RAYS MADE | FLUOROSCOPE STATEMENT ATTACHED |
|---|---|---|
| ☐ YES ☒ NO | ☐ YES ☒ NO | ☐ YES ☒ NO |
| **PHOTOGRAPHS TAKEN** | **ANTHROPOLOGICAL STATEMENT MADE** | **CHEMICAL STATEMENT ATTACHED** |
| ☐ YES ☒ NO | ☐ YES ☒ NO | ☐ YES ☒ NO |

## PHYSICAL DESCRIPTION

| ESTIMATED HEIGHT | MUSCULARITY | COLOR OF HAIR | RACE OR NATIVITY |
|---|---|---|---|
| 67" | MEDIUM | BLACK | MONGOLOID |

TATTOOS, SCARS OR MARKS ON BODY
N/D

EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
N/D

WOUNDS OR INJURIES
GUNSHOT WOUND IN THE CHEST

I HAVE PERSONALLY VIEWED THE REMAINS OF THIS DECEASED AND ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.

| NAME, GRADE, AND ORGANIZATION | SIGNATURE |
|---|---|
| (b)(6) | (b)(6) |

B

## HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40400; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL

NAME AND LOCATION OF HOSPITAL

*Instructions - Medical Officer in attendance will:*
*Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.*
*Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.*

### SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA *(Patient's ward plate will be used to imprint identifying data if available)*

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH *(Hour-day-month-year)*

3. MEDICAL EXAMINER/CORONER'S CASE ☒ YES ☐ NO

4. RELIGION

5. CHAPLAIN NOTIFIED ☐ YES ☒ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

| CAUSE OF DEATH | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)* | DUE TO *(or as a consequence of)* Gun Shot Wound-Chest | 10 min |
| 7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)* | DUE TO *(or as a consequence of)* (1) | |
| | (2) | |
| 8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT | a. | |
| | b. | |

9. DATE (b)(6) .05

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)

11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)

### SECTION B - ADMINISTRATIVE ACTION

| TYPE OF ACTION | HOUR | DAY | MONTH | YEAR | INITIALS OF RESPONSIBLE OFFICER |
|---|---|---|---|---|---|
| 12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON | | | | | |
| 13. POST ADJUTANT GENERAL NOTIFIED | | | | | |
| 14. IMMEDIATE CO OF DECEASED NOTIFIED | | | | | |
| 15. INFORMATION OFFICE NOTIFIED | | | | | |
| 16. POST MORTUARY OFFICER NOTIFIED | | | | | |
| 17. RED CROSS NOTIFIED | | | | | |
| 18. OTHER *(Specify)* | | | | | |
| 19. | | | | | |

### SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED *(If yes, give date and place)* ☐ YES ☐ NO

21. AUTOPSY ORDERED BY *(Signature)*

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE

24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY

25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY

26. DATE

27. TYPED NAME AND GRADE OF REGISTRAR

28. SIGNATURE OF REGISTRAR

DA FORM 3894, OCT 72 REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED. USAPA V2.01

(b)(6)

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
| Date: (b)(6) 05 | (S) Unk Age Iraqi male detainee brought |
| P | into TMC pulseless / ø breathing after |
| R | being shot by lethal rounds during a |
| B/P | riot. CPR initiated, intubated, attempted |
| T | IV access, but ø able to get. Had been |
| SPO2 | down @ compound for 10-15 min prior to |
| | arrival. Quick look using paddles showed a |
| | (a) flat-line |
| Meds | Entry wound to (R) chest wall @ |
| | axillae |
| All | |
| | Pt assessed as Expectant c̄ other pts |
| Tob | brought in who had VS, but unstable p̄ |
| | a head wound. |
| | - ø other measures instituted. |
| | Unk TOD - ? 1200 |

(b)(6)

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
|---|---|---|---|
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | |

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* | REGISTER NO | WARD NO

(b)(6)

Compound # :

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record 000494
Exhibit 46

# CERTIFICATE OF DEATH *(OVERSEAS)*
## Acte de décès *(D'Outre-Mer)*

| NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms) | GRADE Grade | BRANCH OF SERVICE Arme | SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale |
|---|---|---|---|
| | | | |
| ORGANIZATION Organisation | NATION *(e g., United States)* Pays | DATE OF BIRTH Date de naissance | SEX Sexe ☐ MALE Masculin ☐ FEMALE Féminin |

| RACE Race | MARITAL STATUS État Civil | | RELIGION Culte | |
|---|---|---|---|---|
| ☐ CAUCASOID Caucasique | ☐ SINGLE Célibataire | ☐ DIVORCED Divorcé | ☐ PROTESTANT Protestant | ☐ OTHER *(Specify)* Autre *(Spécifier)* |
| ☐ NEGROID Négroïde | ☐ MARRIED Marié | ☐ SEPARATED Séparé | ☐ CATHOLIC Catholique | |
| X OTHER (Specify) Autre *(Spécifier)* Iraqi | ☐ WIDOWED Veuf | | ☐ JEWISH Juif | |

| NAME OF NEXT OF KIN Nom du plus proche parent | RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit |
|---|---|
| STREET ADDRESS Domicilé à (Rue) | CITY OF TOWN AND STATE *(Include ZIP Code)* Ville (Code postal compris) |

### MEDICAL STATEMENT Declaration médicale

| | CAUSE OF DEATH *(Enter only one cause per line)* Cause du décès (N'indiquer qu'une cause par ligne) | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès |
|---|---|---|
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH [1] Maladie ou condition directement responsable de la mort [1] | Gun Shot Wound - Chest | 10 min |
| ANTECEDENT CAUSES Symptômes précurseurs de la mort — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire | | |
| UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire | | |
| OTHER SIGNIFICANT CONDITIONS [2] Autres conditions significatives [2] | | |

| MODE OF DEATH Condition de décès | AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☐ NO Non | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitees par des causes exterieures |
|---|---|---|
| NATURAL Mort naturelle | MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie | |
| ACCIDENT Mort accidentelle | | |
| SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste | |
| HOMICIDE Homicide | SIGNATURE Signature / DATE Date | AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☐ NO Non |

| DATE OF DEATH *(Hour, day, month, year)* Date de décès *(l'heure, le jour, le mois, l'année)* | PLACE OF DEATH Lieu de décès |
|---|---|
| (b)(6) 2005 | CAMP BUCCA IRAQ |

I HAVE VEIWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci dessus

| NAME OF MEDICAL OFFICER Nom du médicin militaire ou du médicin sanitaire | TITLE OR DEGREE Titre ou diplômé |
|---|---|
| GRADE Grade | INSTALLATION OR ADDRESS Installation ou adresse |
| DATE Date | SIGNATURE Signature |

[1] *State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.*
[2] *State conditions contributing to the death, but not related to the disease or condition causing death.*
[1] *Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.*
[2] *Préciser condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.*

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | AUTHORIZATION FOR AUTOPSY |
|---|---|

In the event authorization for autopsy is obtained by letter, telegram, voice recorded or monitored telephone call, paragraphs 1, 2, and 3 l be completed by medical facility authorities and the letter, telegram, voice recording or memorandum confirming telephone call of orization attached to this form for permanent file.

1.

| NAME AND LOCATION OF MEDICAL FACILITY | DATE AND TIME |
|---|---|
| | |

2. I(We) request and authorize the physicians in attendance at the above named medical facility to perform a complete autopsy on the ains of ______

) understand that a complete autopsy may include, but not be limited to, examination of the head, eyes, spinal cord, chest, abdomen and emities unless excluded under restrictions hereinunder, and I(We) authorize the removal and retention or use for diagnostic, scientific, or apeutic purposes any parts, tissues, or organs as such physicians or their designees may deem proper, and the final disposal thereof in such ner as may be prescribed by competent authority (Commanding Officer, Medical Director, etc.) in this facility.

This authority is granted subject to the following restrictions: ______

(If No Restrictions, Write "None")

The following special examinations are requested: ______

3. I(We) represent that I am (we are) the ______ (Realtionship/Authority)

e deceased and entitled by law to control the disposition of the remains.

Signed ______

NESSES (medical facility staff members):

Signed ______

ed ______ (Name and Title)

ed ______ (Name and Title)

**FOR ADMINISTRATIVE USE ONLY**

Case falls within jurisdiction of Medical Examiner/Coroner . . . . . . ☐ YES ☐ NO

Medical Examiner/Coroner released remains from his jurisdiction to this authority . . . . . . ☐ YES ☐ NO

| ATURE | TITLE | DATE |
|---|---|---|
| | | |

| NT'S IDENTIFICATION *(For typed or written entries give: Name–last, first, middle; grade; date; hospital or medical facility)* | 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
U.S. GPO: 2000-461-707/20304

## STATEMENT OF IDENTIFICATION

For use of this form, see AR 638-2; the proponent agency is ODCSPER

| NAME OF DECEASED *(Last, First, MI)* | GRADE | SSN | BRANCH OF SERVICE | DATE OF INCIDENT |
|---|---|---|---|---|
| | | | | |

| ORGANIZATION AND BASE | PLACE OF DEATH/INCIDENT |
|---|---|
| | |

**CONDITION OF REMAINS** *(Describe briefly in Narrative below)*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Recognizable | | Not Recognizable | | Commingled | | Mutilated |
| | Burned | | Decomposed | | Semi-Skeletal | | Skeletal |

**MEANS OF IDENTIFICATION** *(Check all appropriate boxes. Specify supporting data in Narrative below)*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Fingerprint Comparison | | Footprint Comparison | | Dental Comparison | | Anatomical Comparison |
| | Skeletal Comparison | | Personal Effects | | Visual Recognition | | Identification Tag(s) |
| | Other *(Explain in Narrative)* | | | | | | |

**ENCLOSURES**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 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)*

# STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use of this form, see AR 600-8-1 the proponent agency is PERSCOM

THRU: (Include ZIP Code) | TO: (Include ZIP Code) | FROM: (Include ZIP Code)

1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial) | 2. SSN | 3. GRADE

4. ORGANIZATION AND STATION | 5. ACCIDENT INFORMATION a. DATE b. PLACE (City and State)

## SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR

6. INDIVIDUAL WAS ☐ OUT PATIENT ☒ ADMITTED ☐ DEAD ON ARRIVAL

7. NAME OF HOSPITAL OR TREATMENT FACILITY: Camp Bucca IFAS ☐ CIVILIAN ☒ MILITARY

8. HOUR AND DATE ADMITTED: 1200 (b)(6) 05

9. HOUR AND DATE EXAMINED: (b)(6) 05

10. NATURE AND EXTENT OF ☐ INJURY ☐ DISEASE ☑ RESULTING IN DEATH (Explain): GSW - Chest

11. MEDICAL OPINION: a. INDIVIDUAL ☐ WAS ☑ WAS NOT UNDER THE INFLUENCE OF ☐ ALCOHOL ☐ DRUGS (Specify):

b. INDIVIDUAL ☐ WAS ☐ WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate).

c. INJURY ☐ IS ☐ IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE.

d. INJURY ☐ WAS ☐ WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION:

12. THE FOLLOWING DISABILITY MAY RESULT ☐ TEMPORARY ☐ PERMANENT PARTIAL ☐ PERMANENT TOTAL

13. BLOOD ALCOHOL TEST MADE ☐ YES ☐ NO

14. NO. OF MG ALCOHOL/100 ML BLOOD

15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when): Riot compound 5. Received GSW to chest.

16. DATE: (b)(6) 05

17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR: (b)(6) /mc

18. SIGNATURE: (b)(6)

## SECTION II - TO BE COMPLETED BY UNIT COMMANDER

19. DUTY STATUS ☐ PRESENT FOR DUTY ☐ ABSENT WITHOUT AUTHORITY ☐ ABSENT WITH AUTHORITY: ☐ ON PASS ☐ ON LEAVE

20. HOUR AND DATE OF ABSENCE a. FROM b. TO

21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERRED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance) ☐ YES ☐ NO

22. INDIVIDUAL WAS ON ☐ ACTIVE DUTY ☐ ACTIVE DUTY FOR TRAINING ☐ INACTIVE DUTY TRAINING

23. HOUR AND DATE TRAINING a. BEGAN b. ENDED

24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING ☐ DIRECTLY TO TRAINING ☐ DIRECTLY FROM TRAINING

25. MODE OF TRANSPORTATION | 26. HOUR BEGINNING TRAVEL | 27. DISTANCE INVOLVED | 28. NORMAL TIME FOR TRAVEL

29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE ☐ PRESENT FOR DUTY ☐ ABSENT WITH AUTHORITY ☐ ABSENT WITHOUT AUTHORITY

30. DETAILS OF ACCIDENT - REMARKS (If additional space is needed, continue on reverse) (Attach inclosures as necessary)

31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED ☐ YES ☐ NO

32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) ☐ YES ☐ NO

33. DATE | 34. TYPE NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER | 35. SIGNATURE

DA FORM 2173, OCT 72 — 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 |
|---|---|
| | |

**PRIVACY ACT STATEMENT**

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

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

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

**3. TENTATIVELY IDENTIFIED DECEDENT**

| a. NAME *(Last, First, Middle Initial) (or Unidentified)* | b. GRADE | c. SSN | d. ORGANIZATION | e. STATUS | f. DATE OF STATUS *(YYYYMMDD)* |
|---|---|---|---|---|---|
| | | | | | |

| 4. PLACE OF RECOVERY *(Include grid coordinates)* | 5. DATE OF RECOVERY *(YYYYMMDD)* | 6. EVACUATION NUMBERS a. #1 | b. #2 |
|---|---|---|---|
| | | | |

**7. INVENTORY OF EFFECTS**

| a. QUANTITY | b. DESCRIPTION | c. RECEIVED | d. CONDITION | e. DISPOSITION |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS**

| a. QUANTITY | b. DESCRIPTION | c. RECEIVED | d. CONDITION | e. DISPOSITION |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**9. EFFECTS INVENTORIED ABOVE REPRESENT** *(X as appropriate)*

☐ ALL KNOWN EFFECTS ☐ ALL KNOWN EFFECTS RECOVERED FROM UNIT ☐ ALL KNOWN EFFECTS RECOVERED FROM REMAINS

**10. PREPARING OFFICIAL**

| a. NAME *(Last, First, Middle Initial)* | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

| d. SIGNATURE | e. DATE SIGNED *(YYYYMMDD)* |
|---|---|
| | |

**11. RECEIVING OFFICIAL**

| a. NAME *(Last, First, Middle Initial)* | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

| d. SIGNATURE | e. DATE SIGNED *(YYYYMMDD)* |
|---|---|
| | |

**12. RECEIVING OFFICIAL**

| a. NAME *(Last, First, Middle Initial)* | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

| d. SIGNATURE | e. DATE SIGNED *(YYYYMMDD)* |
|---|---|
| | |

**TRANSMITTAL RECORD**

For use of this form, see AR 25-50; the proponent agency is ODISC4.

1. SECURITY CLASSIFICATION

2. SHIPMENT NO

3. TITLE/FILE IDENTIFICATION: Detainee Personnel Files

4. AS OF DATE: YEAR 05 | MONTH / DAY (b)(6)

5. SHIPMENT DATE: YEAR 05 | MONTH / DAY (b)(6)

6. AUTHORITY FOR SHIPMENT: AR 710-2, AR 190-8

7. NUMBER OF RECORDS TRANSMITTED: 4

8. PERSON TO CONTACT (Name and telephone): (b)(6)

9. REQUIREMENT CONTROL SYMBOL (AR 335-15)

10. Type of Media Transmitted

- [X] Hard Copy
- [ ] Microfilm
- [ ] Punched Cards
- [ ] Photo
- [ ] Cassettes
- [ ] Fiche

11. NUMBER OF BOXES/PACKAGES: 4 PKGS

12. NUMBER OF ITEMS

13. Method of Shipment

- [X] Courier
- [ ] Express Mail
- [ ] First Class
- [ ] Registered
- [ ] Parcel Post

14. SHIPPED TO: Talili Base/Post

15. SHIPPED FROM: Camp Bucca, 10 EMP Bn, Poc 54

[ ] Return Receipt Requested (When box is checked, sign below and return copy to sender.)

14a. TYPED NAME AND TITLE OF RECEIVER: (b)(6) USA

15a. TYPED NAME AND TITLE OF SENDER: (b)(6)

14b. SIGNATURE OF RECEIVER AND DATE: (b)(6) (b)(6) 05

15b. SIGNATURE OF SENDER: (b)(6)

16. SPECIAL INSTRUCTIONS

Retaine Personnel files are to accompany deceased to final destination.

Ensure Detainee Property is processed IAW Applicable Regulations

17. TYPE COMPONENT USED (For magnetically recorded data)

18. REMARKS

(b)(6) WRIST BAND, PERSONNEL REPORT, NDRS PROCESSING CHECK LIST, CUSTODY DOCUMENT, CERTIFICATE OF DEATH, MEDICAL RECORDS W/DEATH CERTIFICATE

(b)(6) WRISTBAND, MEDICAL RECORD, REPORT OF DEATH, PERSONNEL REPORT, CERTIFICATE OF DEATH

(b)(6) Medical Record/Death Certificate, Personnel Record Report, Certificate of Death, Wrist Bands

(b)(6) CERTIFICATE OF DEATH, PERSONNEL REPORT, MEDICAL RECORD/DEATH CERTIFICATE, WRIST BAND



DA FORM 200, APR 83





Exhibit 46

# EVIDENCE/PROPERTY CUSTODY DOCUMENT

For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigation Command

MPR/CID SEQUENCE NUMBER: (b)(6)

CRD REPORT/CID ROI NUMBER

RECEIVING ACTIVITY: 165th MP BN (property)

LOCATION: Bucca

NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED: (b)(6)

[X] OWNER

[ ] OTHER

ADDRESS (Include Zip Code)

LOCATION FROM WHERE OBTAINED: Camp Bucca

REASON OBTAINED: Safe Keeping

TIME/DATE OBTAINED: (b)(6) 05

| ITEM NO. | QUANTITY | DESCRIPTION OF ARTICLES (Include model, serial number, condition and unusual marks or scratches) |
|---|---|---|
| 1 | 1 | 1,000 dinar |
| 2 | 1 | ID card |

## CHAIN OF CUSTODY

| ITEM NO. | DATE | RELEASED BY | RECEIVED BY | PURPOSE OF CHANGE OF CUSTODY |
|---|---|---|---|---|
| 1-2 | 20 Jan 05 | SIGNATURE<br>NAME, GRADE OR TITLE | (b)(6) | S/K |
| 1-2 | 31 JAN 05 | (b)(6) | (b)(6) | Property of Deceased |
| 1-2 | 1 FEB 05 | (b)(6)<br>SIGNATURE<br>NAME, GRADE OR TITLE | SIGNATURE<br>NAME, GRADE OR TITLE | |
| | | SIGNATURE<br>NAME, GRADE OR TITLE | SIGNATURE<br>NAME, GRADE OR TITLE | |

DA FORM 4137, 1 JUL 76 — Replaces DA FORM 4137, 1 Aug 74 and DA FORM 4137-R Privacy Act Statement 26 Sep 75 Which are Obsolete.

LOCATION

DOCUMENT NUMBER 000501

Exhibit 46

Certificate Of Death

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

Internment Serial Number: (b)(6)

From:
BUCCA105TH MP BN
UMM QASAR
APO

To:
,
,

| Name(Last, First, MI) | Grade | Service Number |
|---|---|---|
| (b)(6) | | (b)(6) |

| Nationality | Power Served | Place of Capture/Internment and Date |
|---|---|---|
| IZ-Iraq | IZ-Iraq | 2003/10/31 |

Name, Relationship, Address of Next of Kin: (b)(6)

Father's First Name: (b)(6)

Place Of Birth: (b)(6)

Date Of Birth: (b)(6)

| Place of Death | Date Of Death | Cause Of Death |
|---|---|---|
| BUCCA, | 2005/(b)(6) | GSW R/S CHEST |

| Place Of Burial | Date Of Burial | Identification Of Grave |
|---|---|---|
| , | 2005/(b)(6) | |

Personal Effects: Please See Attached Page

Brief Details Of Death And Burial: Please See Attached Page

Do Not Write In This Space

Date: 2005/(b)(6)

(Seal of the Office of The Provost Marshal General)105TH MP BN
UMM QASAR
APO

Signature of Commanding Officer

Witnesses:

Signature Address

Signature Address

| Personal Effects And Money | | Internment Serial Number (b)(6) | |
|---|---|---|---|
| Property Tag | Description | Qty | Dispostition |
| | DINARS | | |
| N/A | 10,000ID | BOX1/CON1 | CO-CONFISCATED |
| | BROWN BAG | 1 | SR-STORE ROOM |
| | PANTS | 1 | SR-STORE ROOM |
| | SHIRTS | 3 | SR-STORE ROOM |
| | JACKET | 1 | SR-STORE ROOM |

The Above List Of Items Is Correct _________________________________

Signature Of Detainee

Brief Details Of Death/Burial By Person Who Cared For The DeceasedDuring Illness Or During Last Moments (Doctor, Nurse, Minister of Religion, Fellow Internee). Death/Cremation Details.

# NDRS PROCESSING CHECKLIST AND DATA SHEET

ISN: (b)(6)

(b)(6)

) Confirm all information is in system.

(i.e. Name, capture date, location of capture, NOK info, etc.)

) Capture Tag #: (b)(6)

) Photo in system.

) Print 2 Dossiers and Detainee Personnel Report (Must have photos on both).

) BATS completed.

) DNA Sample taken.

) Height and Weight taken. 2004/04/23

) DA Form 4137 filled out by supply for detainees property.

PROPERTY: (YES) / NO

PROPERTY STORAGE LOCATION: Box 2

) Fingerprints done.

QC by Supervisor

(b)(6)

LAST NAME: (b)(6)

FIRST NAME: (b)(6)

GRANDFATHERS/MIDDLE NAME: (b)(6)

SERVICE #: (b)(6)

BIRTHDAY (YYYY/MM/DD): 1976 (b)(6)

NATIONALITY/CITIZENSHIP: Iraqi

COMPOUND: 5

CAPTURE DATE (YYYY/MM/DD): 2003 (b)(6)

LOCATION OF CAPTURE: Baghdad

EDUCATION: Elementary School

RELIGION: SHITE / (SUNNI) / OTHER

MARITAL STATUS: Married

1ST LANGUAGE: Arabic

2ND LANGUAGE:

OCCUPATION:

ADDRESS: (b)(6)

CITY/COUNTRY: (b)(6)

TELEPHONE #: N/A

NEXT OF KIN LAST NAME: (b)(6)

NEXT OF KIN 1ST NAME:

NEXT OF KIN RELATIONSHIP: Wife

NEXT OF KIN ADDRESS: (b)(6)

NEXT OF KIN CITY/COUNTRY: (b)(6)

FATHERS LAST NAME: (b)(6)

FATHERS 1ST NAME/MIDDLE INT: (b)(6)

MOTHER'S MAIDEN NAME: (b)(6)

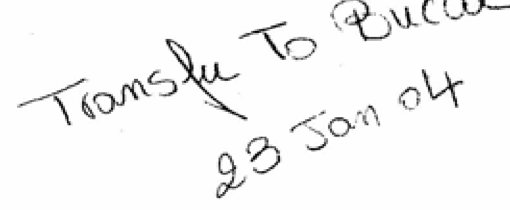
MOTHER'S 1ST NAME/MIDDLE IN: (b)(6)

FATHER'S/MOTHER'S ADDRESS: Same as above

FATHER'S/MOTHER'S CITY/COUNTRY:

Interviewer's Name:

5




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

**REPLY TO ATTENTION OF**

(b)(6)

**POSSESSESSION OF ROCKETS:Reason for Internment**

(b)(6)

DATE OF SERVICE: (b)(6) 04

SERVED BY: (b)(6) RECEIVED BY: (b)(6)

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) LEAVE BLANK

STATE USAGE
NFF SECOND SUBMISSION ☐ APPROXIMATE CLASS ☐ AMPUTATION ☐ SCAR

STATE USAGE

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX
(b)(6)

SIGNATURE OF PERSON FINGERPRINTED
DECEASED

SOCIAL SECURITY NO.
(b)(6)

LEAVE BLANK

ALIASES/MAIDEN
LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

| FBI NO. | STATE IDENTIFICATION NO. | DATE OF BIRTH MM DD YY | SEX | RACE | HEIGHT | WEIGHT | EYES | HAIR |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

(b)(6)

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY | L. THUMB | R. THUMB | RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

LEAVE BLANK

CRIMINAL

(STAPLE HERE)

LEAVE BLANK

STATE USAGE

NFF SECOND SUBMISSION

APPROXIMATE CLASS

AMPUTATION

SCAR

STATE USAGE

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

(b)(6)

SIGNATURE OF PERSON FINGERPRINTED

DECEASED

SOCIAL SECURITY NO.

(b)(6)

LEAVE BLANK

ALIASES/MAIDEN
LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

DATE OF BIRTH MM DD YY

SEX

RACE

HEIGHT

WEIGHT

EYES

HAIR

(b)(6)

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

# CERTIFICATE OF DEATH (OVERSEAS)
## Acte de décès (D'Outre-Mer)

| NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) | GRADE Grade | BRANCH OF SERVICE Arme | SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale |
|---|---|---|---|
| (b)(6) | | | |
| ORGANIZATION Organisation | NATION (e.g., United States) Pays | DATE OF BIRTH Date de naissance | SEX Sexe ☐ MALE Masculin ☐ FEMALE Féminin |

| RACE Race | MARITAL STATUS État Civil | | RELIGION Culte | |
|---|---|---|---|---|
| CAUCASOID Caucasique | SINGLE Célibataire | DIVORCED Divorcé | PROTESTANT Protestant | OTHER (Specify) Autre (Spécifier) |
| NEGROID Négroïde | MARRIED Marié | | CATHOLIC Catholique | |
| OTHER (Specify) Autre (Spécifier) | WIDOWED Veuf | SEPARATED Séparé | JEWISH Juif | |

| NAME OF NEXT OF KIN Nom du plus proche parent | RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit |
|---|---|
| STREET ADDRESS Domicilé à (Rue) | CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris) |

### MEDICAL STATEMENT Declaration médicale

| CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne) | | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès |
|---|---|---|
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH[1] Maladie ou condition directement responsable de la mort.[1] | Investigation pending | |
| ANTECEDENT CAUSES Symptômes précurseurs de la mort. — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire | | |
| UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire | | |
| OTHER SIGNIFICANT CONDITIONS[2] Autres conditions significatives[2] | | |

| MODE OF DEATH Condition de décès | AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☐ NO Non | | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitees par des causes exterieures |
|---|---|---|---|
| NATURAL Mort naturelle | MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie | | |
| ACCIDENT Mort accidentelle | | | |
| SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste | | |
| HOMICIDE Homicide | SIGNATURE Signature | DATE Date | AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☐ NO Non |

| DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) | PLACE OF DEATH Lieu de décès |
|---|---|

I HAVE VEIWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci dessus

| NAME OF MEDICAL OFFICER Nom du médicin militaire ou du médicin sanitaire | TITLE OR DEGREE Titre ou diplômé |
|---|---|
| (b)(6) | MD |
| GRADE Grade (b)(6) | INSTALLATION OR ADDRESS Installation ou adresse (b)(6) |
| DATE Date (b)(6) 05 | SIGNATURE (b)(6) |

[1] State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
[2] State conditions contributing to the death, but not related to the disease or condition causing death.
[1] Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.
[2] Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

DD FORM 2064, APR 1977 REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-R(PAS), 26 SEP 1975, WHICH ARE OBSOLETE. USAPA V1.00

# RECORD OF IDENTIFICATION PROCESSING
*(Effects and Physical Data)*

DATE: 20050202

| LAST NAME - FIRST NAME - MIDDLE INITIAL (Or unknown number) | GRADE | SERVICE NO. SSAN | CIL CASE NUMBER (If applicable) |
|---|---|---|---|
| BTB (b)(6) | N/A | N/A | N/A |

| NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER | PLOT | ROW | GRAVE |
|---|---|---|---|
| (b)(6) | N/A | N/A | N/A |

RECEIVED FROM
TALIL, IRAQ

IMPRINT OF IDENTIFICATION TAG
N/A

OFFICIAL IDENTIFICATION FOUND WITH REMAINS *(Include personal effects aiding identification)*
1 EA MEDICAL IDENTIFICATION BRACELET
NOTHING FOLLOWS

ITEMS OF CLOTHING AND EQUIPMENT FOUND WITH REMAINS *(Indicate type, color, size, markings, service, etc. If laundry marks are indistinct, follow procedures outlined in TM10-286)*

NOTHING FOLLOWS

| FINGERPRINTS TAKEN | X-RAYS MADE | FLUOROSCOPE STATEMENT ATTACHED |
|---|---|---|
| ☐ YES ☒ NO | ☐ YES ☒ NO | ☐ YES ☒ NO |
| **PHOTOGRAPHS TAKEN** | **ANTHROPOLOGICAL STATEMENT MADE** | **CHEMICAL STATEMENT ATTACHED** |
| ☐ YES ☒ NO | ☐ YES ☒ NO | ☐ YES ☒ NO |

## PHYSICAL DESCRIPTION

| ESTIMATED HEIGHT | MUSCULARITY | COLOR OF HAIR | RACE OR NATIVITY |
|---|---|---|---|
| 68" | MEDIUM | BLACK | MONGOLOID |

TATTOOS, SCARS OR MARKS ON BODY
N/D

EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
N/D

WOUNDS OR INJURIES
GUNSHOT WOUND IN THE FACE

I HAVE PERSONALLY VIEWED THE REMAINS OF THIS DECEASED AND ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.

NAME, GRADE, AND ORGANIZATION
(b)(6)

(b)(6)

DD FORM 890, JAN 58 PREVIOUS EDITION OF THIS FORM IS O...

# CERTIFICATE OF DEATH *(OVERSEAS)*
## Acte de décès *(D'Outre-Mer)*

| NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms) | GRADE Grade | BRANCH OF SERVICE Arme | SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale |
|---|---|---|---|
| | | | |

| ORGANIZATION Organisation | NATION *(e.g., United States)* Pays | DATE OF BIRTH Date de naissance | SEX Sexe |
|---|---|---|---|
| | | | ☐ MALE Masculin ☐ FEMALE Féminin |

| RACE Race | | MARITAL STATUS État Civil | | RELIGION Culte | |
|---|---|---|---|---|---|
| ☐ CAUCASOID Caucasique | | ☐ SINGLE Célibataire | ☐ DIVORCED Divorcé | ☐ PROTESTANT Protestant | OTHER *(Specify)* Autre *(Spécifier)* |
| ☐ NEGROID Négroide | | ☐ MARRIED Marié | ☐ SEPARATED Séparé | ☐ CATHOLIC Catholique | |
| ✓ OTHER (Specify) Autre *(Spécifier)* | Iraqi | ☐ WIDOWED Veuf | | ☐ JEWISH Juif | |

| NAME OF NEXT OF KIN Nom du plus proche parent | RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit |
|---|---|
| | |
| STREET ADDRESS Domicilé à (Rue) | CITY OF TOWN AND STATE *(Include ZIP Code)* Ville (Code postal compris) |
| | |

### MEDICAL STATEMENT Declaration médicale

| | CAUSE OF DEATH *(Enter only one cause per line)* Cause du décès (N'indiquer qu'une cause par ligne) | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès |
|---|---|---|
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH [1] Maladie ou condition directement responsable de la mort. [1] | GSW to the face | Immediate |
| ANTECEDENT CAUSES Symptômes précurseurs de la mort. — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire | | |
| ANTECEDENT CAUSES — UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire | | |
| OTHER SIGNIFICANT CONDITIONS [2] Autres conditions significatives [2] | | |

| MODE OF DEATH Condition de décès | AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☐ NO Non | | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitees par des causes exterieures |
|---|---|---|---|
| ☐ NATURAL Mort naturelle | MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie | | |
| ☐ ACCIDENT Mort accidentelle | | | |
| ☐ SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste | | |
| ☐ HOMICIDE Homicide | SIGNATURE Signature | DATE Date | AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☐ NO Non |

| DATE OF DEATH *(Hour, day, month, year)* Date de décès *(l'heure, le jour, le mois, l'année)* | PLACE OF DEATH Lieu de décès |
|---|---|
| 1230 (b)(6) 05 | Camp Bucca, Iraq |

I HAVE VEIWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci dessus

| NAME OF MEDICAL OFFICER Nom du médicin militaire ou du médicin sanitaire | TITLE OR DEGREE Titre ou diplômé |
|---|---|
| | |

| GRADE Grade | INSTALLATION OR ADDRESS Installation ou adresse |
|---|---|
| | |
| DATE Date | SIGNATURE Signature |
| | |

[1] *State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.*
[2] *State conditions contributing to the death, but not related to the disease or condition causing death.*
[1] *Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.*
[2] *Préciser les conditions qui ont contribué à la mort mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.*

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
| --- | --- |
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
| Date (b)(6) of | (S) Unknown age ♂ has a gunshot to the face. |
| P | Pt had no pulse, neg respirations, SpO2 0% pulse 0 |
| R | Pt is placed in expectant category |
| B/P | (O) pt has a gunshot wound to the face; Neg LOC |
| T | Neg Breath sounds. |
| SPO2 | Neg pulses felt at the carotid, brachial, radial, or femoral pulse. |
| | (A/P) Pt is expectant; DOA - 1230 |
| Meds | (b)(6) |
| All | |
| Tob | (b)(6) |

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
| --- | --- | --- | --- |
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | |

| PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; ...) | REGISTER NO | WARD NO |
| --- | --- | --- |

Exhibit 47



Compound #: (b)(6)

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV 5-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

USAPA V2.00

A

# HOSPITAL REPORT OF DEATH

For use of this form, see AR 40400; the proponent agency is Office of The Surgeon General.

NAME AND LOCATION OF HOSPITAL

*Instructions - Medical Officer in attendance will:*

*Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.*

*Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.*

## SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

| 1. PATIENT DATA *(Patient's ward plate will be used to imprint identifying data if available)* | 2. TIME OF DEATH *(Hour-day-month-year)* | 3. MEDICAL EXAMINER/ CORONER'S CASE |
|---|---|---|
| | 1230 | ☐ YES ☒ NO |
| | 4. RELIGION | 5. CHAPLAIN NOTIFIED ☐ YES ☒ NO |
| Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number | 6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH | |

| CAUSE OF DEATH | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)* | DUE TO *(or as a consequence of)* GSW To face | | Immediately |
| 7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)* | DUE TO *(or as a consequence of)* (1) GSW | | |
| | (2) | | |
| 8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT | a. | | |
| | b. | | |

| 9. DATE | 10. T (b)(6) | 11. S (b)(6) | ENDANCE |
|---|---|---|---|
| (b)(6) 05 | | | |

## SECTION B - ADMINISTRATIVE ACTION

| TYPE OF ACTION | HOUR | DAY | MONTH | YEAR | INITIALS OF RESPONSIBLE OFFICER |
|---|---|---|---|---|---|
| 12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON | | | | | |
| 13. POST ADJUTANT GENERAL NOTIFIED | | | | | |
| 14. IMMEDIATE CO OF DECEASED NOTIFIED | | | | | |
| 15. INFORMATION OFFICE NOTIFIED | | | | | |
| 16. POST MORTUARY OFFICER NOTIFIED | | | | | |
| 17. RED CROSS NOTIFIED | | | | | |
| 18. OTHER *(Specify)* | | | | | |
| 19. | | | | | |

## SECTION C - RECORD OF AUTOPSY

| 20. AUTOPSY PERFORMED *(If yes, give date and place)* ☐ YES ☒ NO | 21. AUTOPSY ORDERED BY *(Signature)* | |
|---|---|---|
| 22. PROVISIONAL PATHOLOGICAL FINDINGS | | |
| 23. DATE | 24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY | 25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY |
| 26. DATE | 27. TYPED NAME AND GRADE OF REGISTRAR | 28. SIGNATURE OF REGISTRAR |

DA FORM 3894, OCT 72 REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED. USAPA V2.01

| Personal Effects And Money | | Internment Serial Number (b)(6) | |
|---|---|---|---|
| Property Tag | Description | Qty | Dispostition |
| (b)(6) | IDS,WATCH | 1 | SA-STORE ROOM |

The Above List Of Items Is Correct ______________________

Signature Of Detainee

Brief Details Of Death/Burial By Person Who Cared For The DeceasedDuring Illness Or During Last Moments (Doctor, Nurse, Minister of Religion, Fellow Internee). Death/Cremation Details.

Certificate Of Death

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

Internment Serial Number: (b)(6)

From:
BUCCA105TH MP BN
UMM QASAR
APO

To:

| Name(Last, First, MI) | Grade | Service Number |
|---|---|---|
| (b)(6) | | (b)(6) |

| Nationality | Power Served | Place of Capture/Internment and Date |
|---|---|---|
| IZ-Iraq | IZ-Iraq | (b)(6) 2004/12/09 |

Name, Relationship, Address of Next of Kin: (b)(6)

Father's First Name: (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

Brief Details Of Death And Burial: Please See Attached Page

Do Not Write In This Space

(Seal of the Office of The Provost Marshal General)105TH MP BN
UMM QASAR
APO

Date
2005/(b)(6)

Signature of Commanding Officer

Witnesses:

Signature Address

Signature Address

AUTHORIZED FOR LOCAL REPRODUCTION

# MEDICAL RECORD | AUTHORIZATION FOR AUTOPSY

In the event authorization for autopsy is obtained by letter, telegram, voice recorded or monitored telephone call, paragraphs 1, 2, and 3 ll be completed by medical facility authorities and the letter, telegram, voice recording or memorandum confirming telephone call of norization attached to this form for permanent file.

| 1. NAME AND LOCATION OF MEDICAL FACILITY | DATE AND TIME |
|---|---|
| | |

2. I(We) request and authorize the physicians in attendance at the above named medical facility to perform a complete autopsy on the ains of __________

) understand that a complete autopsy may include, but not be limited to, examination of the head, eyes, spinal cord, chest, abdomen and emities unless excluded under restrictions hereinunder, and I(We) authorize the removal and retention or use for diagnostic, scientific, or apeutic purposes any parts, tissues, or organs as such physicians or their designees may deem proper, and the final disposal thereof in such ner as may be prescribed by competent authority (Commanding Officer, Medical Director, etc.) in this facility.

This authority is granted subject to the following restrictions: __________

(If No Restrictions, Write "None")

The following special examinations are requested: __________

3. I(We) represent that I am (we are) the __________ (Realtionship/Authority)

e deceased and entitled by law to control the disposition of the remains.

Signed __________

NESSES (medical facility staff members):

Signed __________

ed __________ (Name and Title)

ed __________ (Name and Title)

**FOR ADMINISTRATIVE USE ONLY**

Case falls within jurisdiction of Medical Examiner/Coroner . . . . . ☐ YES ☐ NO

Medical Examiner/Coroner released remains from his jurisdiction to this authority . . . . . ☐ YES ☐ NO

| ATURE | TITLE | DATE |
|---|---|---|
| | | |

| NT'S IDENTIFICATION *(For typed or written entries give: Name–last, first, middle; grade; date; hospital or medical facility)* | 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

# MILITARY OPERATIONS
# RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL

| 1. DATE *(YYYYMMDD)* | 2. PAGE OF |
|---|---|
| | |

**PRIVACY ACT STATEMENT**

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

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

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

**3. TENTATIVELY IDENTIFIED DECEDENT**

| a. NAME *(Last, First, Middle Initial) (or Unidentified)* | b. GRADE | c. SSN | d. ORGANIZATION | e. STATUS | f. DATE OF STATUS *(YYYYMMDD)* |
|---|---|---|---|---|---|
| | | | | | |

| 4. PLACE OF RECOVERY *(Include grid coordinates)* | 5. DATE OF RECOVERY *(YYYYMMDD)* | 6. EVACUATION NUMBERS a. #1 | b. #2 |
|---|---|---|---|
| | | | |

**7. INVENTORY OF EFFECTS**

| a. QUANTITY | b. DESCRIPTION | c. RECEIVED | d. CONDITION | e. DISPOSITION |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS**

| a. QUANTITY | b. DESCRIPTION | c. RECEIVED | d. CONDITION | e. DISPOSITION |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**9. EFFECTS INVENTORIED ABOVE REPRESENT** *(X as appropriate)*

☐ ALL KNOWN EFFECTS ☐ ALL KNOWN EFFECTS RECOVERED FROM UNIT ☐ ALL KNOWN EFFECTS RECOVERED FROM REMAINS

**10. PREPARING OFFICIAL**

| a. NAME *(Last, First, Middle Initial)* | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

| d. SIGNATURE | e. DATE SIGNED *(YYYYMMDD)* |
|---|---|
| | |

**11. RECEIVING OFFICIAL**

| a. NAME *(Last, First, Middle Initial)* | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

| d. SIGNATURE | e. DATE SIGNED *(YYYYMMDD)* |
|---|---|
| | |

**12. RECEIVING OFFICIAL**

| a. NAME *(Last, First, Middle Initial)* | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

| d. SIGNATURE | e. DATE SIGNED *(YYYYMMDD)* |
|---|---|
| | |

## STATEMENT OF IDENTIFICATION

For use of this form, see AR 638-2; the proponent agency is ODCSPER

| NAME OF DECEASED *(Last, First, MI)* | GRADE | SSN | BRANCH OF SERVICE | DATE OF INCIDENT |
|---|---|---|---|---|
| | | | | |

| ORGANIZATION AND BASE | PLACE OF DEATH/INCIDENT |
|---|---|
| | |

**CONDITION OF REMAINS** *(Describe briefly in Narrative below)*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Recognizable | | Not Recognizable | | Commingled | | Mutilated |
| | Burned | | Decomposed | | Semi-Skeletal | | Skeletal |

**MEANS OF IDENTIFICATION** *(Check all appropriate boxes. Specify supporting data in Narrative below)*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Fingerprint Comparison | | Footprint Comparison | | Dental Comparison | | Anatomical Comparison |
| | Skeletal Comparison | | Personal Effects | | Visual Recognition | | Identification Tag(s) |
| | Other *(Explain in Narrative)* | | | | | | |

**ENCLOSURES**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 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)*

# STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use of this form, see AR 600-8-1 the proponent agency is PERSCOM

THRU: (Include ZIP Code)

TO: (Include ZIP Code)

FROM: (Include ZIP Code)

1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial)

2. SSN

3. GRADE

4. ORGANIZATION AND STATION

5. ACCIDENT INFORMATION

a. DATE

b. PLACE (City and State)

## SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR

6. INDIVIDUAL WAS ☐ OUT PATIENT ☐ ADMITTED ☒ DEAD ON ARRIVAL

7. NAME OF HOSPITAL OR TREATMENT FACILITY ☐ CIVILIAN ☐ MILITARY

Camp Bucca IFAS

8. HOUR AND DATE ADMITTED

1230 (b)(6) 05

9. HOUR AND DATE EXAMINED

1230 (b)(6) 05

10. NATURE AND EXTENT OF ☐ INJURY ☐ DISEASE ☒ RESULTING IN DEATH (Explain)

GSW TO FACE

11. MEDICAL OPINION: a. INDIVIDUAL ☐ WAS ☐ WAS NOT UNDER THE INFLUENCE OF ☐ ALCOHOL ☐ DRUGS (Specify):

b. INDIVIDUAL ☐ WAS ☐ WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate).

c. INJURY ☐ IS ☐ IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE.

d. INJURY ☐ WAS ☐ WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION:

12. THE FOLLOWING DISABILITY MAY RESULT

☐ TEMPORARY ☐ PERMANENT PARTIAL ☐ PERMANENT TOTAL

13. BLOOD ALCOHOL TEST MADE ☐ YES ☐ NO

14. NO. OF MG ALCOHOL/100 ML BLOOD

15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when)

RIOT AT COMPOUND 5, PT RECEIVED A GUNSHOT TO FACE

16. DATE

(b)(6) 05

17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN

(b)(6)

18. SIGNATURE

(b)(6)

## SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER

19. DUTY STATUS

☐ PRESENT FOR DUTY ☐ ABSENT WITHOUT AUTHORITY

☐ ABSENT WITH AUTHORITY: ☐ ON PASS ☐ ON LEAVE

20. HOUR AND DATE OF ABSENCE

a. FROM

b. TO

21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERRED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance)

☐ YES ☐ NO

22. INDIVIDUAL WAS ON

☐ ACTIVE DUTY ☐ ACTIVE DUTY FOR TRAINING

☐ INACTIVE DUTY TRAINING

23. HOUR AND DATE TRAINING

a. BEGAN

b. ENDED

24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING ☐ DIRECTLY TO TRAINING ☐ DIRECTLY FROM TRAINING

25. MODE OF TRANSPORTATION

26. HOUR BEGINNING TRAVEL

27. DISTANCE INVOLVED

28. NORMAL TIME FOR TRAVEL

29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE

☐ PRESENT FOR DUTY ☐ ABSENT WITH AUTHORITY ☐ ABSENT WITHOUT AUTHORITY

30. DETAILS OF ACCIDENT - REMARKS (If additional space is needed, continue on reverse) (Attach inclosures as necessary)

31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED

☐ YES ☐ NO

32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths)

☐ YES ☐ NO

33. DATE

34. TYPE NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER

35. SIGNATURE

DA FORM 2173, OCT 72 REPLACES DA FORM 2173, 1 JUNE 66, WHICH IS OBSOLETE. *U.S. GPO: 1994-300-727/10493









Exhibit 47

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

# CERTIFICATE OF DEATH (*OVERSEAS*)
## Acte de décès (*D'Outre-Mer*)

| NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) | GRADE Grade | BRANCH OF SERVICE Arme | SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale |
|---|---|---|---|
| BTB (b)(6) | | | |
| ORGANIZATION Organisation | NATION (*e.g., United States*) Pays | DATE OF BIRTH Date de naissance | SEX Sexe: ☐ MALE Masculin ☐ FEMALE Féminin |

| RACE Race | MARITAL STATUS État Civil | | RELIGION Culte | |
|---|---|---|---|---|
| CAUCASOID Caucasique | SINGLE Célibataire | DIVORCED Divorcé | PROTESTANT Protestant | OTHER (*Specify*) Autre (*Spécifier*) |
| NEGROID Négroïde | MARRIED Marié | | CATHOLIC Catholique | |
| OTHER (Specify) Autre (*Spécifier*) | WIDOWED Veuf | SEPARATED Séparé | JEWISH Juif | |

| NAME OF NEXT OF KIN Nom du plus proche parent | RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit |
|---|---|
| STREET ADDRESS Domicilé à (Rue) | CITY OF TOWN AND STATE (*Include ZIP Code*) Ville (Code postal compris) |

### MEDICAL STATEMENT Declaration médicale

| CAUSE OF DEATH (*Enter only one cause per line*) Cause du décès (N'indiquer qu'une cause par ligne) | | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès |
|---|---|---|
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH[1] Maladie ou condition directement responsable de la mort.[1] | Investigation pending | |
| ANTECEDENT CAUSES Symptômes précurseurs de la mort. — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire | | |
| ANTECEDENT CAUSES — UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire | | |
| OTHER SIGNIFICANT CONDITIONS[2] Autres conditions significatives[2] | | |

| MODE OF DEATH Condition de décès | AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☐ NO Non | | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitees par des causes exterieures |
|---|---|---|---|
| NATURAL Mort naturelle / ACCIDENT Mort accidentelle | MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie | | |
| SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste | | |
| HOMICIDE Homicide | SIGNATURE Signature | DATE Date | AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☐ NO Non |
| DATE OF DEATH (*Hour, day, month, year*) Date de décès (*l'heure, le jour, le mois, l'année*) | PLACE OF DEATH Lieu de décès | | |

I HAVE VEIWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci dessus

| NAME OF MEDICAL OFFICER Nom du médicin militaire ou du médicin sanitaire | TITLE OR DEGREE Titre ou diplômé |
|---|---|
| (b)(6) | MD |
| GRADE Grade (b)(6) | INSTALLATION OR ADDRESS Installation ou adresse (b)(6) |
| DATE Date (b)(6) 05 | SIGNATURE (b)(6) |

[1] State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
[2] State conditions contributing to the death, but not related to the disease or condition causing death.
[1] Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.
[2] Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

DD FORM 2064, APR 1977 REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-R(PAS), 26 SEP 1975, WHICH ARE OBSOLETE. USAPA V1.00

# RECORD OF IDENTIFICATION PROCESSING
*(Effects and Physical Data)*

| DATE |
|---|
| 2005 (b)(6) |

| LAST NAME - FIRST NAME - MIDDLE INITIAL *(Or unknown number)* | GRADE | SERVICE NO. SSAN | CIL CASE NUMBER *(If applicable)* |
|---|---|---|---|
| BTB (b)(6) | N/A | N/A | N/A |

| NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER | PLOT | ROW | GRAVE |
|---|---|---|---|
| (b)(6) | N/A | N/A | N/A |

RECEIVED FROM
TALIL, IRAQ

OFFICIAL IDENTIFICATION FOUND WITH REMAINS *(Include personal effects aiding identification)*
1 EA MEDICAL IDENTIFICATION BRACELET
NOTHING FOLLOWS

IMPRINT OF IDENTIFICATION TAG
N/A

ITEMS OF CLOTHING AND EQUIPMENT FOUND WITH REMAINS *(Indicate type, color, size, markings, service, etc. If laundry marks are indistinct, follow procedures outlined in TM10-286)*

NOTHING FOLLOWS

| FINGERPRINTS TAKEN | X-RAYS MADE | FLUOROSCOPE STATEMENT ATTACHED |
|---|---|---|
| ☐ YES ☒ NO | ☐ YES ☒ NO | ☐ YES ☒ NO |
| PHOTOGRAPHS TAKEN | ANTHROPOLOGICAL STATEMENT MADE | CHEMICAL STATEMENT ATTACHED |
| ☐ YES ☒ NO | ☐ YES ☒ NO | ☐ YES ☒ NO |

## PHYSICAL DESCRIPTION

| ESTIMATED HEIGHT | MUSCULARITY | COLOR OF HAIR | RACE OR NATIVITY |
|---|---|---|---|
| 69" | MEDIUM | RED | MONGOLOID |

TATTOOS, SCARS OR MARKS ON BODY
N/D

EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
N/D

WOUNDS OR INJURIES
GUNSHOT WOUND IN THE CHEST

I HAVE PERSONALLY VIEWED THE REMAINS OF THIS DECEASED AND ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.

| NAME, GRADE, AND ORGANIZATION | SIGNATURE |
|---|---|
| (b)(6) | (b)(6) |

DD FORM 890, JAN 58 PREVIOUS EDITION OF THIS FORM IS O

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

| Certificate Of Death<br>For use of this form, see AR 180-8, the Proponent agency is DCSOPS | | Internment Serial Number<br>(b)(6) |
|---|---|---|
| From:<br>BUCCA105TH MP BN<br>UMM QASAR<br>APO | | To: |
| Name(Last, First, MI)<br>(b)(6) | Grade | Service Number |
| Nationality<br>IZ-Iraq | Power Served<br>IZ-Iraq | Place of Capture/Internment and Date<br>(b)(6) 2004/(b)(6) |
| Name, Relationship, Address of Next of Kin<br>(b)(6) | | Father's First Name<br>(b)(6)<br>Place Of Birth:<br>(b)(6)<br>Date Of Birth:<br>1967/(b)(6) |
| Place of Death<br>BUCCA, | Date Of Death<br>2005(b)(6) | Cause Of Death<br>GSW R/U BACK |
| Place Of Burial<br>, | Date Of Burial<br>2005/(b)(6) | Identification Of Grave |

Personal Effects: Please See Attached Page

Brief Details Of Death And Burial: Please See Attached Page

| Do Not Write In This Space | Date<br>2005/(b)(6) |
|---|---|
| (Seal of the Office of The Provost Marshal General)105TH MP BN<br>UMM QASAR<br>APO | Signature of Commanding Officer |
| | Witnesses: |
| | Signature Address |
| | Signature Address |





FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

Personal Effects And Money

Internment Serial Number

(b)(6)

| Property Tag | Description | Qty | Dispostition |
|---|---|---|---|
| 7 | IRAQ PASSPORT | 1 | |
| 7 | BELGIUM ID | 1 | |
| 7 | BELGIUM PASSPORT | 1 | |

The Above List Of Items Is Correct ______________________________

Signature Of Detainee

Brief Details Of Death/Burial By Person Who Cared For The DeceasedDuring Illness Or During Last Moments (Doctor, Nurse, Minister of Religion, Fellow Internee). Death/Cremation Details.

GSW TO RIGHT UPPER BACK W/O APPARENT EXIT WOUND

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(b)(6) 02

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| Date: | (S) Unk age Iraqi male detainee brought into |
| P | TMC c̄ unk injury, ∅ breathing / pulseless. CPR |
| R | ET tube placed c̄ (+) breath sounds (B) |
| B/P | pads connected which showed Asystole, |
| T | Epinephrine dosed down ET tube while |
| SPO2 | IV access being obtained in (R) antecubital |
| | vein, Pt continued to be pulseless |
| | and was then redosed c̄ Epinephrine then |
| Meds | Atropine s̄ any effect. IVF bolus c̄ |
| | NS 1L, redosed 3 min later c̄ Epi-∅ effect |
| All | 2° survey showed GSW to (R) upper |
| | back s̄ any apparent exit wound. |
| Tob | Pt @ this point had been in asystole |
| | for 10-15 min, therefore, ∅ other |
| | lifesaving treatment was done due to the |
| | other casualties already in the ER needing treatment |
| | TOD ~1210 chest compressions / bagging done |
| | (b)(6) |

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
|---|---|---|---|
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | |

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* REGISTER NO WARD NO

ID: (b)(6) Compound # :

Name:

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV 6-97)



~~FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE~~ 000524 Exhibit 48
10-L-0126 ACLU CID ROI 6020

# HOSPITAL REPORT OF DEATH

For use of this form, see AR 40400. The proponent agency is Office of The Surgeon General.

NAME AND LOCATION OF HOSPITAL

*Instructions - Medical Officer in attendance will:*

*Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.*

*Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.*

## SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

### PERSONAL DATA

| | | |
|---|---|---|
| 1. PATIENT DATA *(Patient's ward plate will be used to imprint identifying data if available)*<br>Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number | 2. TIME OF DEATH *(Hour-day-month-year)*<br>1210 (b)(6) 05 | 3. MEDICAL EXAMINER/ CORONER'S CASE<br>☒ YES ☐ NO |
| | 4. RELIGION | 5. CHAPLAIN NOTIFIED<br>☐ YES ☒ NO |
| | 6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH | |

| CAUSE OF DEATH | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)* | DUE TO *(or as a consequence of)*<br>Gun Shot Wound Chest | 10 min |
| 7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)* | DUE TO *(or as a consequence of)*<br>(1) | |
| | (2) | |
| 8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT | a. | |
| | b. | |

| 9. DATE | 10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE | 11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE |
|---|---|---|
| (b)(6) -05 | (b)(6) | (b)(6) |

## SECTION B - ADMINISTRATIVE ACT[ION]

| TYPE OF ACTION | HOUR | DAY | MONTH | YEAR | INITIALS OF RESPONSIBLE OFFICER |
|---|---|---|---|---|---|
| 12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON | | | | | |
| 13. POST ADJUTANT GENERAL NOTIFIED | | | | | |
| 14. IMMEDIATE CO OF DECEASED NOTIFIED | | | | | |
| 15. INFORMATION OFFICE NOTIFIED | | | | | |
| 16. POST MORTUARY OFFICER NOTIFIED | | | | | |
| 17. RED CROSS NOTIFIED | | | | | |
| 18. OTHER *(Specify)* | | | | | |
| 19. | | | | | |

## SECTION C - RECORD OF AUTOPSY

| | |
|---|---|
| 20. AUTOPSY PERFORMED *(If yes, give date and place)*<br>☐ YES ☐ NO | 21. AUTOPSY ORDERED BY *(Signature)* |

22. PROVISIONAL PATHOLOGICAL FINDINGS

| | | |
|---|---|---|
| 23. DATE | 24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY | 25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY |
| 26. DATE | 27. TYPED NAME AND GRADE OF REGISTRAR | 28. SIGNATURE OF REGISTRAR |

DA FORM 3894, OCT 72 REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED. USAPA V2.01

# CERTIFICATE OF DEATH *(OVERSEAS)*
## Acte de décès *(D'Outre-Mer)*

| NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms) | GRADE Grade | BRANCH OF SERVICE Arme | SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale |
|---|---|---|---|
| | | | |
| ORGANIZATION Organisation | NATION *(e.g., United States)* Pays | DATE OF BIRTH Date de naissance | SEX Sexe ☐ MALE Masculin ☐ FEMALE Féminin |

| RACE Race | MARITAL STATUS État Civil | | RELIGION Culte | |
|---|---|---|---|---|
| CAUCASOID Caucasique | SINGLE Célibataire | DIVORCED Divorcé | PROTESTANT Protestant | OTHER *(Specify)* Autre *(Spécifier)* |
| NEGROID Négroïde | MARRIED Marié | | CATHOLIC Catholique | |
| OTHER (Specify) Autre *(Spécifier)* | WIDOWED Veuf | SEPARATED Séparé | JEWISH Juif | |

| NAME OF NEXT OF KIN Nom du plus proche parent | RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit |
|---|---|
| STREET ADDRESS Domicilé à (Rue) | CITY OF TOWN AND STATE *(Include ZIP Code)* Ville (Code postal compris) |

**MEDICAL STATEMENT** Declaration médicale

| CAUSE OF DEATH *(Enter only one cause per line)* Cause du décès (N'indiquer qu'une cause par ligne) | | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès |
|---|---|---|
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH [1] Maladie ou condition directement responsable de la mort [1] | Gun Shot Wound - Chest | 10 min |
| ANTECEDENT CAUSES Symptômes précurseurs de la mort — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire | | |
| UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire | | |
| OTHER SIGNIFICANT CONDITIONS [2] Autres conditions significatives [2] | | |

| MODE OF DEATH Condition de décès | AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☐ NO Non | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitees par des causes exterieures |
|---|---|---|
| NATURAL Mort naturelle | MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie | |
| ACCIDENT Mort accidentelle | | |
| SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste | |
| HOMICIDE Homicide | SIGNATURE Signature / DATE Date | AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☐ NO Non |

| DATE OF DEATH *(Hour, day, month, year)* Date de décès *(l'heure, le jour, le mois, l'année)* | PLACE OF DEATH Lieu de décès |
|---|---|
| 1200 (b)(6) 2005 | CAMP BUCCA IRAQ |

I HAVE VEIWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci dessus

| NAME OF MEDICAL OFFICER Nom du médicin militaire ou du médicin sanitaire | TITLE OR DEGREE Titre ou diplômé |
|---|---|
| GRADE Grade | INSTALLATION OR ADDRESS Installation ou adresse |
| DATE Date | SIGNATURE Signature |

[1] *State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.*
[2] *State conditions contributing to the death, but not related to the disease or condition causing death.*
[1] *Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.*
[2] *Préiser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.*

**DD FORM 2064, APR 1977** REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-R(PAS), 26 SEP 1975, WHICH ARE OBSOLETE. USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | AUTHORIZATION FOR AUTOPSY |
|---|---|

In the event authorization for autopsy is obtained by letter, telegram, voice recorded or monitored telephone call, paragraphs 1, 2, and 3 ıall be completed by medical facility authorities and the letter, telegram, voice recording or memorandum confirming telephone call of ıthorization attached to this form for permanent file.

1.

| NAME AND LOCATION OF MEDICAL FACILITY | DATE AND TIME |
|---|---|
| | |

2. I(We) request and authorize the physicians in attendance at the above named medical facility to perform a complete autopsy on the nains of ______

/e) understand that a complete autopsy may include, but not be limited to, examination of the head, eyes, spinal cord, chest, abdomen and remities unless excluded under restrictions hereinunder, and I(We) authorize the removal and retention or use for diagnostic, scientific, or rapeutic purposes any parts, tissues, or organs as such physicians or their designees may deem proper, and the final disposal thereof in such nner as may be prescribed by competent authority (Commanding Officer, Medical Director, etc.) in this facility.

This authority is granted subject to the following restrictions: ______

(If No Restrictions, Write "None")

The following special examinations are requested: ______

3. I(We) represent that I am (we are) the ______ (Realtionship/Authority)

he deceased and entitled by law to control the disposition of the remains.

Signed ______

TNESSES (medical facility staff members):

Signed ______

ned ______ (Name and Title)

ned ______ (Name and Title)

**FOR ADMINISTRATIVE USE ONLY**

Case falls within jurisdiction of Medical Examiner/Coroner . . . . . . . . ☐ YES ☐ NO

Medical Examiner/Coroner released remains from his jurisdiction to this authority . . . . . . . . ☐ YES ☐ NO

| LATURE | TITLE | DATE |
|---|---|---|
| | | |

| ENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)* | 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

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

## STATEMENT OF IDENTIFICATION

For use of this form, see AR 638-2; the proponent agency is ODCSPER

| NAME OF DECEASED *(Last, First, MI)* | GRADE | SSN | BRANCH OF SERVICE | DATE OF INCIDENT |
|---|---|---|---|---|
| | | | | |

| ORGANIZATION AND BASE | PLACE OF DEATH/INCIDENT |
|---|---|
| | |

**CONDITION OF REMAINS** *(Describe briefly in Narrative below)*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Recognizable | | Not Recognizable | | Commingled | | Mutilated |
| | Burned | | Decomposed | | Semi-Skeletal | | Skeletal |

**MEANS OF IDENTIFICATION** *(Check all appropriate boxes. Specify supporting data in Narrative below)*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Fingerprint Comparison | | Footprint Comparison | | Dental Comparison | | Anatomical Comparison |
| | Skeletal Comparison | | Personal Effects | | Visual Recognition | | Identification Tag(s) |
| | Other *(Explain in Narrative)* | | | | | | |

**ENCLOSURES**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 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)*

**MILITARY OPERATIONS**
**RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL**

| 1. DATE *(YYYYMMDD)* | 2. PAGE OF |
|---|---|
| | |

**PRIVACY ACT STATEMENT**

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

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

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

**3. TENTATIVELY IDENTIFIED DECEDENT**

| a. NAME *(Last, First, Middle Initial) (or Unidentified)* | b. GRADE | c. SSN | d. ORGANIZATION | e. STATUS | f. DATE OF STATUS *(YYYYMMDD)* |
|---|---|---|---|---|---|
| | | | | | |

| 4. PLACE OF RECOVERY *(Include grid coordinates)* | 5. DATE OF RECOVERY *(YYYYMMDD)* | 6. EVACUATION NUMBERS a. #1 | b. #2 |
|---|---|---|---|
| | | | |

**7. INVENTORY OF EFFECTS**

| a. QUANTITY | b. DESCRIPTION | c. RECEIVED | d. CONDITION | e. DISPOSITION |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS**

| a. QUANTITY | b. DESCRIPTION | c. RECEIVED | d. CONDITION | e. DISPOSITION |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**9. EFFECTS INVENTORIED ABOVE REPRESENT** *(X as appropriate)*

☐ ALL KNOWN EFFECTS ☐ ALL KNOWN EFFECTS RECOVERED FROM UNIT ☐ ALL KNOWN EFFECTS RECOVERED FROM REMAINS

**10. PREPARING OFFICIAL**

| a. NAME *(Last, First, Middle Initial)* | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

| d. SIGNATURE | e. DATE SIGNED *(YYYYMMDD)* |
|---|---|
| | |

**11. RECEIVING OFFICIAL**

| a. NAME *(Last, First, Middle Initial)* | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

| d. SIGNATURE | e. DATE SIGNED *(YYYYMMDD)* |
|---|---|
| | |

**12. RECEIVING OFFICIAL**

| a. NAME *(Last, First, Middle Initial)* | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

| d. SIGNATURE | e. DATE SIGNED *(YYYYMMDD)* |
|---|---|
| | |

DD FORM 1076, JUL 1998 PREVIOUS EDITION MAY BE USED. USAPA V1.00

# STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use of this form, see AR 600-8-1 the proponent agency is PERSCOM

THRU: *(Include ZIP Code)*

TO: *(Include ZIP Code)*

FROM: *(Include ZIP Code)*

1. NAME OF INDIVIDUAL EXAMINED *(Last, First, and Middle Initial)*
2. SSN
3. GRADE
4. ORGANIZATION AND STATION
5. ACCIDENT INFORMATION
a. DATE
b. PLACE *(City and State)*

## SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR

6. INDIVIDUAL WAS ☐ OUT PATIENT ☒ ADMITTED ☐ DEAD ON ARRIVAL
7. NAME OF HOSPITAL OR TREATMENT FACILITY ☐ CIVILIAN ☒ MILITARY
Camp Bucca IFAS
8. HOUR AND DATE ADMITTED
1200 (b)(6) 05
9. HOUR AND DATE EXAMINED
1200 (b)(6) 05
10. NATURE AND EXTENT OF ☐ INJURY ☐ DISEASE ☒ RESULTING IN DEATH *(Explain)*
GSW - Chest
11. MEDICAL OPINION: a. INDIVIDUAL ☐ WAS ☒ WAS NOT UNDER THE INFLUENCE OF ☐ ALCOHOL ☐ DRUGS *(Specify)*:
b. INDIVIDUAL ☐ WAS ☐ WAS NOT MENTALLY SOUND *(Attach Psychiatric evaluation if appropriate)*.
c. INJURY ☐ IS ☐ IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE.
d. INJURY ☐ WAS ☐ WAS NOT INCURRED IN LINE OF DUTY. *BASIS FOR OPINION:*
12. THE FOLLOWING DISABILITY MAY RESULT
☐ TEMPORARY ☐ PERMANENT PARTIAL ☐ PERMANENT TOTAL
13. BLOOD ALCOHOL TEST MADE ☐ YES ☐ NO
14. NO. OF MG ALCOHOL/100 ML BLOOD
15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE *(how, where, when)*
Riot @ Compound S. Received GSW to chest.
16. DATE
(b)(6) 05
17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR
(b)(6)
18. SIGNATURE
(b)(6)

## SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER

19. DUTY STATUS
☐ PRESENT FOR DUTY ☐ ABSENT WITHOUT AUTHORITY
☐ ABSENT WITH AUTHORITY: ☐ ON PASS ☐ ON LEAVE
20. HOUR AND DATE OF ABSENCE
a. FROM
b. TO
21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERRED WITH THE PERFORMANCE OF MILITARY DUTY *(Explain in item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance)*
☐ YES ☐ NO
22. INDIVIDUAL WAS ON
☐ ACTIVE DUTY ☐ ACTIVE DUTY FOR TRAINING
☐ INACTIVE DUTY TRAINING
23. HOUR AND DATE TRAINING
a. BEGAN
b. ENDED
24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING ☐ DIRECTLY TO TRAINING ☐ DIRECTLY FROM TRAINING
25. MODE OF TRANSPORTATION
26. HOUR BEGINNING TRAVEL
27. DISTANCE INVOLVED
28. NORMAL TIME FOR TRAVEL
29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE
☐ PRESENT FOR DUTY ☐ ABSENT WITH AUTHORITY ☐ ABSENT WITHOUT AUTHORITY
30. DETAILS OF ACCIDENT - REMARKS *(If additional space is needed, continue on reverse)* *(Attach inclosures as necessary)*
31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED
☐ YES ☐ NO
32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY *(Not applicable on deaths)*
☐ YES ☐ NO
33. DATE
34. TYPE NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER
35. SIGNATURE

DA FORM (b)(6) OCT 72 REPLACES DA FORM 2173, 1 JUNE 66, WHICH IS OBSOLETE. *U.S. GPO: 1994-300-727/10493

LEAVE BLANK CRIMINAL (STAPLE HERE) LEAVE BLANK

STATE USAGE
NFF SECOND
SUBMISSION APPROXIMATE CLASS AMPUTATION SCAR

STATE USAGE

(b)(6)

SIGNATURE OF PERSON FINGERPRINTED

DECEASED

SOCIAL SECURITY NO.
(b)(6)

LEAVE BLANK

ALIASES/MAIDEN
LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

| FBI NO. | STATE IDENTIFICATION NO. | DATE OF BIRTH MM DD YY | SEX | RACE | HEIGHT | WEIGHT | EYES | HAIR |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

(b)(6)

| LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY | L. THUMB | R. THUMB | RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY |
|---|---|---|---|

# CERTIFICATE OF DEATH (*OVERSEAS*)
## Acte de décès (*D'Outre-Mer*)

| NAME OF DECEASED (*Last, First, Middle*) Nom du décédé (Nom et prénoms) | GRADE Grade | BRANCH OF SERVICE Arme | SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale |
|---|---|---|---|
| (b)(6) | | | |
| ORGANIZATION Organisation | NATION (*e.g., United States*) Pays | DATE OF BIRTH Date de naissance | SEX Sexe: ☐ MALE Masculin ☐ FEMALE Féminin |

| RACE Race | MARITAL STATUS État Civil | | RELIGION Culte | |
|---|---|---|---|---|
| CAUCASOID Caucasique | SINGLE Célibataire | DIVORCED Divorcé | PROTESTANT Protestant | OTHER (*Specify*) Autre (*Spécifier*) |
| NEGROID Négroïde | MARRIED Marié | SEPARATED Séparé | CATHOLIC Catholique | |
| OTHER (Specify) Autre (*Spécifier*) | WIDOWED Veuf | | JEWISH Juif | |

| NAME OF NEXT OF KIN Nom du plus proche parent | RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit |
|---|---|
| STREET ADDRESS Domicilé à (Rue) | CITY OF TOWN AND STATE (*Include ZIP Code*) Ville (Code postal compris) |

### MEDICAL STATEMENT Declaration médicale

| CAUSE OF DEATH (*Enter only one cause per line*) Cause du décès (N'indiquer qu'une cause par ligne) | | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès |
|---|---|---|
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH[1] Maladie ou condition directement responsable de la mort.[1] | Investigation pending | |
| ANTECEDENT CAUSES Symptômes précurseurs de la mort. — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire | | |
| UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire | | |
| OTHER SIGNIFICANT CONDITIONS[2] Autres conditions significatives[2] | | |

| MODE OF DEATH Condition de décès | AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☐ NO Non | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes exterieures |
|---|---|---|
| NATURAL Mort naturelle | MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie | |
| ACCIDENT Mort accidentelle | | |
| SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste | |
| HOMICIDE Homicide | SIGNATURE Signature / DATE Date | AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☐ NO Non |

| DATE OF DEATH (*Hour, day, month, year*) Date de décès (*l'heure, le jour, le mois, l'année*) | PLACE OF DEATH Lieu de décès |
|---|---|
| | |

I HAVE VEIWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci dessus

| NAME OF MEDICAL OFFICER Nom du médicin militaire ou du médicin sanitaire | TITLE OR DEGREE Titre ou diplôme |
|---|---|
| (b)(6) | MD |
| GRADE Grade (b)(6) | INSTALLATION OR ADDRESS Installation ou adresse (b)(6) |
| DATE Date (b)(6) 05 | SIGNATURE Signature (b)(6) |

[1] State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
[2] State conditions contributing to the death, but not related to the disease or condition causing death.
[1] Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.
[2] Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

DD FORM 2064, APR 1977 REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-R(PAS), 26 SEP 1975, WHICH ARE OBSOLETE. USAPA V1.00

| RECORD OF IDENTIFICATION PROCESSING (Effects and Physical Data) | | | DATE 20050202 | | |
|---|---|---|---|---|---|
| LAST NAME - FIRST NAME - MIDDLE INITIAL (Or unknown number) (b)(6) | GRADE N/A | SERVICE NO. SSAN N/A | CIL CASE NUMBER (If applicable) N/A | | |
| NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER (b)(6) | | | PLOT N/A | ROW N/A | GRAVE N/A |
| RECEIVED FROM TALIL, IRAQ | | | IMPRINT OF IDENTIFICATION TAG N/A | | |
| OFFICIAL IDENTIFICATION FOUND WITH REMAINS (Include personal effects aiding identification) 1 EA MEDICAL IDENTIFICATION BRACELET NOTHING FOLLOWS | | | | | |

ITEMS OF CLOTHING AND EQUIPMENT FOUND WITH REMAINS (Indicate type, color, size, markings, service, etc. If laundry marks are indistinct, follow procedures outlined in TM10-286)

NOTHING FOLLOWS

| FINGERPRINTS TAKEN | X-RAYS MADE | FLUOROSCOPE STATEMENT ATTACHED |
|---|---|---|
| ☐ YES ☒ NO | ☐ YES ☒ NO | ☐ YES ☒ NO |
| PHOTOGRAPHS TAKEN | ANTHROPOLOGICAL STATEMENT MADE | CHEMICAL STATEMENT ATTACHED |
| ☐ YES ☒ NO | ☐ YES ☒ NO | ☐ YES ☒ NO |

PHYSICAL DESCRIPTION

| ESTIMATED HEIGHT | MUSCULARITY | COLOR OF HAIR | RACE OR NATIVITY |
|---|---|---|---|
| 67" | LARGE | BLACK | MONGOLOID |

TATTOOS, SCARS OR MARKS ON BODY

N/D

EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N/D

WOUNDS OR INJURIES

GUNSHOT WOUND IN THE HEAD

I HAVE PERSONALLY VIEWED THE REMAINS OF THIS DECEASED AND ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.

| NAME, GRADE, AND ORGANIZATION | (b)(6) |
|---|---|
| (b)(6) | |

# MILITARY OPERATIONS
# RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL

1. DATE (YYYYMMDD): 20050202

2. PAGE 1 OF 1 PAGES

**PRIVACY ACT STATEMENT**

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

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

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

**3. TENTATIVELY IDENTIFIED DECEDENT**

| a. NAME (Last, First, Middle Initial) (or Unidentified) | b. GRADE | c. SSN | d. ORGANIZATION | e. STATUS | f. DATE OF STATUS (YYYYMMDD) |
|---|---|---|---|---|---|
| (b)(6) | N/A | N/A | N/A | Deceased | 2005(b)(6) |

**4. PLACE OF RECOVERY** (Include grid coordinates): Talil, Iraq

**5. DATE OF RECOVERY** (YYYYMMDD): 2005(b)(6)

**6. EVACUATION NUMBERS:** (b)(6) (b)(6)

**7. INVENTORY OF EFFECTS**

| a. QUANTITY | b. DESCRIPTION | c. RECEIVED | d. CONDITION | e. DISPOSITION |
|---|---|---|---|---|
| --------- | Nothing Follows | -------- | -------------- | -------------------- |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS**

| a. QUANTITY | b. DESCRIPTION | c. RECEIVED | d. CONDITION | e. DISPOSITION |
|---|---|---|---|---|
| 1 ea | 5000 Dinars, Central Bank of Iraq | ------- | ------------- | -------------------- |
| ---------- | Nothing Follows | ------- | ------------- | -------------------- |
| | | | | |

**9. EFFECTS INVENTORIED ABOVE REPRESENT** (X as appropriate)

[ ] ALL KNOWN EFFECTS [ ] ALL KNOWN EFFECTS RECOVERED FROM UNIT [X] ALL KNOWN EFFECTS RECOVERED FROM REMAINS

**10. PREPARING OFFICIAL**

| a. NAME (Last, First, Middle Initial) | b. GRADE | c. ORGANIZATION |
|---|---|---|
| (b)(6) | (b)(6) | (b)(6) |

d. (b)(6)

e. DATE SIGNED (YYYYMMDD): 20050202

**11.**

| a. NAME (Last, First, Middle Initial) | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

d. SIGNATURE

e. DATE SIGNED (YYYYMMDD)

**12. RECEIVING OFFICIAL**

| a. NAME (Last, First, Middle Initial) | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

d. SIGNATURE

e. DATE SIGNED (YYYYMMDD)

Certificate Of Death

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

Internment Serial Number
(b)(6)

From:
BUCCA105TH MP BN
UMM QASAR
APO

To:

| Name(Last, First, MI) | Grade | Service Number |
|---|---|---|
| (b)(6) | | (b)(6) |

| Nationality | Power Served | Place of Capture/Internment and Date |
|---|---|---|
| (b)(6) | (b)(6) | (b)(6) 2004/01/10 |

Name, Relationship, Address of Next of Kin
(b)(6)

Father's First Name
(b)(6)

Place Of Birth:
(b)(6)

Date Of Birth:
1977(b)(6)

| Place of Death | Date Of Death | Cause Of Death |
|---|---|---|
| BUCCA, | 2005,(b)(6) | GSW HEAD |

| Place Of Burial | Date Of Burial | Identification Of Grave |
|---|---|---|
| , | 2005,(b)(6) | |

Personal Effects: Please See Attached Page

Brief Details Of Death And Burial: Please See Attached Page

Do Not Write In This Space

(Seal of the Office of The Provost Marshal General)105TH MP BN
UMM QASAR
APO

Date
2005(b)(6)

Signature of Commanding Officer

Witnesses:

Signature Address

Signature Address

49

Personal Effects And Money

Internment Serial Number (b)(6)

| Property Tag | Description | Qty | Dispostition |
|---|---|---|---|
| (b)(6) | 5000ID | | CO-CONFISCATED |

The Above List Of Items Is Correct ______________________________

Signature Of Detainee

Brief Details Of Death/Burial By Person Who Cared For The DeceasedDuring Illness Or During Last Moments (Doctor, Nurse, Minister of Religion, Fellow Internee). Death/Cremation Details.

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

REPLY TO
ATTENTION OF

Magistrate's Office

Detainee Name: (b)(6)

ISN: (b)(6)

NDRS: (b)(6)

Reason for Intern: ATTEMPTED TO BOMB IRAQI GAS STATION

## DETENTION NOTICE

Your case was recently considered by a panel of senior military officers who have recommended the following:

☐ That you remain in internment. Their recommendation was based upon the evidence that you ______________________________ and that you pose a continued threat to the security of the Coalition and all law-abiding Iraqi citizens. Factors the panel considered in making its recommendation included the reason for your arrest, your cooperation or lack of cooperation with the Coalition, your age, and your health. The panel will continue to meet and will reconsider your case at least every 180 days. Your continued good behavior while in internment will be one of the factors that the panel will consider when it meets to evaluate 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**

Date of Service (b)(6) 2004 (b)(6)

Served By: ______________________________

(Name / Rank

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| (b)(6) | Ø5 |
| P | Detainee shot in (R) head. Entrance wound |
| R | (R) parietal, exit (R) frontal. GCS 3 but |
| B/P | breathing spontaneous. Jaw clenched. Vitals |
| T | HR 115, pOx 81%. IV established 150mg Sux |
| SPO2 | Intubation 7.0 ET tube Good BS, Central line |
| | attempt (L) SC c̄ blood return but unable to thread |
| | wire. OG tube / Foley Ancef 2gm Dilantin |
| Meds | 1 gm, ^1230^ Vecuronium 10mg @ 1245. Central line |
| ? | (R) femoral. Pupils remained 3mm reactive |
| All | sluggish. CXR ØPTX |
| ? | Vitals @ 1300 HR 91 pOx 98% on ~~SIMV~~ AC |
| Tob | @ 700cc RR 20. HOB @ 30° Bair hugger |
| ? | applied. BP ↓ to 74/38 p̄ 1½ liters, 500cc |
| | bolus → Total of 2.5 L by 1320. HCT @ 25 |
| (b)(6) | 1 Unit PRBC's ordered. (b)(6) (venous) |
| | 144 / 104 / 12 / 3.2 / 77 / 296 |
| 1330 | HR 46 pOx 98% BP 102/80 (R) pupil @ 4mm (L) @ 3 |
| | nonreactive. Repeat ABG 7.16 |
| | 1 Unit PRBC's hung → repeat HCT 13, 2 unit hung. Central |
| | pulse palpable but no radial pulse p̄ 4 L NS → pt placed |

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT OVER |
|---|---|---|---|
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | |

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* | REGISTER NO | WARD NO

Compound # :

SSN: (b)(6)

Name:

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202

# HOSPITAL REPORT OF DEATH

For use of this form, see AR 40400. The proponent agency is Office of The Surgeon General.

NAME AND LOCATION OF HOSPITAL

*Instructions - Medical Officer in attendance will:*
*Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.*
*Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.*

## SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

### PERSONAL DATA

1. PATIENT DATA *(Patient's ward plate will be used to imprint identifying data if available)*

(b)(6)

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH *(Hour-day-month-year)*: 1440 (b)(6) Ø5

3. MEDICAL EXAMINER/ CORONER'S CASE: ☑ YES ☐ NO

4. RELIGION

5. CHAPLAIN NOTIFIED: ☐ YES ☑ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH: NA

### CAUSE OF DEATH

| CAUSE OF DEATH | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)* | DUE TO *(or as a consequence of)* Gun shot wound to head; blood loss; brain swelling | | 2½ hours |
| 7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)* | DUE TO *(or as a consequence of)* (1) | | |
| | (2) | | |
| 8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT | a. | | |
| | b. | | |

9. DATE: (b)(6) Ø5

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE: (b)(6) MD

11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE: (b)(6)

## SECTION B - ADMINISTRATIVE ACTION

| TYPE OF ACTION | HOUR | DAY | MONTH | YEAR | INITIALS OF RESPONSIBLE OFFICER |
|---|---|---|---|---|---|
| 12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON | | | | | |
| 13. POST ADJUTANT GENERAL NOTIFIED | | | | | |
| 14. IMMEDIATE CO OF DECEASED NOTIFIED | | | | | |
| 15. INFORMATION OFFICE NOTIFIED | | | | | |
| 16. POST MORTUARY OFFICER NOTIFIED | | | | | |
| 17. RED CROSS NOTIFIED | | | | | |
| 18. OTHER *(Specify)* | | | | | |
| 19. | | | | | |

## SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED *(If yes, give date and place)*: ☐ YES ☐ NO

21. AUTOPSY ORDERED BY *(Signature)*

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE

24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY

25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY

26. DATE

27. TYPED NAME AND GRADE OF REGISTRAR

28. SIGNATURE OF REGISTRAR

DA FORM 3894, OCT 72 REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED. USAPA V2.01

# CERTIFICATE OF DEATH *(OVERSEAS)*
## Acte de décès *(D'Outre-Mer)*

| NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms) | GRADE Grade | BRANCH OF SERVICE Arme | SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale |
|---|---|---|---|
| | | | |

| ORGANIZATION Organisation | NATION *(e.g., United States)* Pays | DATE OF BIRTH Date de naissance | SEX Sexe |
|---|---|---|---|
| | | | ☐ MALE Masculin ☐ FEMALE Féminin |

| RACE Race | MARITAL STATUS État Civil | | RELIGION Culte | |
|---|---|---|---|---|
| ☐ CAUCASOID Caucasique | ☐ SINGLE Célibataire | ☐ DIVORCED Divorcé | ☐ PROTESTANT Protestant | OTHER *(Specify)* Autre *(Spécifier)* |
| ☐ NEGROID Négroide | ☐ MARRIED Marié | ☐ SEPARATED Séparé | ☐ CATHOLIC Catholique | |
| ☐ OTHER (Specify) Autre *(Spécifier)* | ☐ WIDOWED Veuf | | ☐ JEWISH Juif | |

| NAME OF NEXT OF KIN Nom du plus proche parent | RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit |
|---|---|
| STREET ADDRESS Domicilé à (Rue) | CITY OF TOWN AND STATE *(Include ZIP Code)* Ville (Code postal compris) |

### MEDICAL STATEMENT Declaration médicale

| CAUSE OF DEATH *(Enter only one cause per line)* Cause du décès (N'indiquer qu'une cause par ligne) | | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès |
|---|---|---|
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH [1] Maladie ou condition directement responsable de la mort. [1] | Gun shot wound to head | 2½ hours |
| ANTECEDENT CAUSES Symptômes précurseurs de la mort — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire | | |
| UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire | | |
| OTHER SIGNIFICANT CONDITIONS [2] Autres conditions significatives [2] | | |

| MODE OF DEATH Condition de décès | AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☐ NO Non | | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitees par des causes exterieures |
|---|---|---|---|
| ☐ NATURAL Mort naturelle | MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie | | |
| ☐ ACCIDENT Mort accidentelle | | | |
| ☐ SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste | | |
| ☐ HOMICIDE Homicide | SIGNATURE Signature | DATE Date | AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☐ NO Non |

| DATE OF DEATH *(Hour, day, month, year)* Date de décès *(l'heure, le jour, le mois, l'année)* | PLACE OF DEATH Lieu de décès |
|---|---|
| (b)(6) 05 | Camp Bucca Internment Facility, Iraq |

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci dessus

| NAME OF MEDICAL OFFICER Nom du médicin militaire ou du médicin sanitaire | TITLE OR DEGREE Titre ou diplômé |
|---|---|
| GRADE Grade | INSTALLATION OR ADDRESS Installation ou adresse |
| DATE Date | SIGNATURE Signature |

[1] *State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.*
[2] *State conditions contributing to the death, but not related to the disease or condition causing death.*
[1] *Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.*
[2] *Préciser les conditions ... mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.*

DD FORM 2064, APR 1977 REPLACES DA FORM 3565 ... WHICH ARE OBSOLETE.

AUTHORIZATION FOR LOCAL REPRODUCTION

# MEDICAL RECORD | AUTHORIZATION FOR AUTOPSY

In the event authorization for autopsy is obtained by letter, telegram, voice recorded or monitored telephone call, paragraphs 1, 2, and 3 'l be completed by medical facility authorities and the letter, telegram, voice recording or memorandum confirming telephone call of ıorization attached to this form for permanent file.

1.

| NAME AND LOCATION OF MEDICAL FACILITY | DATE AND TIME |
|---|---|
| | |

2. I(We) request and authorize the physicians in attendance at the above named medical facility to perform a complete autopsy on the ains of ______________________________

) understand that a complete autopsy may include, but not be limited to, examination of the head, eyes, spinal cord, chest, abdomen and emities unless excluded under restrictions hereinunder, and I(We) authorize the removal and retention or use for diagnostic, scientific, or apeutic purposes any parts, tissues, or organs as such physicians or their designees may deem proper, and the final disposal thereof in such ner as may be prescribed by competent authority (Commanding Officer, Medical Director, etc.) in this facility.

This authority is granted subject to the following restrictions: ______________________________

(If No Restrictions, Write "None")

The following special examinations are requested: ______________________________

3. I(We) represent that I am (we are) the ______________________________
(Realtionship/Authority)

e deceased and entitled by law to control the disposition of the remains.

Signed ______________________________

NESSES (medical facility staff members):

Signed ______________________________

ed ______________________________
(Name and Title)

ed ______________________________
(Name and Title)

## FOR ADMINISTRATIVE USE ONLY

Case falls within jurisdiction of Medical Examiner/Coroner . . . . . ☐ YES ☐ NO

Medical Examiner/Coroner released remains from his jurisdiction to this authority . . . . . ☐ YES ☐ NO

| ATURE | TITLE | DATE |
|---|---|---|
| | | |

| ENT'S IDENTIFICATION *(For typed or written entries give: Name–last, first, middle; grade; date; hospital or medical facility)* | 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

## STATEMENT OF IDENTIFICATION

For use of this form, see AR 638-2; the proponent agency is ODCSPER

| NAME OF DECEASED *(Last, First, MI)* | GRADE | SSN | BRANCH OF SERVICE | DATE OF INCIDENT |
|---|---|---|---|---|
| | | | | |

| ORGANIZATION AND BASE | PLACE OF DEATH/INCIDENT |
|---|---|
| | |

**CONDITION OF REMAINS** *(Describe briefly in Narrative below)*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Recognizable | | Not Recognizable | | Commingled | | Mutilated |
| | Burned | | Decomposed | | Semi-Skeletal | | Skeletal |

**MEANS OF IDENTIFICATION** *(Check all appropriate boxes. Specify supporting data in Narrative below)*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Fingerprint Comparison | | Footprint Comparison | | Dental Comparison | | Anatomical Comparison |
| | Skeletal Comparison | | Personal Effects | | Visual Recognition | | Identification Tag(s) |
| | Other *(Explain in Narrative)* | | | | | | |

**ENCLOSURES**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 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)*

# MILITARY OPERATIONS
# RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL

| 1. DATE *(YYYYMMDD)* | 2. PAGE OF |
|---|---|
| | |

**PRIVACY ACT STATEMENT**

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

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

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

**3. TENTATIVELY IDENTIFIED DECEDENT**

| a. NAME *(Last, First, Middle Initial) (or Unidentified)* | b. GRADE | c. SSN | d. ORGANIZATION | e. STATUS | f. DATE OF STATUS *(YYYYMMDD)* |
|---|---|---|---|---|---|
| | | | | | |

| 4. PLACE OF RECOVERY *(Include grid coordinates)* | 5. DATE OF RECOVERY *(YYYYMMDD)* | 6. EVACUATION NUMBERS a. #1 | b. #2 |
|---|---|---|---|
| | | | |

**7. INVENTORY OF EFFECTS**

| a. QUANTITY | b. DESCRIPTION | c. RECEIVED | d. CONDITION | e. DISPOSITION |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS**

| a. QUANTITY | b. DESCRIPTION | c. RECEIVED | d. CONDITION | e. DISPOSITION |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**9. EFFECTS INVENTORIED ABOVE REPRESENT** *(X as appropriate)*

☐ ALL KNOWN EFFECTS ☐ ALL KNOWN EFFECTS RECOVERED FROM UNIT ☐ ALL KNOWN EFFECTS RECOVERED FROM REMAINS

**10. PREPARING OFFICIAL**

| a. NAME *(Last, First, Middle Initial)* | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

| d. SIGNATURE | e. DATE SIGNED *(YYYYMMDD)* |
|---|---|
| | |

**11. RECEIVING OFFICIAL**

| a. NAME *(Last, First, Middle Initial)* | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

| d. SIGNATURE | e. DATE SIGNED *(YYYYMMDD)* |
|---|---|
| | |

**12. RECEIVING OFFICIAL**

| a. NAME *(Last, First, Middle Initial)* | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

| d. SIGNATURE | e. DATE SIGNED *(YYYYMMDD)* |
|---|---|
| | |

# STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use of this form, see AR 600-8-1 the proponent agency is PERSCOM

| THRU: (Include ZIP Code) | TO: (Include ZIP Code) | FROM: (Include ZIP Code) |
|---|---|---|
| | | |

| 1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial) | 2. SSN | 3. GRADE |
|---|---|---|
| | | |

| 4. ORGANIZATION AND STATION | 5. ACCIDENT INFORMATION a. DATE | b. PLACE (City and State) |
|---|---|---|
| | | |

## SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR

6. INDIVIDUAL WAS ☐ OUT PATIENT ☒ ADMITTED ☐ DEAD ON ARRIVAL

7. NAME OF HOSPITAL OR TREATMENT FACILITY ☐ CIVILIAN ☐ MILITARY: Camp Bucca IFAS

8. HOUR AND DATE ADMITTED: (b)(6) Ø5

9. HOUR AND DATE EXAMINED: (b)(6) Ø5

10. NATURE AND EXTENT OF ☐ INJURY ☐ DISEASE ☒ RESULTING IN DEATH (Explain): GSW to head

11. MEDICAL OPINION: a. INDIVIDUAL ☐ WAS ☒ WAS NOT UNDER THE INFLUENCE OF ☐ ALCOHOL ☐ DRUGS (Specify):

b. INDIVIDUAL ☐ WAS ☐ WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate).

c. INJURY ☐ IS ☐ IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE.

d. INJURY ☐ WAS ☐ WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION:

12. THE FOLLOWING DISABILITY MAY RESULT ☐ TEMPORARY ☐ PERMANENT PARTIAL ☐ PERMANENT TOTAL

13. BLOOD ALCOHOL TEST MADE ☐ YES ☐ NO

14. NO. OF MG ALCOHOL/100 ML BLOOD

15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when)

Riot at compound 5 Pt received gunshot wound to (R) head

| 16. DATE | 17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR | 18. SIGNATURE |
|---|---|---|
| (b)(6) Ø5 | (b)(6) | (b)(6) |

## SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER

19. DUTY STATUS ☐ PRESENT FOR DUTY ☐ ABSENT WITHOUT AUTHORITY ☐ ABSENT WITH AUTHORITY: ☐ ON PASS ☐ ON LEAVE

20. HOUR AND DATE OF ABSENCE a. FROM b. TO

21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERRED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance) ☐ YES ☐ NO

22. INDIVIDUAL WAS ON ☐ ACTIVE DUTY ☐ ACTIVE DUTY FOR TRAINING ☐ INACTIVE DUTY TRAINING

23. HOUR AND DATE TRAINING a. BEGAN b. ENDED

24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING ☐ DIRECTLY TO TRAINING ☐ DIRECTLY FROM TRAINING

| 25. MODE OF TRANSPORTATION | 26. HOUR BEGINNING TRAVEL | 27. DISTANCE INVOLVED | 28. NORMAL TIME FOR TRAVEL |
|---|---|---|---|
| | | | |

29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE ☐ PRESENT FOR DUTY ☐ ABSENT WITH AUTHORITY ☐ ABSENT WITHOUT AUTHORITY

30. DETAILS OF ACCIDENT - REMARKS (If additional space is needed, continue on reverse) (Attach inclosures as necessary)

31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED ☐ YES ☐ NO

32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) ☐ YES ☐ NO

| 33. DATE | 34. TYPE NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER | 35. SIGNATURE |
|---|---|---|
| | | |

DA FORM (b)(6) OCT 72 REPLACES DA FORM 2173, 1 JUNE 66, WHICH IS OBSOLETE. *U.S. GPO: 1994-300-727/10493

LEAVE BLANK CRIMINAL

(STAPLE HERE)

LEAVE BLANK

STATE USAGE

NFF SECOND SUBMISSION

APPROXIMATE CLASS ☐ AMPUTATION ☐ SCAR ☐

STATE USAGE

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

(b)(6)

SIGNATURE OF PERSON FINGERPRINTED

DECEASED

SOCIAL SECURITY NO.

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

LEAVE BLANK

ALIASES/MAIDEN
LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

| FBI NO. | STATE IDENTIFICATION NO. | DATE OF BIRTH MM DD YY | SEX | RACE | HEIGHT | WEIGHT | EYES | HAIR |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

(b)(6)

| LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY | L. THUMB | R. THUMB | RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY |
|---|---|---|---|

# CONVOY LIST OF REMAINS OF DECEASED PERSONNEL

PRIVACY ACT STATEMENT

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

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

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

| 1. FROM | 2. TO | 3. DATE PREPARED (YYYYMMDD) | 4. PAGE |
|---|---|---|---|
| Tallil Air Base | BIAP, Baghdad | 2003 (b)(6) | 1 OF 1 PAGES |

| 5. VEHICLE/AIRCRAFT ID NUMBER | 6. EVACUATION NUMBER | 7. TENTATIVELY IDENTIFIED DECEDENT (If unidentified, so state) a. NAME (Last, First, Middle Initial) | b. GRADE | c. SSN | d. ORGANIZATION |
|---|---|---|---|---|---|
| | (b)(6) | | N/A | N/A | Detainee |
| | | | N/A | N/A | Detainee |
| | | | N/A | N/A | Detainee |
| | | | N/A | N/A | Detainee |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| 8. AIRCRAFT/VEHICLE DEPARTED | 9. AIRCRAFT/VEHICLE COMMANDER | | |
|---|---|---|---|
| a. TIME | a. NAME (Last, First, Middle Initial) | b. GRADE | c. ORGANIZATION |
| b. DATE (YYYYMMDD) | d. SIGNATURE | | e. DATE SIGNED (YYYYMMDD) |

| 10. AIRCRAFT/VEHICLE ARRIVED | 11. RECEIVING OFFICIAL | | |
|---|---|---|---|
| a. TIME | a. NAME (Last, First, Middle Initial) | b. GRADE | c. ORGANIZATION |
| b. DATE (YYYYMMDD) | d. SIGNATURE | | e. DATE SIGNED (YYYYMMDD) |

DD FORM 1075, JUL 1998 (EG) PREVIOUS EDITION MAY BE USED. Designed using Perform Pro, WHS/DIOR, Jun 98

(b)(6)

**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)
Date of Birth: (b)(6) 1967
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:**

I. Penetrating Gunshot Wound of the Torso
   a. 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
   e. 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)
   a. Volatiles: Blood and vitreous fluid negative for ethanol
   b. Drugs: 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 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.

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.

**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 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 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**
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) | AFIP No.: (b)(6) |
| Date of Birth: (b)(6) 1969 | 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**

**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
   g. 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

## 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.

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 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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Rockville, MD 20850
1-800-944-7912

# FINAL AUTOPSY EXAMINATION REPORT

Name: BTB Tawfeeek, Salmany
ISN: (b)(6)
Date of Birth: (b)(6) 1977
Date of Death: (b)(6) 2005
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

I. 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:
      1. 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.

II. Additional injuries:

A. Circular abrasions on left lateral chest, left upper arm, right forearm and the left thigh.

III. Toxicology: Negative.

## 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 x ½ 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:

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

## EVIDENCE OF MEDICAL THERAPY

1. An endotracheal tube.
2. A nasogastric tube.
3. Intravascular catheters are present in the left antecubital fossa and right inguinal region.
4. A therapeutic needle puncture site in the right antecubital fossa.
5. 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

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 ¼ inch in diameter distributed as follows:

1. Left mandibular region of the face.
2. Left lateral surface of the chest (2).
3. Posterior surface of the right forearm.
4. Anterior surface of the left upper arm.
5. 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.

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 green-black 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

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) (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

# 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.**

## 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).
      4. Esophageal laceration.
      5. Perforating laceration of the middle and lower lobes of the right lung.
      6. Perforating laceration of the lower lobe of the left lung.

II. 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:

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

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

## EVIDENCE OF MEDICAL THERAPY

1. 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 ½ 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 ½ inches right of the anterior midline. The exit wound measures ¾ x ¼ 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.

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.

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.

## 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.

The manner of death is homicide.

(b)(6)

(b)(6) Medical Examiner

MEDICAL RECORD

NSN 7540-00-634-4176

HEALTH RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| (b)(6) 05 | 5: 24 y/o ♂ was shot by rubber bullet |
| | on (R) eye. |
| (b)(6) 05 | 6MG MSO4 GIVEN IM (L) ADM. |
| | Detainee was hit c rubber Ball Bullet |
| | (R) outer upper lid c large [illegible] |
| | a point of entry. Foreign Body not [illegible] |
| Vitals @ 1120hrs | Alert oriented x3. States sees very hazy (R) eye |
| BP: 122/72 | able to [illegible] 2 fingers when held in |
| P: 82 | front. - EOM - ok |
| $SpO_2$: 98% | Fundus (L) ok. |
| | pupil reactive |
| | fundus (R) eye not (b)(6) |
| | the (L) eye ok. - no hyphema |
| | Xray - no FB seen |
| | Dx. Possible ocular globe injury |
| | Needs ophthalmology [illegible] |
| | Rx. Ancef 1 gram IV (b)(6) (b)(6) |
| | Morphine (b)(6) IV IM [illegible] |

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint) (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

CHRONOLOGICAL RECORD OF MEDICAL CARE — STANDARD FORM 600 (Rev. 5-84) Prescribed by GSA and ICMR

(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.
Bacitracin oint to lid lac gid x 7d.

//signed//

(b)(6)

| | | VITAL SIGNS | | | | | | INTAKE | | OUTPUT | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE (b)(6) | OS | B/P | PULSE | RESP | TEMP | PAIN | O2% | ORAL | IV | Emesis | Urine | JP 1 | JP 2 | JP 3 |
| | TIME 2255 | 131/70 | 90 | 18 | 98.3 | | 98% | | | | 400 | | | |
| | 1800 | 112/73 | 72 | 18 | 98.7 | | 98RA | | | | | | | |
| WT: | | | | | | | | | | | | | | |

| DATE | TIME | B/P | PULSE | RESP | TEMP | PAIN | O2% | ORAL | IV | Emesis | Urine | JP 1 | JP 2 | JP 3 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HT: ___ WT: | | | | | | | | | | | | | | |

| DATE | TIME | B/P | PULSE | RESP | TEMP | PAIN | O2% | ORAL | IV | Emesis | Urine | JP 1 | JP 2 | JP 3 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HT: ___ WT: | | | | | | | | | | | | | | |

| DATE | TIME | B/P | PULSE | RESP | TEMP | PAIN | O2% | ORAL | IV | Emesis | Urine | JP 1 | JP 2 | JP 3 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| WT: | | | | | | | | | | | | | | |

| DATE | TIME | B/P | PULSE | RESP | TEMP | PAIN | O2% | ORAL | IV | Emesis | Urine | JP 1 | JP 2 | JP 3 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HT: ___ WT: | | | | | | | | | | | | | | |

SSN / PT #
Name:
Rank:

332nd EMDG FORM 20041014

RGENCY CARE AND TREATMENT (Medical Record)

**332nd EMDG**

LOC | BED #

VAL TIME

DAY | MONTH | YEAR
(b)(6) | | 05

TRANSPORTATION: Ground Tactical ☐ Air Rotor ☑ Ground Ambulance ☐ Air Fixed ☐ Other ☐

ALLERGIES: NKA

CURRENT MEDICATIONS:

F COMPLAINT: Eye pain

PAIN SCALE (0-10) | TETANUS | SEX: M | AGE

L SIGNS

NON-URGENT ☐ URGENT ☑ EMERGENT ☐ TIME SEEN BY PROVIDER

| | | | |
|---|---|---|---|
| E | 2014 | 2130 | 2215 |
| | 116/72 | 117/70 | 116/64 |
| SE | 68 | 82 | 85 |
| P | | 20 | 16 |
| MP | 98' | | |
| 2 | 100 | 100% (b)(6) | |

| ORDERS | INIT | TIME | PAIN |
|---|---|---|---|
| Td | (b)(6) | 2025 | |
| TIG 250 IM | " | 2025 | |
| Mipenem 500 | (b)(6) | 2030 | (b)(6) |
| Zofran 4mg | (b)( | 2015 | |
| Head CT orbits | | 2155 | (b)(6) |
| R humerus | | | |
| CBC | ☑ | | |

Injury @ noon "rubber bullet"
(R) eye injury, hit c̄ ~~pellet~~ in (R) eyelid. Acuity slightly "shadowy" via description from interpreter. Denies HA/SOB/CP/AP

PE GCS 15, A&Ox3 — 1cm lac upper lid
- acuity - able count fingers, (B) reactive although slightly sluggish (R), (R) eye injected c̄ ciliary ~~involvement~~ flush
- neck nontender
- CTA (B), equal breath sounds
- RRR
- Abd soft
- 2+ distal pulses. Small abrasion (R) arm distal N/V intact

ASSESSMENT/DIAGNOSIS: traumatic vitreal hemorrhage (R) eye, laceration (R) upper lid (incarceration)

A/P Td/Abx → (b)(6) evaluated in ED @ 2015. Orbits evaluated c̄ head CT.
↳ Optho noted vitreous hemorrhage on direct exam. CT shows air tracking superior orbit but globe intact. (b)(6) sutured laceration + requests f/u exam in 2 weeks. Apply ~~bacit~~ erythromycin oint tid

DISPOSITION: HOME ☐ DUTY ☐
QUARTERS: 24 ☐ 48 ☐ 72 ☐
IOD DUTY UNTIL:
REFERRED TO: Optho 14 days
EMERGENCY ☐ TODAY ☐ 72 HRS ☐ ROUT ☐
ADMITTED: SERVICE:
REPORT GIVEN TO:
CONDITION UPON RELEASE:
IMPROVED ☒ UNCHANGED ☐ DETERIORATED ☐
TIME OF RELEASE:

PROVIDER SIGNATURE (b)(6)

PATIENT IDENTIFICATION
NAME/RANK: (b)(6)
SSN:
DOB:
UNIT:
LOCATION:

PATIENT INSTRUCTIONS:
- Apply erythromycin ointment 3x/day
- Return for reevaluation by opthalmologist in 2 weeks time

# 332 AEF TH, Ophthalmology
# Balad AB, Iraq

S)CC: 24 y/o Iraqi security internee (SI) hit c "rubber bullet" OD c lac of (R)UL. ØHA, (+)N/V no neuro findings per ED

O) D(N)VA< CF @ 5' / 20 P< PERRLA, ØAPD Ta< 23/18 @ 2033

gies:

Amsler< Align/Motil: E)/CU, ortho VF:

Meds:

External: Other:

OHx:

OD OS

LLL:

CS: Ø conj lac, ØUveal tissue

OHx:

K: clear OU DFE: OD OS

AC: D OU dense subconj hemorrhage, mild hyperemic, Ø lac

r Meds:

I: nl OU commotio

L: clear dense vit heme nodinvp.

Ant Vit: heme OD, quiet OS

Hx:

CT orbits - w/o heme, globe intact, soft tissue air of upper lid extending into roof of orbit; no FB identified o/w nl anatomy of orbits + brain (ant cranial fossa)

A/P) 1) Lid lac (R)UL Lid lac explored, no fat visible, ØFBs. Closed c 6-0 fast absorbing gut. Bacitracin oint qid x 7d.

2) Subconjunctival hemorrhage temporally / dry temp OD

3) Vitreous hemorrhage } f/u 2wks - risk of RD

4) Commotio retinae

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

Mother:

/ Pt #:

[illegible] C. [illegible], Lt Col (S), USAF, MC, FS

ACLU-RDI 5650 p.185

10-L-0126 ACLU CID ROI 6391

(Subject to Privacy Act of 1974)

OUT ALL GREY AREAS, OR SPECIMEN WILL NOT BE PROCESSED

(b)(6)

...cludes type and hold, CBC and ...

Major Trauma Panel (Includes type and hold, CBC, Met 8, PT/PTT and HCG – if female)
2 Purples, 1 Green, 1 Blue and Urine – if female

| ...ple Top | |
|---|---|
| | $10^3/\mu l$ |
| | $10^6/\mu l$ |
| HGB | 14.0-17.5 g/dl (M)<br>12.3-15.3 g/dl (F) |
| HCT | 41.5-50.4 % (M)<br>35.9-44.6 % (F) |
| MCV | 80-96 fl (M)<br>81-99 fl (F) |
| MCH | 27-33 pg (M)<br>27-31 pg (F) |
| MCHC | 33-37 g/dl (M)<br>33-35 g/dl (F) |
| PLT | 130-450 x $10^3/\mu l$ |
| Lymp% | 21-51% |

**Manual Differential (Hematology) – Purple**

| Test | Result | Ref Range |
|---|---|---|
| Segs | | 55-70% |
| Bands | | 1-3% |
| Lymphs | | 20-40% |
| -Atyp | | None |
| Mono | | 2-8% |
| Eos | | 1-4% |
| Baso | | 0.5-1.0% |
| Other | | None |

**Coagulation Studies – Blue Top (Full)**

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

**Urinalysis (Chemistry)**

| Test | Ref Range |
|---|---|
| Color | Straw, Yel, Amber |
| Clarity | Clear |
| Spec Gr | 1.003-1.030 |
| pH | 4.6-8.0 |
| LEU | Neg |
| NIT | Neg |
| PRO | Neg |
| GLU | Neg |
| KET | Neg |
| UBG | 0.1-1.0 |
| BIL | Neg |
| BLD | Neg |
| Other | |

**Urinalysis (Microscopic)**

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

**Blood Bank - Purple Top**

**Must Submit SF 518 with every unit requested**

ABO/Rh

**Serology – Red Top**

| Test | Result | Ref Range |
|---|---|---|
| Serum HCG | | Neg |
| Urine HCG | | Neg |
| Inf Mono | | Neg |
| RPR | | Neg |
| HIV | | Neg |
| Strep A | | Neg |
| Chlamydia | | Neg |

**Microbiology**

| Test | Result | Ref Range |
|---|---|---|
| Gram stain | | NBS |
| Culture | | |
| **Source:** | | |
| Wound | | NG x 4 Days |
| Blood | | NG x 7 Days |
| CSF | | NG x 4 Days |
| **Urine:** | | |
| CCMS | | NG x 24 Hrs |
| CATH | | NG x 48 Hrs |

**Comments:**

**CSF Analysis**

| Test | Result | Ref Range |
|---|---|---|
| Color | | |
| Clarity | | |
| RBC | | None |
| WBC | | <5 Lymph/mm³ |

**Malaria Smears – Purple Top**

| Test | Result | Ref Range |
|---|---|---|
| Thin Smear | | Neg |
| Thick Smear | | Neg |

Updated 5 Jan 05

T:/LAB/Forms/332ND EMDG LABORATORY REQUEST FORM
Page 1/2

NSN 7540-01-165-7294

519-301

# RADIOLOGIC CONSULTATION REQUEST/REPORT

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

| EXAMINATION(S) REQUESTED | AGE | SEX | SSN (Sponsor) | WARD/CLINIC | REGISTER NO. |
|---|---|---|---|---|---|
| Trauma | | | | | |
| | FILM NO. | | | | PREGNANT ☐ YES ☐ NO |
| | REQUESTED BY (Print) | | | | TELEPHONE/PAGE NO. |
| CXR/Skull | SIGNATURE OF REQUESTOR | | | | DATE REQUESTED |

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

| DATE OF EXAMINATION (Month, day, year) | DATE OF REPORT (Month, day, year) | DATE OF TRANSCRIPTION (Month, day, year) |
|---|---|---|
| (b)(6) 05 | | |

RADIOLOGIC REPORT

Skull Ø
CXR Ø

(b)(6)

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

(b)(6)

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT
1 — MEDICAL RECORD

STANDARD FORM 519-B (6-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

AUTHORIZED FOR LOCAL REPRODUCTION

# MEDICAL RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| (b)(6) 05 | S: ___ Y/O MALE C/O ( UL UR UF LL LR LF ) TOOTH PAIN X ___ DAYS. |
| | O; WNWD NAD A&OX3. |
| | POS NEG ;EDEMA AROUND AFFECTED TEETH. |
| | POS NEG ;TEETH CRACKED AND FALLING OUT. |
| BP | POS NEG ;ERYTHEMA AROUND AFFECTED TEETH. |
| | POS NEG ;FACIAL SWELLING. |
| TEMP | A;TOOTH ACHE. |
| | P; 1.DENTAL REFERAL |
| | 2.BRUSH TEETH TID WITH TOOTHPASTE |
| | S) 25 y/o c/o wart on (L) thumb x 2 weeks |
| MEDS | O) WNWD, A&O x3, NAD pt has wart on |
| | knuckle of (L) thumb |
| | A) wart |
| ALLERGIES | P) 1) pt edu |
| | 2) Mediplast |
| | 3) RTC PRN |
| | agree c tx plan |
| | (b)(6) |

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
|---|---|---|---|
| | | | |

| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR |
|---|---|---|
| | | |

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

REGISTER NO. | WARD NO.

(b)(6)

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
USAPA V2.00

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| (b)(6) 05 | S: 25 y/o ♂ c/o cough x 3 days |
| | O: WNWD ♂ NAD |
| | Throat: ⊕ edema ⊕ erythema |
| | A: URI |
| meds | P: ① Hydrate |
| ∅ | ② Guaifenesin 600mg T BID x 5 days |
| NKDA | ③ RTC if ∅ improvement |
| Smoke | (b)(6) |
| ∅ | (b)(6) |

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
|---|---|---|---|
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | |

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* | REGISTER NO. | WARD NO.

(b)(6)

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
**Medical Record**
**STANDARD FORM 600** (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

USAPPC V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
| Date: (b)(6) 05 | Dilated Exam - D.O. |
| P 71 | VA 20/80+ /20 2/2 |
| R | 2/3 |
| B/P 144/81 | (-) (+) |
| T 98.2 | mac relatives clear. macula clear. Clear |
| SPO2 99 | mild blood in post chamber. Clr |
| Meds | (A) Resolving Retinal - hem, OD |
| All | (P) Vision should improve gradually over next 2 months |
| Tob | Recheck : 2 months + report |

(b)(6)

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
|---|---|---|---|
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | |

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

REGISTER NO | WARD NO

SSN: (b)(6) (b)(6)

Name:

DOB

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
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ASC

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MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| (b)(6) 15 | S. 24 y/o o⁻ c/o (R) eye itching Det states he was |
| P | hit in the eye (shot) during the riot. sent to |
| R | Balad. states that he had small surg. there. |
| B/P | States has ϕ pn & itching. States he was to f/u c physician |
| T | or medic. states his Vision is blurry, but he can see |
| SPO2 | the Images. States itching & Tearing are bothering him. |
| | O wdam nad a+o x 3 |
| | (R) eye Appears: ϕ erythema ϕ tearing ϕ Foreign body |
| Meds ϕ | ϕ tearing at this time. |
| | small edema above eye (on brow) ϕ bleeding ϕ |
| All ϕ | exudate ϕ Sign Inf. (L) eye Pupils reactive. |
| | eye Appears (R) eye PERRLA |
| Tob ϕ | healthy. |
| | A. Poss Allergies? - eye Inj. Complication |
| | |
| | P. consult physician |
| | patanol oph gtts (b)(6) |
| | ii gtt ~~bid~~ OU bid |

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PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) (b)(6)

SSN:

Name: (b)(6)

DOB

REGISTER NO | WARD NO

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Exhibit 102

# 5 DAY BP CHECK

(b)(6)

ISN: (b)(6)

Current Medication: PA 24 yb

Day 1: 108 / 72

Day 2: 108 / 78

Day 3: 120 / 84

(b)(6) Ø1 Day 4: 120 / 80

(b)(6) Ø4 Day 5: 118 / 54 P. 65

** Turn in to a provider for review.

Ok (b)(6)

| | | | |
|---|---|---|---|
| Rank: | | | (b)(6) Sent to Ward |
| Deployed Unit: | | | Dx: Cut to (R) eye |
| Home Station: | | | Condition: Stable. |
| Nursing Unit | Room No. | Bed No. | **Monitoring.** |
| | | | ☒ Vital signs q 4 hrs then q shift once stable |
| | | | ☐ Urine output q 4 hr then q shift once stable |
| | | | ☐ Drain Output q shift |
| | | | ☐ Doppler pulse q 4 hrs. |
| | | | ☐ Neuro Checks q 4 hours |
| | | | **Allergies:** NKA. |
| | | | **Activity:** |
| | | | ☒ Bedrest. |
| | | | ☐ Ambulate with Assist |
| | | | ☐ Ad Lib |
| | | | ☐ Weight Bear Restrictions |
| | | | ☐ C-collar w/ spine precautions. |
| | | | **Wound Care.** |
| | | | ☐ NS / Dakin's W→D BID to ______ |
| | | | ☐ VAC dressing to ______ |
| | | | ☐ Other: |
| | | | **Nursing Care.** |
| | | | ☐ Routine CVL site care. |
| | | | ☐ Ext Fix Pin Site Care |
| | | | ☐ Incentive Spirometry q 1hr |
| | | | ☐ Routine Ostomy Care |
| | | | ☐ Pneumatic Compression Boots while in bed |
| | | | **Tubes & Drains** |
| | | | ☐ NGT to LWS |
| | | | ☐ Foley to Gravity |
| | | | ☐ JP to bulb sxn |
| | | | ☐ Flush Feeding Tube q shift with 30cc H20 |
| | | | ☐ Chest Tube to 20 sxn |
| | | | ☐ Other: |

(b)(6)

DA FORM 1-Apr-79 (b)(6) REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

Subject to the Privacy Act of 1974

0009-05-CID579-40002

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# WORK ACTIVITY SHEET *(Not part of the permanent record)*

**SPECIAL CARE NEEDS**

PRECAUTIONS

| | | |
|---|---|---|
| SIDE RAILS | YES | |
| | NO | |
| ☐ CONTINUOUS | ☐ NIGHT ONLY | |
| OTHER | | |
| ISOLATION | YES | |
| | NO | |
| TYPE | | |
| RESTRAINTS | YES | |
| | NO | |
| TYPE | | |
| DRAINAGE DEVICES | YES | |
| | NO | |
| ☐ FOLEY | ☐ EXTERNAL CATH | |
| ☐ OSTOMY *(TYPE)* | | |
| ☐ OTHER | | |

**ACTIVITY**

☐ UP ad lib ☐ BRP ☒ BEDREST

**DIET**

☒ REGULAR ☐ OTHER

ALLERGIES

NKA

**SUMMARY MEDICAL PLAN**

VITAL SIGNS Q4° then Q8° once stable

TEMPERATURE

BLOOD PRESSURE

NURO CHECKS

**DAILY RX**

**IV FLUIDS**

**SCHEDULED LABS** **XRAYS** **CONSULTS**

| ORD | COMP | DAILY LABS |
|---|---|---|
| | | |

**SPECIAL TESTS**

**CONSULTS**

| BED NO | PATIENT | AGE | DX | SI/VSI | DOCTOR |
|---|---|---|---|---|---|
| | (b)(6) | | Dx [illegible] | | |

AF IMT 3259, 19890201, V1

Exhibit 62

000897

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0010-L-0126-AGLU-GID-ROI-6400

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| DATE | | |
|---|---|---|
| ORDER | RENEWAL | |
| (b)(6) | 05 | [illegible] TTO [illegible] |

PLATE IMPRINTER

(b)(6)

BED NAME

CHECK IF A SECOND PAGE IS IN USE

P - PASS · - REFER TO NURSING NOTES

ALLERGIC TO NKA

DIAGNOSIS Cut to ® eye

TIME

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

AF FORM 3069, OCT 84 *(EF-V1)* (PerFORM PRO) PREVIOUS EDITION WILL BE BE USED.



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AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
| Date: (b)(6) 2004 | S) 24 y/o ♂ c/o Eye PN & itching & swelling (R) Eye |
| P | O) No Erythema |
| R | A) Eye PN From head Ache |
| B/P | P) Tylenol 325mg T2tab qid |
| T | (b)(6) |
| SPO2 | |
| | (b)(6) |
| Meds | |
| Tylenol | |
| All | |
| ∅ | |
| Tob | |
| ∅ | |

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PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* (b)(6)

REGISTER NO | WARD NO.

SSN: (b)(6)

Name:

DOB

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AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| (b)(6) | S: 24 yo ♂ c/o: headache (R) side of head x 10 days |
| P | blurred vision c̄ headache, Dizzyness. |
| R | ~~F/u at Clinic~~ Pt. says B/P ✓'s until he moved |
| B/P 130/90 | to C#8. (↓ before) |
| T | A: Deffered |
| SPO2 | P: Tylenol 325mg, 2 now |
| | 2 within 1hr. if no improvement. |
| | F/u c̄ medics (b)(6) |
| Meds | |
| All | |
| Tob | |

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
|---|---|---|---|
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | |

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

Compound #:

SN:
Age
DOB

(b)(6)

REGISTER NO. | WARD NO.

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PREVIOUS EDITION IS USABLE — AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

(b)(6) 2004

DETAINEE HEALTH AND MEDICAL RECORD OF SCREENING EXAMINATION
(SF600 OVERPRINT; VER 1.4, IAW AR 190-8)

ALLERGY : FOOD, MEDICINES, INSECTS, PLANTS -
GENERAL INFORMATION (CHECK ALL THAT APPLY IN THE DETAINEE HEALTH HISTORY):

SURGERIES ()
CONVULSIONS/SEIZURES ()
HEMOPHILIA ()
MALARIA ()
ASTHMA ()
DIABETES ()
HIGH BLOOD PRESSURE ()
CANCER/LEUKEMIA ()
HEART TROUBLE ()
KIDNEY DISEASE ()
VISUAL IMPAIRMENT ()
HIV/AIDS ()
STD ()

IMMUNIZATION GIVEN AT INTAKE? ()
TB/BLOOD IN SPUTUM/NIGHT SWEATS ()
LIST ALL MEDICATIONS TAKEN IN THE 30 DAYS PRIOR TO TODAY: Ø

TOBACCO USE Y/N (circled N) __PP DAY X__ YRS
ETOH:

T___ BP 145/88 PULSE 79 BICEPS CIRC___
HEIGHT 1'07 WEIGHT 148 BMI___

( ) DETAINEE HAS AN OVERALL (✓) GOOD ( ) FAIR ( ) POOR STATE OF NUTRITION

VISION: NORMAL (✓) GLASSES
HEARING: NORMAL (✓) ABNORMAL EXPLAIN

DENTAL

5d B/P

OVERALL APPEARANCE nl
HEENT nl
SKIN/SCARS/BRUISING Ø
CARDIOPULMONARY SYSTEM nl
MUSCULOSKELETAL nl
HERNIA NE
GENITAL
NEUROBEHAVIORAL nl
DETAILS ON REVERSE SIDE

HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT
SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP (b)(6)

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex...)*

ISN (b)(6) CAMP___
NAME___
DOB___ AGE___ SEX___
PROVIDER___

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
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FIRMR (41 CFR) 201-9.202-1

(b)(6)