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Report Prepared By:

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

Special Agent

Report Approved By:

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

Special Agent in Charge

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**ACLU DDII CID ROI 25833**

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0024-07-CID789-23670

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DETAILS

### BASIS FOR INVESTIGATION:

About 1610, 26 May 07, this office was notified by Military Police Investigations (MPI), Theater Internment Facility (TIF), Camp Cropper, Iraq, APO AE 09342 (CCI), of the death of a detainee.

About 1659, 26 May 07, SA **b(6), b(7)(C)** coordinated with SGT **b(6), b(7)(C)** and SGT **b(6), b(7)(C)** 324<sup>th</sup> Military Police Battalion (324<sup>th</sup> MP BN), MPI, TIF, CCI, who briefed SA **b(6), b(7)(C)** on the death of Mr. NAFFA IBRAHIM MAHMOUD, Internee Serial Number (ISN) **b(6), b(7)(C)** who was interned in Compound 2B, Camp Remembrance II, CCI, with his son, Mr. **b(6), b(7)(C)** ISN **b(6), b(7)(C)**. A query of the Biometrics Automated Toolset System (BATS) was conducted and the Personal Data Reports (PDRs) and Enemy Prisoner of War Screening Reports (EPWSRs) were obtained for Mr. MAHMOUD and Mr. **b(6), b(7)(C)**. (See PDRs and EPWSRs for details).

Between 1710 and 1729, 26 May 07, SA **b(6), b(7)(C)** conducted an examination of the remains of Mr. MAHMOUD in the Emergency Room (ER), of the 31st Combat Support Hospital (CSH), CCI. Initial examination revealed Mr. MAHMOUD was in a supine position on a hospital gurney, covered in wool type construction blankets. After removal of the blankets, it was noted what appeared to be an endotracheal tube protruded from Mr. MAHMOUD's mouth with adhesive medical type tape holding the tube in place and a syringe was attached to an intravenous (IV) line. One end of the IV line was connected to an almost empty IV bag which had been placed on Mr. MAHMOUD's abdomen; the other end of the IV line was embedded in a vein in Mr. MAHMOUD's right arm. The IV line was secured to Mr. MAHMOUD's right arm with what appeared to be clear tape and a purple gauze type wrap, a small amount of blood was noted (most likely caused by insertion of the needle when Mr. MAHMOUD's IV was started). A white in color t-shirt covered the right shoulder of Mr. MAHMOUD and appeared to have been cut away during the performance of life-saving measures. Numerous adhesive leads were attached to Mr. MAHMOUD's chest and abdomen. Two large adhesive MEDTRONIC Physio-Control QUICK-COMBO Pacing/Defibrillation/ECC Electrodes had been attached to Mr. MAHMOUD's chest, one electrode was attached to the left side of his rib cage with a black wire attached to the base of the electrode which ran across Mr. MAHMOUD's abdomen. The second electrode was attached to the right side of Mr. MAHMOUD's chest and a black wire attached to the electrode's base extended down Mr. MAHMOUD's right side, where both black wires were attached together, but were disconnected from the defibrillator at the time of examination. An orange, white, and black in color bracelet which read "Insulin Dependent Diabetic" was wrapped around Mr. MAHMOUD's left wrist. A small smear of what appeared to be blood was located on the right side of Mr. MAHMOUD's abdomen. Mr. MAHMOUD had two large scars on the right side of his body, one scar appeared circular in shape and was located on Mr. MAHMOUD's right hip, and the second scar appeared oval in shape and was located on the top of Mr. MAHMOUD's right knee. Both scars were completely healed and appeared to be from old injuries Mr. MAHMOUD had sustained. Further, Mr. MAHMOUD had a large callous on the top of his right foot and was missing the fifth digit (small toe of his right foot). No physical injuries, abnormal bruising, or unusual discoloration was noted at the time of the examination. Livor Mortis was present along the posterior of Mr. MAHMOUD's appendages and torso, but

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA <b>b(6), b(7)(C), b(7)(F)</b>		86 <sup>th</sup> MP DET (CID) (FWD) CAMP CROPPER, BAGHDAD, IRAQ	
SIGNATURE		DATE	EXHIBIT
<b>b(6), b(7)(C)</b>		7 Jun 07	

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Rigor Mortis had not set in. The only personal items with Mr. MAHMOUD's remains at the time of examination were his prescribed medications in a plastic zip-lock type bag, his ISN/Identification-bracelet, the "Insulin Dependent Diabetic bracelet" Mr. MAHMOUD was wearing, and the clothing Mr. MAHMOUD had entered the 31<sup>st</sup> CSH in. No items of evidentiary value were discovered during the examination. SA **b(6), b(7)(C)** exposed photographs of the remains of Mr. MAHMOUD at the 31<sup>st</sup> CSH, CCI, utilizing a Kodak EasyShare V530 Zoom Digital Camera. (See Photographic Packet for details)

About 1745, 26 May 07, SA **b(6), b(7)(C)** and SA **b(6), b(7)(C)** this office, authorized release of Mr. MAHMOUD's remains to SFC **b(6), b(7)(C)** TIF NCOIC, CCI, for transport to Mortuary Affairs, Sather Air Base, Iraq. SFC **b(6), b(7)(C)** provided documentation pertaining to Mr. MAHMOUD's death. (See Deceased Personnel Packet for details)

About 1800, 26 May 07, SA **b(6), b(7)(C)** coordinated with LTC **b(6), b(7)(C)** Primary Care Physician, Detainee Medical Center (DMC), 31<sup>st</sup> CSH, CCI, regarding Mr. MAHMOUD's medical treatment in the DMC. LTC **b(6), b(7)(C)** stated Mr. MAHMOUD had been previously diagnosed with Insulin Dependent Diabetes, High Blood Pressure, and High Cholesterol. LTC **b(6), b(7)(C)** stated due to the DMC's printer being down a printed Medication Profile pertaining to all medications prescribed to Mr. MAHMOUD was unavailable, but LTC **b(6), b(7)(C)** provided a verbal listing of all current medications prescribed to Mr. MAHMOUD which included:

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>
GLYBURIDE	5 Milligrams (MG)	2 pills/twice a day
INSULIN	Not Provided	Not Provided
LISINAPRIL	10 MG	Once a day
ASPIRIN	81 MG	Once a day
METFORMIN	500 MG	2 pills/twice a day
PAROXETINE/PAXIL	20 MG	Once a day
MULTI-VITAMIN	Not Provided	Once a day
FLOMAX	.4 MG	Once a day
LASIX	20 MG	Once a day
COCOR	20 MG	Once a day
ATENALOL	50 MG	Once a day

LTC **b(6), b(7)(C)** stated Mr. MAHMOUD was brought into the DMC by the trauma team and was coded between 1400 and 1434, 26 May 07, at which time, code was continued while Mr. MAHMOUD was transported by the trauma team to the 31<sup>st</sup> CSH for additional life saving measures. LTC **b(6), b(7)(C)** stated most of the staff who had assisted with the code for Mr. MAHMOUD had been released for the day, but

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SA <b>b(6), b(7)(C), b(7)(F)</b>		86 <sup>th</sup> MP DET (CID) (FWD) CAMP CROPPER, BAGHDAD, IRAQ	
SIGNATURE	DATE	EXHIBIT	
<b>b(6), b(7)(C)</b>	7 Jun 07		

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DETAILS

LTC **b(6), b(7)(C)** provided a list of names and stated the majority of the personnel would return to duty on 27 May 07. The personnel on duty during Mr. MAHMOUD's emergency treatment included:

MAJ **b(6), b(7)(C)** Physician, DMC, 31<sup>st</sup> CSH, CCI;

CPT **b(6), b(7)(C)** Physician, DMC, 31<sup>st</sup> CSH, CCI;

COL **b(6), b(7)(C)** Physician, DMC, 31<sup>st</sup> CSH, CCI;

MAJ **b(6), b(7)(C)** Physician, DMC, 31<sup>st</sup> CSH, CCI;

SPC **b(6), b(7)(C)** Emergency Medical Technician (EMT), DMC, 31<sup>st</sup> CSH, CCI;

SPC **b(6), b(7)(C)** EMT, 31<sup>st</sup> CSH, CCI;

SPC **b(6), b(7)(C)** EMT, DMC, 31<sup>st</sup> CSH, CCI;

SPC **b(6), b(7)(C)** EMT, DMC, 31<sup>st</sup> CSH, CCI.

SA **b(6), b(7)(C)** was able to interview SGT **b(6), b(7)(C)** EMT, DMC, 31<sup>st</sup> CSH, CCI, who stated he had set up the intubation for Mr. MAHMOUD, the medications the physicians needed during the code, and provided CPR to Mr. MAHMOUD from the DMC to the CSH. Further, SA **b(6), b(7)(C)** interviewed SPC **b(6), b(7)(C)** EMT, DMC, 31<sup>st</sup> CSH, CCI, who stated he had started Mr. MAHMOUD's IV, checked Mr. MAHMOUD's blood sugar, and helped the physicians with medical supplies during the code.

About 1900, 26 May 07, SA **b(6), b(7)(C)** and SA **b(6), b(7)(C)** coordinated with MAJ **b(6), b(7)(C)** S-3 Officer In Charge (OIC), CCI, for the interview of Mr. **b(6), b(7)(C)** son of Mr. MAHMOUD, who was present when Mr. MAHMOUD collapsed.

Between 1925 and 1955, 26 May 07, SA **b(6), b(7)(C)** with assistance from Mr. **b(6), b(7)(C)** **b(6), b(7)(C)** Interpreter, L3 Communications, CCI, interviewed Mr. **b(6), b(7)(C)** who signed the Notification Before Questioning waiver and indicated he wanted to answer questions. Mr. **b(6), b(7)(C)** stated he and his father, Mr. MAHMOUD lived together at CCI. Mr. **b(6), b(7)(C)** stated he and Mr. MAHMOUD were sitting, talking with a group of other internees in their living area. Mr. **b(6), b(7)(C)** stated his father was talking about the "happy bus" and about his son (NFI) who was killed six months ago. Mr. MAHMOUD was saying how he wished he could go home and protect his family because innocent people were being killed everyday. Mr. **b(6), b(7)(C)** stated it was around this time Mr. MAHMOUD collapsed. Mr. **b(6), b(7)(C)** stated Mr. MAHMOUD had been sick since 1990 and when Mr. MAHMOUD's sugar levels were too high or too low he would often

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA <b>b(6), b(7)(C), b(7)(F)</b>		86 <sup>th</sup> MP DET (CID) (FWD)	
SIGNATURE		DATE	EXHIBIT
<b>b(6), b(7)(C)</b>		7 Jun 07	1

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DETAILS

collapse, but Mr. MAHMOUD had never expressed he was sick before. Mr. **b(6), b(7)(C)** stated he rushed to Mr. MAHMOUD who stated "I'm so sick, I think I'm dying". Mr. **b(6), b(7)(C)** stated a group of people helped him carry Mr. MAHMOUD out of Building 1 (their assigned living area), but he was unsure who those people were because he was focused on his father. Mr. **b(6), b(7)(C)** stated Mr. MAHMOUD was not conscious or talking while being carried to the gate and Mr. **b(6), b(7)(C)** stated Mr. MAHMOUD's skin color had changed completely. Mr. MAHMOUD was taken to the hospital, but Mr. **b(6), b(7)(C)** was not allowed to go to the hospital with Mr. MAHMOUD. Mr. **b(6), b(7)(C)** stated, the Chief (NFI) of the compound had told him Mr. MAHMOUD was going to be okay; but later Mr. **b(6), b(7)(C)** was brought from where he lives to an interview room, where he was informed Mr. MAHMOUD had died. During the interview Mr. **b(6), b(7)(C)** prepared a rough sketch of Building 1 and stated the group of internees had been talking in the back corner where both Mr. MAHMOUD's and Mr. **b(6), b(7)(C)** bedding was located at the time of Mr. MAHMOUD's collapse. (See Notification Before Questioning and Rough Sketch of Building 1 for details)

AGENT'S COMMENT:

During the course of the interview Mr. **b(6), b(7)(C)** appeared sad, sniffled often, and seemed to have been crying prior to the interview, but Mr. **b(6), b(7)(C)** did not cry during the interview. Mr. **b(6), b(7)(C)** appeared extremely concerned about his family being notified of their father's death. Mr. **b(6), b(7)(C)** stated two of his brothers were currently attending the Solamania Police Academy. Mr. **b(6), b(7)(C)** requested his brothers be notified of Mr. MAHMOUD's death in order to notify their mother (NFI) who resides in Ramadi, Iraq. Further, the "happy bus" is a common phrase used by internees of CCI and refers to the bus used to transport released personnel out of CCI and back to their families.

About 1910, 26 May 07, SA **b(6), b(7)(C)** coordinated with SGT **b(6), b(7)(C)** Radio Transmitter and Operator (RTO), 324th MP BN, Tactical Operations Center (TOC), Camp Remembrance II, CCI, and obtained a copy of the video file of the incident where Mr. MAHMOUD collapsed and the medical emergency began.

AGENT'S COMMENT:

Attempts to obtain data from or open the video file from the CD failed every attempt and a new copy will be obtained for review by this office.

About 1413, 27 May 07, SA **b(6), b(7)(C)** coordinated with DMC personnel to determine each staff member's role in the life saving measures performed on Mr. MAHMOUD.

LTC **b(6), b(7)(C)** stated she assisted with "bagging" the victim (resuscitation efforts);

MAJ **b(6), b(7)(C)** stated he conducted chest compressions and assisted CPT **b(6), b(7)(C)** with the Advanced Cardiac Life Support (ACLS) cards;

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

86<sup>th</sup> MP DET (CID) (FWD)  
CAMP CROPPER, BAGHDAD, IRAQ

SIGNATURE

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

DATE

7 Jun 07

EXHIBIT

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## DETAILS

CPT **b(6), b(7)(C)** stated he was the code leader, he noted Mr. MAHMOUD's pupils were fixed and dilated, he intubated Mr. MAHMOUD, and followed the instructions provided on the ACLS cards;

COL **b(6), b(7)(C)** stated he assisted with transferring Mr. MAHMOUD from the litter and he pulled medical information from the DMC/CSH database as necessary during Mr. MAHMOUD's treatment;

MAJ **b(6), b(7)(C)** stated he assisted with compressions, bagging Mr. MAHMOUD, and with the ACLS cards;

SPC **b(6), b(7)(C)** stated he went to the compound to retrieve Mr. MAHMOUD and assisted with transporting Mr. MAHMOUD from the compound to the DMC;

SPC **b(6), b(7)(C)** stated he responded to the compound, a litter was brought in, at which time Mr. MAHMOUD was conscious, but then lost consciousness, a check of Mr. MAHMOUD's pupils revealed they were fixed and dilated, at which point Mr. MAHMOUD was loaded on the litter and transported to the DMC via ambulance. (which took approximately one minute);

SPC **b(6), b(7)(C)** stated he started Mr. MAHMOUD's IV, loaded Mr. MAHMOUD onto the litter and assisted with transporting Mr. MAHMOUD to the DMC for emergency treatment.

## AGENT'S COMMENT:

ACLS cards are a set of instructions which provide specific steps which should be taken during the treatment of adult victims of cardiac arrest or other cardiopulmonary emergencies. All the physicians agreed Mr. MAHMOUD did not exhibit any signs of life from the time he entered the DMC through the time he was transported to the CSH. Further, SPC **b(6), b(7)(C)** 31st CSH, DMC, CCI, was not on duty at the time and would be interviewed at a later date regarding her role in the medical treatment provided to Mr. MAHMOUD at the DMC on 26 May 07.

About 1430, 27 May 07, SA **b(6), b(7)(C)** coordinated with SGT **b(6), b(7)(C)** who provided a copy of the Guard Roster for Compound 2, 26 May 07, detailing all personnel on duty at the time of Mr. MAHMOUD's death.

Between 1450 and 1614, 27 May 07, SA **b(6), b(7)(C)** conducted interviews of Compound 2 guard force personnel who were on duty 26 May 07, regarding their observations and roles pertaining to the death of Mr. MAHMOUD. The following guard force personnel were verbally interviewed and observed Mr. MAHMOUD being carried out of Building 1:

SSC **b(6), b(7)(C)** 634<sup>th</sup> BSB, CCI, stated he was the shift leader and was in the Command Post (CP) when he observed a lot of detainees in one area in Zone B. SSG **b(6), b(7)(C)** exited the CP and

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SA <b>b(6), b(7)(C), b(7)(F)</b>		86 <sup>th</sup> MP DET. (CID) (FWD)	
SIGNATURE		DATE	EXHIBIT
<b>b(6), b(7)(C)</b>		7 Jun 07	

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DETAILS

heard a lot of verbal communication and noise coming from Zone B. He radioed the CP and requested the camera to Building 1 be flipped on. SSG **b(6), b(7)(C)** was informed there was a large gathering in a corner of Building 1. The CP radioed there appeared to be a "beat down" occurring in the compound. The guards covered down and started ordering everyone out of the building at which point people started "pouring" out of Building 1. SSG **b(6), b(7)(C)** stated four detainees had grabbed the victim and carried him to the Sally Port saying "he's sick, he's sick". SSG **b(6), b(7)(C)** called the CP to make sure the building was clear and had the door to building 1 locked. Everyone was ordered to the recreation yard and the living zone was locked. A head count was started of all detainees present from the compound. SSG **b(6), b(7)(C)** stated four guards and the Chief of the compound accompanied him into the living area to inspect for any signs of a struggle, but the search met with negative results. Upon completion of the search SSG **b(6), b(7)(C)** observed trauma taking the victim out of the compound and the head count had been completed, minus the detainee who had been taken out for medical treatment. SSG **b(6), b(7)(C)** stated the TOC had burned a compact disk of the video regarding this incident. Further, SSG **b(6), b(7)(C)** stated he was notified the detainee had died, but no information was provided to the detainees at the time of notification since the son needed to be notified first.

SPC **b(6), b(7)(C)** 634<sup>th</sup> BSB, CCI, stated he received a radio call from Cat Walk A who stated there was yelling and screaming coming from Zone B and it appeared a "beat down" was in progress. SPC **b(6), b(7)(C)** stated the detainees' son and a couple other detainees brought the victim out to the Sally Port. The detainees were sent to the recreation yard, a head count was called for, and Zone B was locked down. SPC **b(6), b(7)(C)** stated he went inside to check for signs of a struggle, but did not find any signs indicating struggle had occurred. The Medics arrived, loaded the detainee on a litter, and the litter was loaded on a wheeled cart. SPC **b(6), b(7)(C)** stated it looked like the detainee was already dead since his eyes were rolled back in his head. The detainee was transported to the DMC and the guard force was later notified the detainee had died. SPC **b(6), b(7)(C)** stated the guards were unable to release the information regarding the detainees death until the son had been notified.

SGT **b(6), b(7)(C)** 634<sup>th</sup> BSB, CCI, stated he had received a radio call from a Cat Walk guard requesting the camera in Building 1 be turned on. SGT **b(6), b(7)(C)** stated he observed what appeared to be a meeting of approximately 20 - 25 detainees in the back of Building 1. SGT **b(6), b(7)(C)** stated everything appeared peaceful and he dispatched his observations to the Cat Walk via radio. SGT **b(6), b(7)(C)** stated he had continued to watch the camera for about 2 to 3 more minutes when he noticed a group in the back right corner of building 1. The group appeared to be pushing and swinging. SGT **b(6), b(7)(C)** stated he notified the zone representative and informed him of what appeared to be a "beat down" in progress. SGT **b(6), b(7)(C)** called the TOC and requested they record what was occurring in Building 1. SGT **b(6), b(7)(C)** stated the camera showed numerous people exiting the building and three detainees carrying another detainee on a blanket to the door. SGT **b(6), b(7)(C)** notified the zone Representative of his observations. The detainee being carried was taken to the Sally Port and SGT **b(6), b(7)(C)** notified medical personnel and the Detainee Operations Center (DOC), CCI.

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<b>b(6), b(7)(C)</b>		7 Jun 07	

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## DETAILS

The following guard force personnel were verbally interviewed and provided no information which would assist with this investigation:

SPC **b(6), b(7)(C)** 634<sup>th</sup> Base Support Battalion (634<sup>th</sup> BSB), CCI;

SGT **b(6), b(7)(C)** 634<sup>th</sup> BSB, CCI;

SGT **b(6), b(7)(C)** 634<sup>th</sup> BSB, CCI;

SPC **b(6), b(7)(C)** 634<sup>th</sup> MP BN, CCI;

SPC **b(6), b(7)(C)** 634<sup>th</sup> BSB, CCI;

SPC **b(6), b(7)(C)** 634<sup>th</sup> BSB, CCI;

SGT **b(6), b(7)(C)** 634<sup>th</sup> BSB, CCI;

SPC **b(6), b(7)(C)** 634<sup>th</sup> BSB, CCI;

SPC **b(6), b(7)(C)** 634<sup>th</sup> BSB, CCI;

SPC **b(6), b(7)(C)** 634<sup>th</sup> BSB, CCI;

SGT **b(6), b(7)(C)** 634<sup>th</sup> BSB, CCI.

## AGENT'S COMMENT:

SA **b(6), b(7)(C)** arrived to Compound 2 and assisted SA **b(6), b(7)(C)** with the remaining Cat Walk and CP guard interviews. Several personnel on the guard roster were not on duty or were on special assignments and would be canvassed at a later date.

About 1450, 27 May 07, SA **b(6), b(7)(C)** coordinated with SSG **b(6), b(7)(C)** NCOIC, Patient Administration Division (PAD), 31st CSH, CCI, and obtained a copy of Mr. MAHMOUD's medical treatment record. (See Medical Record for details)

About 1503, 27 May 07, SA **b(6), b(7)(C)** coordinated with Dr. (MAJ) **b(6), b(7)(C)** Physician, 31st CSH, CCI, who related he received the victim from the DMC, CCI. Mr. MAHMOUD had already received two doses of epinephrine, had been intubated, and was being administered Cardio-Pulmonary Resuscitation (CPR) upon arrival to the CSH. Dr. **b(6), b(7)(C)** stated he continued treatment utilizing an Automated Electronic Defibrillator

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA <b>b(6), b(7)(C), b(7)(F)</b>		86 <sup>th</sup> MP DET (CID) (FWD) CAMP CROPPER, BAGHDAD, IRAQ	
SIGNATURE	DATE	EXHIBIT	
<b>b(6), b(7)(C)</b>	7 Jun 07		

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DETAILS

(AED). Dr **b(6), b(7)(C)** subsequently discontinued treatment and pronounced Mr. MAHMOUD deceased at 1459, 26 May 07. Dr **b(6), b(7)(C)** stated the duration of treatment was about 40 minutes and after a review of Mr. MAHMOUD's medical history, Dr **b(6), b(7)(C)** concluded it was his opinion Mr. MAHMOUD's death was natural.

About 1719, 27 May 07, SA **b(6), b(7)(C)** sent a Request For Assistance (RFA) to Special Agent in Charge (SAC) **b(6), b(7)(C)** Aberdeen Proving Ground (APD) CID, MD, requesting attendance at, and collection of all pertinent documentation generated from Mr. MAHMOUD's autopsy. A copy of Mr. MAHMOUD's medical records were included for review by the Armed Forces Institute of Pathology (AFIP).

About 1215, 29 May 07, SA **b(6), b(7)(C)** coordinated with SPC **b(6), b(7)(C)** United States Air Force (USAF) Trauma Team Member, CCI, who stated an ambulance run report was completed for each emergency call an ambulance responds to. SPC **b(6), b(7)(C)** further stated the ambulance run reports were maintained in the DMC, but were only able to be released at night while the trauma team was on duty.

About 0235, 30 May 07, SA **b(6), b(7)(C)** coordinated with SGT **b(6), b(7)(C)** and SPC **b(6), b(7)(C)** **b(6), b(7)(C)** Trauma Team, 329th Medical Company (329th MC) (Ambulance), United States Army Reserve Center #3, 1928 Road, Erie, PA 54656-4054, who provided a copy of the Ambulance Run Report, 28 May 07, pertaining to Mr. MAHMOUD's medical emergency transport. SGT **b(6), b(7)(C)** stated he and SPC **b(6), b(7)(C)** (the ambulance driver) arrived to the DMC, CCI, after being notified of an assault. SGT **b(6), b(7)(C)** stated upon arrival to the DMC, the ambulance crew was notified it was not an assault, but a heart attack. DMC personnel had already intubated Mr. MAHMOUD, were conducting CPR, administering medications, and had shocked Mr. MAHMOUD once with the defibrillator paddles. DMC personnel released Mr. MAHMOUD to the trauma team for transport to the 31<sup>st</sup> CSH. SGT **b(6), b(7)(C)** stated CPR was conducted continuously en route to the 31<sup>st</sup> CSH by himself and SGT **b(6), b(7)(C)**. Upon arrival to the 31<sup>st</sup> CSH, Mr. MAHMOUD's care was transferred to the 31<sup>st</sup> CSH, who had been notified and were standing by for a heart attack patient. SGT **b(6), b(7)(C)** stated at no time during transport did Mr. MAHMOUD respond or have any vital signs. SPC **b(6), b(7)(C)** stated she was the driver of the ambulance and she and SGT **b(6), b(7)(C)** had been called off stand by for an assault. Upon arrival to the DMC SPC **b(6), b(7)(C)** observed life saving procedures had been started. SPC **b(6), b(7)(C)** stated she and SGT **b(6), b(7)(C)** stood by until Mr. MAHMOUD was released for transport to the 31<sup>st</sup> CSH. SPC **b(6), b(7)(C)** received a white sheet of paper detailing all medical treatment provided by the DMC from SPC **b(6), b(7)(C)**. SPC **b(6), b(7)(C)** stated during transport SGT **b(6), b(7)(C)** conducted chest compressions while SGT **b(6), b(7)(C)** continuously bagged the patient. The patient was brought into the 31<sup>st</sup> CSH and SPC **b(6), b(7)(C)** provided the piece of paper to a Physician on the Emergency Room (ER) staff at the 31<sup>st</sup> CSH. SPC **b(6), b(7)(C)** stated she did not know the Physician's name. SPC **b(6), b(7)(C)** was unable to describe the Physician and was not aware of what happened to the piece of paper containing all treatment conducted by the DMC. (See copy of Emergency Care Services Report for details)

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA <b>b(6), b(7)(C), b(7)(F)</b>		86 <sup>th</sup> MP DET (CID) (FWD)	
SIGNATURE		DATE	EXHIBIT
<b>b(6), b(7)(C)</b>		7 Jun 07	

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AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0024-07-CID789-23670

PAGE 9 OF 9 PAGES

DETAILS

About 1520, 7 Jun 07, SA **b(6), b(7)(C)** conducted additional canvass interviews of Compound 2 guard force personnel who were on duty 26 May 07, regarding their observations and roles pertaining to the death of Mr. MAHMOUD. The following Soldiers were verbally interviewed and provided no information which would assist with this investigation:

SPC **b(6), b(7)(C)** 634<sup>th</sup> BSB, CCI;

SPC **b(6), b(7)(C)** 634<sup>th</sup> BSB, CCI;

SGT **b(6), b(7)(C)** 634<sup>th</sup> BSB, CCI;

SGT **b(6), b(7)(C)** 634<sup>th</sup> BSB, CCI.

//////////////////////////////////////LAST ENTRY//////////////////////////////////////

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

86<sup>th</sup> MP DET (CID) (FWD)  
CAMP CROPPER, BAGHDAD, IRAQ

SIGNATURE

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

DATE

7 Jun 07

EXHIBIT

ACLU DDII CID ROI 25842

PERSONAL DATA REPORT

GENERAL INFORMATION

PHOTOGRAPH

Dossier: {D2B0A52F-2CEB-49A4-95D7-D81E507FB26E}

Enroll Date: 1/14/2006 5:25:08 AM

Enrollment Station: IRQ:43RD MP:TIF:ABU GHRAIB

Person Type:

Title:

Name (F,M,L,T): NAFFA IBRAHIM MAHMOUD ()

Full Name:

Native Full Name:

WMD Category:

Operational Status:

Occupation:

National ID #: b(6), b(7)(C)

Gender: MALE

Race:

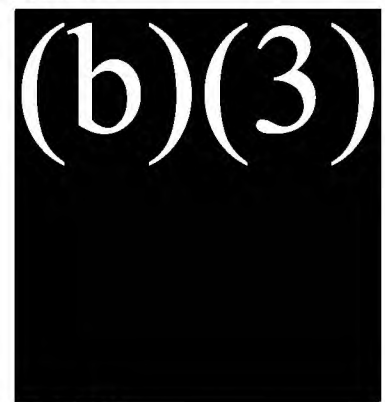
Hair Color: BALD

Eye Color: BROWN

Build: MEDIUM/AVERAGE

Height (in): Min: 67 Max:

Weight (lb): Min: 164 Max:



ON ALERT? NO

Duplicate Record: See BAT GUID  
76F22D53-E3A1-4861-8214-E951D8BCADBA

PERSONAL DATA

Birthdate: 02JAN1954

Death Date:

Religion: ISLAM-SUNNI

Primary Nationality: IRAQ

2nd Nationality:

Ethnicity: ARAB

Marital Status: MARRIED

Personnel Status: CIVILIAN

WATCH LIST

ALIASES

PLACE OF BIRTH

Birthplace: RAMADI, ANBAR, IRAQ

ACLU DDIP CID ROI 25848

LAW ENFORCEMENT SENSITIVE

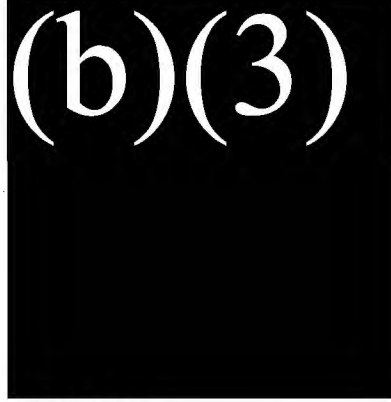


EPW SCREENING REPORT

PERSONAL

MP Number: Evacuation Date:
Screening DTG: 162300ZJAN2006
Name (F,M,L,T): NAFFA IBRAHIM MAHMOUD ()
Gender: MALE
Service/ID #: b(6), b(7)(C)
Birthdate: 02JAN1954
Marital Status: MARRIED
Status: CIVILIAN

PHOTOGRAPH



ON ALERT? NO
Duplicate Record: See BAT GUID
76F22D53-E3A1-4861-8214-
E951D8BCADBA

ALIASES

PLACE OF BIRTH

Birthplace: RAMADI, , ANBAR, IRAQ

ID NUMBERS

ID Number Type ID Number
ISN b(6), b(7)(C)

CAPTURE TAG 7898

CAPTURE INFORMATION

Evacuation Date: MP Number:
Capture Date: 040445ZJAN2006 Capture Unit: 2MEF
Place: IRAQ, ANBAR, ANBAR, RAMADI,
Documents: PERSONAL ID, DRIVERS LICENSE, MISC PAPERS, PASSPORT
Circumstances: WEAPONS CACHE LOCATED ON FAMILY LAND, SUSPECTED INVOLVEMENT IN
INSURGENT ACTIVITIES
Weapons/Equip: CD, WATCH.

DETENTION INFORMATION

Present: NO Arrival Date:
Location: Detainee Review
Board Date:
ICRC Level: MI Hold: NO
Reason: Prosecution Value: NO

EXHIBIT 2
ACLU DDII CID ROI 25845



LAW ENFORCEMENT SENSITIVE

0024 07 CID 789 23670

Intelligence: AVG+ Knowledge: C  
Physical Cond: GOOD  
Mental State: ALERT  
Education: 6 YEARS.

REMARKS

Remarks: KNOWLEDGEABILITY: CAPTURING UNIT BELIEVES DETAINEE KNOWS DETAILED INFORMATION ABOUT A WEAPONS CACHE FOUND NEAR HIS HOME WHICH MAY BE HIS PROPERTY.

COMMENTS: DETAINEE WAS DETAINED BY COALITION FORCES AT HOME BECAUSE 5 MORTAR ROUNDS AND THREE RPG'S WERE DISCOVERED ACROSS THE STREET AT A WATER PUMP STATION FROM HIS HOME. NEIGHBORS WHO LIVED AT THE WATER PUMP STATION SAID DETAINEE AND HIS FAMILY HAVE NUMEROUS PEOPLE OVER AT NIGHT AND WHEN CF PATROL NEAR THAT HOME, THE LIGHTS ALWAYS TURN OFF. DETAINEE WAS FIRST ASKED BIOGRAPHICAL INFORMATION IOT ESTABLISH A BASELINE OF TRUTHFULNESS TO FUTURE QUESTIONING. DETAINEE APPEARED TO BE HONEST ABOUT BIOGRAPHICAL INFORMATION. DETAINEE DENIES HE IS INVOLVED IN ATTACKS AGAINST CF, ISF OR IRAQI CIVILIANS. DETAINEE SAID HE IS NOT A MEMBER OF AN INSURGENT CELL OR GROUP. DETAINEE SAYS INSURGENTS KILLED HIS SON WHO WORKED AS AN IP. THEY KILLED HIS SON FIVE MONTHS AGO. DETAINEE DOES NOT KNOW WHO OWNED THE WEAPONS FOUND ACROSS THE STREET NEAR THE PUMP STATION. DETAINEE SAYS THE GOVERNMENT OWNS THE LAND NEXT TO THE PUMP STATION. DETAINEE HAS TWELVE CHILDREN AND ITS POSSIBLE MANY OF HIS CHILDREN'S FAMILY ARE VISITING HIS HOME DURING THE DAY. DETAINEE DID NOT APPEAR TO BE DECEPTIVE. DETAINEE ANSWERED QUESTIONS IN THE SAME WAY AS IN PREVIOUS INTERROGATIONS. THERE IS NOT ENOUGH EVIDENTIARY SUPPORT TO PLACE DETAINEE ON MI HOLD. THERE ARE NO DIIR;S OR SWORN STATEMENTS WHICH IMPLICATE DETAINEE IN ACF ACTIVITIES. BASED UPON THE STRENGTH OF THE PACKET AND RESPONSES OF DETAINEE, HE DOES NOT POSSESS INFORMATION THAT MEETS CURRENT PIR'S. IF DETAINEE SHOULD BE INTERVIEWED AGAIN, THEN THE RECOMMENDED APPROACHES WOULD BE FEAR OF INCARCERATION FUTILITY, WE KNOW ALL AND DIRECT QUESTIONING.

PIR:  
IR:

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ACLU DDII CID ROI 25847

EXHIBIT 2

LAW ENFORCEMENT SENSITIVE

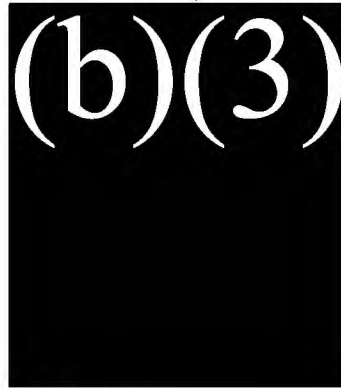
0024 07 CID 789 23670

EPW SCREENING REPORT

PERSONAL

PHOTOGRAPH

MP Number: Evacuation Date:  
Screening DTG: 160500ZJAN2005  
Name (F,M,L,T): [REDACTED] ( )  
Gender: MALE  
Service/ID #: [REDACTED]  
Birthdate: 02JAN1979  
Marital Status: MARRIED  
Status: CIVILIAN



ON ALERT? NO

ALIASES

PLACE OF BIRTH

Birthplace: , RAMADI, ANBAR, IRAQ

ID NUMBERS

ID Number Type ID Number

ISN [REDACTED]

CAPTURE TAG 7896

CAPTURE INFORMATION

Evacuation Date: MP Number:  
Capture Date: 041045ZJAN2006 Capture Unit: 2MEF  
Place: IRAQ, ANBAR, RAMADI, , 38SLB3990599491  
Documents: PERSONAL PROPERTY  
Circumstances: WEAPONS CACHE LOCATED ON FAMILY LAND, SUSPECTED INVOLVEMENT IN INSURGENT ACTIVITIES  
Weapons/Equip: NONE

DETENTION INFORMATION

Present: NO Arrival Date:  
Location: BCF Detainee Review Board Date:  
ICRC Level: MI Hold: NO  
Reason: Prosecution Value: NO  
Place to be Released: Black List: NO

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ACLU DII CID ROI 25848 EXHIBIT 3



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LAW ENFORCEMENT SENSITIVE

Prior Unit  
Coordination:

Civil Affairs  
Coordination:

HVT: NO

Special  
Instructions:

Group Name:

Tribe:

Meets Sec Def  
Criteria:

Special Handling  
Requirements:

Source Type:

Special Status:

FUD:

MQ: NO

MQ Response:

Reason for Hold:

Special Interest  
Group:

SIG Status:

SIG Justification:

KB Status:

Operation:

Comments: DNA13JAN2006

MILITARY SERVICE HISTORY

- PRESENT; AR; TRAINEE; INFANTRY; ; ; ; ; IRAQ; ; ; ;

CIVILIAN SERVICE HISTORY

04MAR2003 - 04JAN2006; CARPENTER; ; ; ; ; IRAQ; RAMADI; ; ;

LANGUAGE(S)

Language Name:	Language Proficiency	Is Native Language
----------------	----------------------	--------------------

ARABIC, MODERN STANDARD	NATIVE PROFICIENCY	YES
-------------------------	--------------------	-----

Comments:

ADMIN

Screener: J5411/C21998

Approaches: DIRECT; LOVE OF FAMILY

ASSESSMENT

Cooperation: 2 Personalities: D

Intelligence: AVG Knowledge: C

Physical Cond: GOOD

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DDII CID RDI 25849

EXHIBIT 3

LAW ENFORCEMENT SENSITIVE

000020

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0024 07 CID 789 23670

LAW ENFORCEMENT SENSITIVE

Mental State: ALERT

Education: 7 YEARS

REMARKS

Remarks: KNOWLEDGEABILITY; THE DETAINEE, A 26 YEAR OLD SUNNI MUSLIM, HAS LIMITED (VILLAGE) LEVEL KNOWLEDGE OF A WEAPONS CACHE FOUND IN THE VICINITY OF HIS HOME.

COMMENTS; THE DETAINEE WAS CAPTURED IN A RAID TARGETING A REPORTED WEAPONS CACHE. THE WEAPONS WERE LOCATED ON LAND ADJACENT TO THE DETAINEE'S. SOURCE REPORTING INDICATED THAT THE DETAINEE AND HIS BROTHER WERE RESPONSIBLE FOR PLACING THE WEAPONS AT THE LOCATION. THE DETAINEE WAS FIRST QUESTIONED ABOUT HIS BIOGRAPHIC INFORMATION. THIS WAS DONE IN ORDER TO DEVELOP A BASELINE OF RESPONSES. THIS BASELINE WILL THEN BE UTILIZED TO MEASURE THE DETAINEE'S TRUTHFULNESS IN FUTURE QUESTIONING. THE DETAINEE EXHIBITED NO SIGNS OF DECEPTION DURING THE BIOGRAPHIC QUESTIONING. QUESTIONING NEXT FOCUSED UPON THE DETAINEE'S POSSIBLE INVOLVEMENT WITH THE WEAPONS CACHE. THE DETAINEE INDICATED THAT HE HAD NOTHING TO DO WITH THE WEAPONS FOUND IN THE REAR AREA OF A NEIGHBORS HOME. HE INDICATED THAT HE COULD NOT EXPLAIN WHY HE AND HIS FAMILY WERE SUSPECTED TO HAVE A CONNECTION TO THE WEAPONS. WHEN PRESSED ON THE ISSUE OF THE WEAPONS AND HOW THE CAME TO BE NEAR HIS HOME HE STEADFASTLY DENIED ANY CONNECTION TO THE WEAPONS. THE DETAINEE'S RESPONSES WERE CONSISTENT WITH THOSE OBSERVED DURING THE BIOGRAPHIC QUESTIONING, INDICATING HE WAS BEING TRUTHFUL. BASED UPON THE STRENGTH OF THE PACKET AND THE DETAINEE'S RESPONSES, FURTHER EXPLOITATION IS NOT REQUIRED. THE DETAINEE DOES NOT POSSESS INFORMATION THAT MEETS CURRENT PIR REPORTING REQUIREMENTS.

THE DETAINEE RESPONDED WELL TO DIRECT QUESTIONING. HOWEVER IN THE EVENT THAT THE DETAINEE BECOMES HESITANT, THEN THE SUGGESTED APPROACH WOULD BE THAT OF LOVE OF FAMILY. THE DETAINEE EXPRESSED CONCERN FOR HIS WIFE AND CHILD BEING HOME WITHOUT A MAN.

PIR:

IR:

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EXHIBIT

LAW ENFORCEMENT SENSITIVE

LAW ENFORCEMENT SENSITIVE

0024 07 CID789 23670

**PERSONAL DATA REPORT**

GENERAL INFORMATION

PHOTOGRAPH

Dossier: {1ED8E59E-D29F-44D2-A923-10FA09DA3600}

Enroll Date: 1/14/2006 2:11:43 AM

Enrollment Station: IRQ:43RD MP:TIF:ABU GHRAIB

Person Type:

Title:

Name (F,M,L,T): **b(6), b(7)(C)**

Full Name:

Native Full Name:

WMD Category:

Operational Status:

Occupation:

National ID #: **b(6), b(7)(C)**

Gender: MALE

Race:

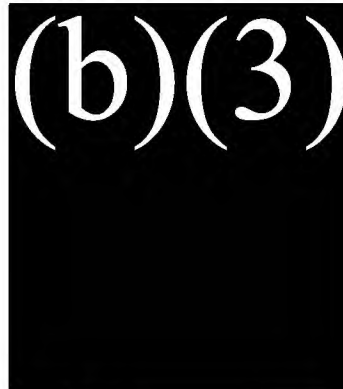
Hair Color: BLACK

Eye Color: BROWN

Build: MEDIUM/AVERAGE

Height (in): Min: 67 Max:

Weight (lb): Min: 164 Max:



ON ALERT? NO

PERSONAL DATA

Birthdate: 02JAN1979

Death Date:

Religion: ISLAM-SUNNI

Primary Nationality: IRAQ

Nationality:

2nd Nationality:

Ethnicity: ARAB

Marital Status: MARRIED

Personnel Status: CIVILIAN

WATCH LIST

ALIASES

PLACE OF BIRTH

Birthplace: , RAMADI, ANBAR, IRAQ

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LAW ENFORCEMENT SENSITIVE

**EXHIBIT**

3

LAW ENFORCEMENT SENSITIVE

ID NUMBERS

ID Number Type ID Number

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

CAPTURE TAG 7896

CAPTURE INFORMATION

Evacuation Date: MP Number:
Capture Date: 041045ZJAN2006 Capture Unit: 2MEF
Place: IRAQ, ANBAR, RAMADI, , 38SLB3990599491
Documents: PERSONAL PROPERTY
Circumstances: WEAPONS CACHE LOCATED ON FAMILY LAND, SUSPECTED INVOLVEMENT IN INSURGENT ACTIVITIES
Weapons/Equip: NONE

INDIVIDUAL STATUS INFORMATION

JITF-CT Classification U.S. Relationship Status DoD Relationship Status

PASSPORT INFORMATION

Type Number Issue Date Expiration Date Country Authority

PERSONAL TRAITS

LANGUAGE(S)

Language Name: Language Proficiency Is Native Language
ARABIC, MODERN STANDARD NATIVE PROFICIENCY YES
Comments:

ADDRESSES

EMPLOYMENT HISTORY

04MAR2003 - 04JAN2006; CARPENTER; ; ; ; IRAQ; RAMADI; ; ;

MILITARY SERVICE HISTORY

- PRESENT; AR; TRAINEE; INFANTRY; ; ; ; IRAQ; ; ; ;

PHONE NUMBERS

Type Intl Area Code Phone # Ext.

VEHICLE INFORMATION

RELATIVES

Relation First Middle Last Maiden Birthdate



# PHOTOGRAPH PACKET



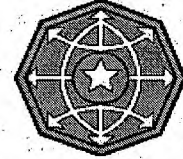
<u>NUMBER</u>	<u>DESCRIPTION OF PHOTOGRAPHS</u>
1	<u>Photograph depicting 360 view of Mr. MAHMOUD's covered remains</u>
2	<u>Photograph depicting 360 view of Mr. MAHMOUD's covered remains</u>
3	<u>Photograph depicting 360 view of Mr. MAHMOUD's covered remains</u>
4	<u>Photograph depicting 360 view of Mr. MAHMOUD's covered remains</u>
5	<u>Photograph depicting collected prescription medications of Mr. MAHMOUD</u>
6	<u>Photograph depicting Mr. MAHMOUD's medications and ISN/Identification bands</u>
7	<u>Photograph depicting Mr. MAHMOUD's ISN band</u>
8	<u>Photograph depicting Mr. MAHMOUD's ISN band</u>
9	<u>Photograph depicting Mr. MAHMOUD's ISN band</u>
10	<u>Photograph depicting Mr. MAHMOUD's identification band</u>
11	<u>Photograph depicting Mr. MAHMOUD's identification band</u>
12	<u>Photograph depicting the right side of Mr. MAHMOUD's face, head, and neck</u>
13	<u>Photograph depicting Mr. MAHMOUD's head, face, shoulders, and upper chest</u>
14	<u>Photograph depicting the left side of Mr. MAHMOUD's face, head, and neck</u>
15	<u>Photograph depicting view of the left side of Mr. MAHMOUD's body</u>
16	<u>Photograph depicting view of the left side of Mr. MAHMOUD's body</u>
17	<u>Photograph depicting view of the left side of Mr. MAHMOUD's body</u>
18	<u>Photograph depicting view of the left side of Mr. MAHMOUD's body</u>
19	<u>Photograph depicting view of the left side of Mr. MAHMOUD's body</u>
20	<u>Photograph depicting view of the left side of Mr. MAHMOUD's body</u>

EXHIBIT 4

**ACLU DDII CID ROI 25853**



# PHOTOGRAPH PACKET



- 21 Photograph depicting view of Mr. MAHMOUD's left calf and foot
- 22 Photograph depicting view of Mr. MAHMOUD's lower extremities
- 23 Photograph depicting close up view of Death Tag on Mr. MAHMOUD's right foot
- 24 Photograph depicting view of Mr. MAHMOUD's left foot
- 25 Photograph depicting view of Mr. MAHMOUD's right foot and four toes
- 26 Photograph depicting close up view of Mr. MAHMOUD's right foot and four toes
- 27 Photograph depicting 360 view of right side of Mr. MAHMOUD's body
- 28 Photograph depicting 360 view of right side of Mr. MAHMOUD's body
- 29 Photograph depicting 360 view of right side of Mr. MAHMOUD's body
- 30 Photograph depicting 360 view of right side of Mr. MAHMOUD's body
- 31 Photograph depicting 360 view of right side of Mr. MAHMOUD's body
- 32 Photograph depicting close up view of intravenous (IV) port in Mr. MAHMOUD's right arm
- 33 Photograph depicting close up view of IV port in Mr. MAHMOUD's right arm
- 34 Photograph depicting close up view of IV port in Mr. MAHMOUD's right arm
- 35 Photograph depicting a stain on the right side of Mr. MAHMOUD's abdomen
- 36 Photograph depicting close up of the stain on the right side of Mr. MAHMOUD's abdomen
- 37 Photograph depicting Mr. MAHMOUD's upper torso with attached medical equipment
- 38 Photograph depicting close up of Mr. MAHMOUD's face and neck with attached medical equipment
- 39 Photograph depicting the left side of Mr. MAHMOUD's face, neck, and chest with attached medical equipment
- 40 Photograph depicting left side of Mr. MAHMOUD's lower torso with attached medical equipment

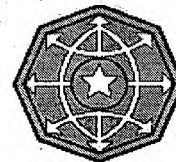
EXHIBIT

4

**ACLU DDII CID ROI 25854**



# PHOTOGRAPH PACKET



- 41 Photograph depicting Mr. MAHMOUD's lower extremities
- 42 Photograph depicting Mr. MAHMOUD's left knee and thigh
- 43 Photograph depicting Mr. MAHMOUD's left knee and thigh
- 44 Photograph depicting Mr. MAHMOUD's left leg
- 45 Photograph depicting the right side of Mr. MAHMOUD's lower torso, hip, and upper thigh
- 46 Photograph depicting Mr. MAHMOUD's right leg
- 47 Photograph depicting Mr. MAHMOUD's right leg
- 48 Photograph depicting Mr. MAHMOUD's right calf and foot
- 49 Photograph depicting body bag at autopsy with Mr. MAHMOUD inside.
- 50 Photograph depicting items found with Mr. MAHMOUD.
- 51 Photograph depicting Mr. MAHMOUD's back.
- 52 Photograph depicting Mr. MAHMOUD's front.
- 53 Photograph depicting Mr. MAHMOUD's face.

EXHIBIT 4

**ACLU DDII CID ROI 25855**

From: CDR, 324th MP BN, CAMP REMEMBRANCE II, Iraq  
To: CDR, 16th MP BDE, Camp Victory, Iraq

Info:

**Subject: SIR**

1. **Category:** 2
2. **Type of incident:** Detainee Death
3. **Date/time of incident:** 261355DMAY07
4. **Location:** Compound 2B, Camp Remembrance II, FOB Cropper, Iraq
5. **Personnel involved:**

**A. SUBJECT: (DETAINEE)**

(1) **NAME:** Naffa Ibrahim Mahmoud

(a) **ISN:** b(6), b(7)(C)

(b) **DOB:** 01 January 1954

(c) **SEX:** Male

(d) **PLACE OF BIRTH:** Ramadi, Iraq

(e) **MARITAL STATUS:** Married

(f) **RELIGION:** Sunni

(g) **DATE OF CAPTURE:** 04 January 2006

(h) **CIRCUMSTANCES OF CAPTURE:** Weapons cache located on family land; Suspected involvement in insurgent activities

6. **Summary of incident:** At 261355DMAY07 in Compound 2B, detainee b(6), b(7)(C) suffered a medical emergency. The detainee was carried to the zone sally port and transported to the DMC where CPR was administered. The detainee was moved to the 31st CSH where additional life support measures were administered. Medical personnel were unable to revive the detainee. The official time of death was pronounced at 1459. Positive identification of detainee b(6), b(7)(C) via retinal scan was achieved at 1510.
7. **Remarks:** Preparations are being made to transfer the remains of detainee b(6), b(7)(C) to Mortuary Affairs following release by CID. DMC records show that the detainee was a diabetic with high blood pressure and high cholesterol.
8. **Publicity:** None
9. **Commander reporting:** LTC b(6), b(7)(C) 324th Military Police Battalion, Commanding
10. **Point of contact:** Battle Captain, DSN 243-4320
11. **Downgrading instruction:** None



7898

EVIDENCE/PROPERTY CUSTODY DOCUMENT		MPR/CID SEQUENCE NUMBER		
For use of this form see AR 190-45 and AR 195-6; the proponent agency is US Army Criminal Investigation Command		CRD REPORT/CID ROI NUMBER		
RECEIVING ACTIVITY A Co. 1/170 ARBN		LOCATION		
NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER		ADDRESS (Include Zip Code)		
LOCATION FROM WHERE OBTAINED LB 39915 99421		REASON OBTAINED WEAPON CACHE ON PROPERTY	TIME/DATE OBTAINED 0200 03 JAN 06	
ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES (Include model, serial number, condition and unusual marks or scratches)		
1	6	ID'S		
2	1	WATCH		
<del>3</del>	<del>1</del>	<del>Pen</del>		
4	1	CD		
5	—	Papers		
CHAIN OF CUSTODY				
ITEM NO.	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
	03 JAN 06	b(6), b(7)(C)	b(6), b(7)(C)	AR OF
		b(6), b(7)(C)	b(6), b(7)(C)	
1-5	12 JAN 06	b(6), b(7)(C)	b(6), b(7)(C)	AG
		b(6), b(7)(C)	b(6), b(7)(C)	
1-5	12 01 06	b(6), b(7)(C)	b(6), b(7)(C)	AG
		b(6), b(7)(C)	b(6), b(7)(C)	
1-5	14 JAN 06	b(6), b(7)(C)	b(6), b(7)(C)	EXPLOIT
		b(6), b(7)(C)	b(6), b(7)(C)	
1-5	16 JAN 06	b(6), b(7)(C)	b(6), b(7)(C)	SK
		b(6), b(7)(C)	b(6), b(7)(C)	

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

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

USAPPC V1.00

LOCATION

DOCUMENT NUMBER

ACLU DDII CID ROI 25857

CHAIN OF CUSTODY (Continued)

ITEM NO.	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
15	26 May 2007	b(6), b(7)(C)	b(6), b(7)(C)	Rel for detainee
		b(6), b(7)(C) <i>SR</i>	b(6), b(7)(C) <i>Ssg IHA</i>	death
15	26 May 2007	b(6), b(7)(C)	b(6), b(7)(C)	Rel for detainee
		b(6), b(7)(C) <i>Ssg IHA</i>	<i>SFC</i> b(6), b(7)(C)	death
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	

FINAL DISPOSAL ACTION

RELEASE TO OWNER OR OTHER (Name/Unit) \_\_\_\_\_  
 DESTROY \_\_\_\_\_  
 OTHER (Specify) \_\_\_\_\_

FINAL DISPOSAL AUTHORITY

ITEM(S) \_\_\_\_\_ ON THIS DOCUMENT, PERTAINING TO THE INVESTIGATION INVOLVING \_\_\_\_\_ (Grade)  
 \_\_\_\_\_ (Name) \_\_\_\_\_ (Organization) (IS) (ARE) NO LONGER

REQUIRED AS EVIDENCE AND MAY BE DISPOSED OF AS INDICATED ABOVE. (If article(s) must be retained, do not sign, but explain in separate correspondence.)

(Typed/Printed Name, Grade, Title) (Signature) (Date)

WITNESS TO DESTRUCTION OF EVIDENCE

THE ARTICLE(S) LISTED AT ITEM NUMBER(S) \_\_\_\_\_ (WAS) (WERE) DESTROYED BY THE EVIDENCE CUSTODIAN, IN MY PRESENCE, ON THE DATE INDICATED ABOVE.

(Typed/Printed Name, Organization) (Signature)

ACLU DDII CID ROI 25858

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LAW ENFORCEMENT SENSITIVE

g. The Patient Administration Division (PAD) section will make copies of the following medical records:

- a. SF 600 Chronological Record of Medical Care
- b. DA 3894 Hospital Report of Death
- c. DA 2173 Statement of Medical Examination
- d. SF 523A Disposition of Body
- e. DA 3910 Death Tag

A DD 2004 Certificate of Death will not be used in the MINC-TAOK following the death of detainees IAW FRAGO 194 06 Feb 07. This is applicable at all echelons of medical care to include role/level I, II, III, and Mortuary Affairs.

HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL			
FOR USE OF THIS FORM, SEE AR 40400; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.		31 <sup>ST</sup> CSH, CAMP CROPPER IRAQ			
<p>Instructions - Medical Officer in attendance will:            Prepare, in one copy only, Items 1 through 10 and sign Item 11.            Print or type entries.</p> <p>Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.</p>					
SECTION A - ATTENDING MEDICAL OFFICER'S REPORT					
PERSONAL DATA					
1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)		2. TIME OF DEATH (Hour-day-month-year)	3. MEDICAL EXAMINER/ CORONER'S CASE		
(b)(6)		1459 (b)(6) 2007	<input type="checkbox"/> YES <input type="checkbox"/> NO		
NAFFA IBRAHIM MAHMOUD		4. RELIGION	5. CHAPLAIN NOTIFIED		
(b)(6)			<input type="checkbox"/> YES <input type="checkbox"/> NO		
6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH					
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number					
CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of)				
	CARDIAC ARRHYTHMIA		40 minutes		
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) HYPERTENSION				
	(2) DIABETES				
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. METABOLIC SYNDROME				
	b.				
9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE			
(b)(6) 2007	(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)			21. AUTOPSY ORDERED BY (Signature)		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
22. PROVISIONAL PATHOLOGICAL FINDINGS					
23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY		25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY		
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR		28. SIGNATURE OF REGISTRAR		

NOTIFICATION BEFORE QUESTIONING

Date and Time

1919  
26 May 07

Location

86<sup>TH</sup> Military Police Detachment (CID)  
Camp Cropper CID Office  
Camp Cropper, Iraq

I am a criminal investigator with the United States military. Before I ask you any questions, I want to be sure you understand the following:

- You do not have to answer any question or say anything. Even if you have already spoken to other authorities, you do not have to speak to me now.
- If you do speak with me, anything that you say may be used against you in a court in the United States or Iraq.
- If you decide to speak with me now, you may stop answering questions at any time.

Yes, I am willing to answer questions.

No, I am not willing to answer any questions.

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

Signature of Interviewee

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

Printed name of Interviewee

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

ISN: b(6), b(7)(C)

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

SA

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

Printed name of Investigator

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LAW ENFORCEMENT SENSITIVE

Door closed + locked  
no one can use it

0024 07 CID/89 23670

Father's bed

Son's bed S

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

**EXHIBIT 6**

Building 1

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

Entry

ACLU DDII CID ROI 25863

Witnessed by:  
SA b(6), b(7)(C)  
b(6), b(7)(C) JSS  
26 May 07

Exhibit(s) 7, 8

Pages 000034 thru 000066 referred to:

COMMANDER  
USAMEDCOM  
ATTN: FOIA OFFICE, STOP 76  
1216 STANLEY ROAD, 2<sup>ND</sup> FLOOR  
FORT SAM HOUSTON, TX 78234-5049

ACLU DDII CID ROI 25864

Patient: (b)(6)  
Facility: (b)(6)

Date: (b)(6) 2007 0803 AST  
Clinic: CROPPER HOSPITAL

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

AutoCites Refreshed by (b)(6) 2007 1346 AST

**Problems**

diarrhea  
DIABETIC FOOT ULCER LEFT  
visit for: examination  
CHRONIC DIARRHEA OF UNKNOWN ORIGIN  
DIABETIC FOOT ULCER  
DIABETES MELLITUS  
DIABETIC HYPOGLYCEMIA

**Active Medications**

No Active Medications Found.

**Allergies**

No Allergies Found.

Screening Written by (b)(6) 2007 0803 AST

**Appointment Reason For Visit: DIABETES MELLITUS;**

**Selected Reason(s) For Visit:**

DIABETES MELLITUS (Follow-Up) Comments:

**Vitals**

Vitals Written by (b)(6) 2007 1057 AST

BP: 121/65, HR: 57, RR: 16, T: 98 °F,

SO Note Written by (b)(6) 2007 1350 AST

**Chief complaint**

The Chief Complaint is: IDDM f/u

**History of present illness**

The Patient is a 26 year old male.  
Pt is 53 yo male with h/o DM for 18 yrs. +Polyuria and polydipsia. +Nocturia 2-3x/d. +Polyphagia. +Blurry vision. +Numbness and burning pain in his feet. He states his feet are occasionally cold. His right 5th digit was removed a few years ago b/c he had a wart that was infected then it became necrotic.

**Physical findings**

**Vital signs:**

° Current vital signs reviewed.

**Neck:**

° Thyroid showed no abnormalities.

**Lungs:**

° Clear to auscultation.

**Cardiovascular system:**

Heart Rate And Rhythm: ° Normal.

Heart Sounds: ° Normal.

Murmurs: ° No murmurs were heard.

Edema: ° Not present.

Arterial Pulses: ° Equal bilaterally and normal DP 2+ b/l

**Abdomen:**

Visual Inspection: • Abdomen was abnormal on visual inspection +Diastasis recti

Auscultation: ° Abdominal auscultation revealed no abnormalities.

Palpation: ° Abdominal palpation revealed no abnormalities.

Abdominal Aorta: ° Normal.

Name: (b)(6)

Sex: M

Sponsor: (b)(6)

FMP/SSN: (b)(6)

Tel H:

Rank:

DOB: (b)(6) 1980

Tel W:

Unit:

PCat: K78 FOREIGN  
NATIONAL-POW/INTERNEE

CS:

Outpt Rec. Rm:

MC Status:

WS:

PCM:

Insurance: No

Tel. PCM:



HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

(b)(6) 2007 0803

LAW ENFORCEMENT SENSITIVE (b)(6)

Clinic: CROPPER HOSPITAL Provider: (b)(6)

Musculoskeletal system:

Foot:

General/bilateral: • Feet showed abnormalities +Hyperkeratotic lesion on dorsum of right foot on the 3rd metatarsal and on the right lateral malleolus.

A/P Written by (b)(6) 2007 1206 AST

1. DIABETES MELLITUS

Comments: Eyes: Last Optometry exam: (b)(6) 06. +h/o mild proliferative DR b/l.

Heart: On 81 mg Aspirin

BP: Goal < 130/80. Current BP: 121/65. On lisinopril 10mg, atenolol 50mg

Kidneys: Cr 0.6 (b)(6) 07. On ACE-I

A1C: Goal <7.0 (b)(6) 07) 7.9

Lipids: LDL goal <100 (28Mar07) TC 132, HDL 27, TG 186, LDL 68.

Pt started on zocor on (b)(6) 07. Will recheck lipids in 3mos.

Podiatry: +Numbness/burning. right 5th toe removed secondary to infected wart/necrosis. Eucerin lotion and neurontin ordered.

NPH AM/PM: 38/22. Increased am dose to 42u and pm to 26u.

Reg AM/PM: 6/4

Disposition Written by (b)(6) 2007 1351 AST

Released Without Limitations

Follow up: as needed.

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

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

Appointment Class: Outpatient

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

Signed By @ (b)(6) 2007 1352

(b)(6)

Name: (b)(6)

FMP/SSN: (b)(6)

DOB: (b)(6) 1980

PCat: K78 FOREIGN NATIONAL-POW/INTERNEE

MC Status:

Insurance: No

Sex: M

Tel H:

Tel W:

CS:

WS:

Sponsor: (b)(6)

Rank:

Unit:

Outpt Rec. Rm:

PCM:

Tel. PCM:

FOR OFFICIAL USE ONLY CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)

Prescribed by GSA and ICMR

91-45.505

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LAW ENFORCEMENT SENSITIVE

ACLU DDII EXHIBIT 7

Patient: (b)(6)  
Facility:

Date: (b)(6) 2007 0833 AST  
Clinic: CROPPER HOSPITAL

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

AutoCites Refreshed by (b)(6) 2007 0833 AST

**Problems**

diarrhea  
DIABETIC FOOT ULCER LEFT  
visit for: examination  
CHRONIC DIARRHEA OF UNKNOWN ORIGIN  
DIABETIC FOOT ULCER  
DIABETES MELLITUS

**Active Medications**

No Active Medications Found.

**Allergies**

No Allergies Found.

Screening Written by (b)(6) 2007 0833 AST

**Appointment Reason For Visit: DIABETIC HYPOGLYCEMIA:**

**Selected Reason(s) For Visit:**

DIABETIC HYPOGLYCEMIA (New) Comments:

**Vitals**

Vitals Written by (b)(6) 2007 0833 AST

BP: 136/78, HR: 64, T: 97.6 °F, Pain Scale: 0 Pain Free

SO Note Written by (b)(6) 2007 0852 AST

**Reason for Visit**

Called by Medic to Compound 1 to evaluate insulin dependent diabetic s/p glucagon injection for hypoglycemia. Per medic report, detainee appeared lethargic and unable to respond to commands upon her arrival. By report he had attempted to drink juice prior to medic's arrival. Due to his altered mental status, she administered glucagon IM. Upon my arrival to compound approximately 2 minutes later, pt standing with assistance. He reported that he was feeling slightly better but wanted to lie down and sleep. Initial FS prior to glucagon was 22. Was immediately repeated, read "lo." Pt brought to DMC for monitoing. Repeat FS 8 minutes s/p glucagon was 50. At this point, pt much more coherent and stating he was feeling better, able to carry on conversation. FS repeated over the next hour, continued to gradually increase to 129. Pt able to eat Marc meal, reported feeling back to baseline and requested to return to camp.

**Physical findings**

**General appearance:**

- General appearance: 3 minutes s/p glucagon: initially pt pale, tremulous. Able to stand with assistance. Able to slowly answer simple question appropriately. On repeat exam, pt coherent, conversant, ambulatory, tolerating po

**Lungs:**

- Lungs: CTA b/l

**Cardiovascular system:**

- Cardiovascular system: RRR no murmur

A/P Written by (b)(6) 2007 0853 AST

**1. DIABETIC HYPOGLYCEMIA**

Comments: Pt counselled to continue to eat regularly, seek medical attention if becomes symptomatic. Insulin medic to f/u for afternoon insulin today

Disposition Written by (b)(6) 2007 0854 AST

Name: CROP, (b)(6)

FMP/SSN: (b)(6)

DOB: (b)(6) 1980

PCat: K78 FOREIGN  
NATIONAL-POW/INTERNEE

MC Status:

Insurance: No

Sex: M

Tel H:

Tel W:

CS:

WS:

Sponsor: (b)(6)

Rank:

Unit:

Opt Rec. Rm:

PCM:

Tel. PCM:

HEALTH RECORD

FOR OFFICIAL USE ONLY

CHRONOLOGICAL RECORD OF MEDICAL CARE

(b)(6) 2007 0833

Facility: TF 3 SH (NORTH) (WBKXA1)

Clinic: CROPPER HOSPITAL Provider: (b)(6)

LAW ENFORCEMENT SENSITIVE

Released Without Limitations

Follow up: as needed

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

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

Appointment Class: Outpatient

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

Signed By (b)(6) 2007 0854

(b)(6)

Name: CROP, (b)(6)

Sex: M

Sponsor: CROP, (b)(6)

FMP/SSN: (b)(6)

Tel H:

Rank:

DOB: (b)(6) 1980

Tel W:

Unit:

PCat: K78 FOREIGN NATIONAL-POW/INTERNEE

CS:

Outpt Rec. Rm:

MC Status:

WS:

PCM:

Insurance: No

Tel: PCM:

FOR OFFICIAL USE ONLY CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)

Prescribed by GSA and ICMR

FORM 600 (REV. 01-45.505)

LAW ENFORCEMENT SENSITIVE

ACLU RDI 5557 p.35

EXHIBIT 7 000037

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579)

THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED

Patient: CROP, (b)(6)  
Facility: (b)(6)

Date: (b)(6) 2007 1449 AST  
Clinic: CROPPER HOSPITAL

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

AutoCites Refreshed by (b)(6) 2007 1449 AST

**Problems**

diarrhea  
DIABETIC FOOT ULCER LEFT  
visit for: examination  
CHRONIC DIARRHEA OF UNKNOWN ORIGIN  
DIABETIC FOOT ULCER

**Active Medications**

No Active Medications Found.

**Allergies**

No Allergies Found.

Screening Written by (b)(6) 2007 1449 AST

Appointment Reason For Visit: DIABETES MELLITUS;

**Selected Reason(s) For Visit:**

DIABETES MELLITUS (New) Comments:

**Vitals**

Vitals Written by (b)(6) 2007 1449 AST  
BP: 160/52, HR: 56, RR: 12, Pain Scale: 0 Pain Free

SO Note Written by (b)(6) 2007 1459 AST

**Reason for Visit**

Pt with IDDM, peripheral neuropathy, HTN here for f/u. Was seen few weeks ago for a foot lesion, treated by wound care team. Pt reports lesion seems to be slowly improving.

**Physical findings**

**General appearance:**

• General appearance: WDNW no distress, MMM

**Lungs:**

• Lungs: CTA b/l

**Cardiovascular system:**

• Cardiovascular system: RRR no murmur

**Musculoskeletal system:**

General/bilateral: • Musculoskeletal system: right foot with healing foot lesion, no erythema, no induration.

A/P Written by (b)(6) 2007 1500 AST

**1. DIABETES MELLITUS**

Comments: Pt doing well overall. Systolic BP mildly elevated today. Will repeat next week. Due to see optometry in June 07. No new consults required. Labs drawn today

Disposition Written by (b)(6) 2007 1500 AST

**Released Without Limitations**

Follow up: as needed .

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

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

Appointment Class: Outpatient

Name: CROP, (b)(6)

FMP/SSN: (b)(6)

DOB: (b)(6) 1980

PCat: K78 FOREIGN  
NATIONAL-POW/INTERNEE

MC Status:

Insurance: No

Sex: M

Tel H:

Tel W:

CS:

WS:

Sponsor: CROP, (b)(6)

Rank:

Unit:

Outpt Rec. Rm:

PCM:

Tel. PCM:

HEALTH RECORD		LAW ENFORCEMENT SENSITIVE CHRONOLOGICAL RECORD OF MEDICAL CARE	
(b)(6)	2007 1449	Facility: TF 3 (NORTH) (WBKXA1)	Clinic: CROPPER HOSPITAL Provider: (b)(6)

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

Signed By @ (b)(6) 2007 1500

(b)(6)

Name: CROP, (b)(6)

Sex: M

Sponsor: CROP (b)(6)

FMP/SSN: (b)(6)

Tel H:

Rank:

DOB: (b)(6) 1980

Tel W:

Unit:

PCat: K78 FOREIGN NATIONAL-POW/INTERNEE

CS:

Outpt Rec. Rm:

MC Status:

WS:

PCM:

Insurance: No

Tel. PCM:

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (REV. 5)

Prescribed by GSA and ICMR

ACLU DDII CID RDI 35870

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EXHIBIT

ACLU-RDI 5557 p.37

TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

000039

Patient: CROP, (b)(6)  
Facility: (b)(6)

Date: (b)(6) 2007 1138 GST  
Clinic: CROPPER HOSPITAL

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

AutoCites Refreshed by (b)(6) 2007 1138 GST

**Problems**  
diarrhea  
DIABETIC FOOT ULCER LEFT  
visit for: examination  
CHRONIC DIARRHEA OF UNKNOWN ORIGIN

**Active Medications**  
No Active Medications Found.  
**Allergies**  
No Allergies Found.

Screening Written by (b)(6) 2007 1138 GST

Appointment Reason For Visit: DIABETIC FOOT ULCER;

Selected Reason(s) For Visit:  
DIABETIC FOOT ULCER (New) Comments:

SO Note Written by (b)(6) 2007 1141 GST

**Reason for Visit**  
Pt with IDDM, reports callous to right foot with yellowish discharge for the past week. No fever, no pain. Has hx of diabetic neuropathy with toe amputation.

**Physical findings**  
**General appearance:**  
• General appearance: well appearing no distress

**Musculoskeletal system:**  
General/bilateral: • Musculoskeletal system: right foot: lateral malleolus with large callous, excoriated in center with scant clear yellow fluid discharge, No induration, no erythema.

A/P Written by (b)(6) 2007 1143 GST

**1. DIABETIC FOOT ULCER**  
Comments: wound cleaned, bacitracin applied, dressed. Will f/u in wound care in 2 days

Disposition Written by (b)(6) 2007 1143 GST

**Released Without Limitations**  
**Follow up:** as needed .  
**Discussed:** Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.  
**Injury & Illness:** Not Work Related; Not Battle Related; Category: All Other, Medical/Surgical Cause: Non-Battle Illness  
**Appointment Class:** Outpatient  
**E&M Code:** 99212 - Estab Outpatient Focused H&P - Straightforward Decisions

Signed By @ (b)(6) 2007 1143  
(b)(6)

Name: CROP, (b)(6)

FMP/SSN: (b)(6)  
DOB: (b)(6) 1980  
PCat: K78 FOREIGN  
NATIONAL-POW/INTERNEE  
MC Status:  
Insurance: No

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

Sponsor: CROP (b)(6)  
Rank:  
Unit:  
Outpt Rec. Rm:  
PCM:  
Tel. PCM:

FOR OFFICIAL USE ONLY

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)

LAW ENFORCEMENT SENSITIVE

ACLU DDII RDI 5557-1

Prescribed by GSA and ICMR  
101-45.505

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EXHIBIT

7

Patient: CROP, (b)(6)  
Facility: (b)(6)

Date: (b)(6) 2006 1404 AST  
Clinic: CROPPER HOSPITAL

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

AutoCites Refreshed by (b)(6) 2006 1500 AST

**Problems**

diarrhea  
DIABETIC FOOT ULCER LEFT  
visit for: examination

**Active Medications**

No Active Medications Found.

**Allergies**

No Allergies Found.

Screening Written by (b)(6) 2006 1404 AST

**Appointment Reason For Visit: diarrhea;**

**Selected Reason(s) For Visit:**

diarrhea (New) Comments:

**Vitals**

Vitals Written by (b)(6) 2006 1121 GST  
BP: 124/69, HR: 80, RR: 16, T: 98.6 °F,

SO Note Written by (b)(6) 2006 1125 AST

**Chief complaint**

The Chief Complaint is: Diarrhea

**Past medical/surgical history**

**Reported History:**

Past medical history Pt has been suffering from diarrhea on and off for the past 2 months. Stools have been watery and non-bloody. Pt states he has also been having abdominal cramps. Pt states he has been eating normally and has had no other illnesses.

**Tests**

Blood analysis Drew blood for CBC, ESR, and CMP tests

SO Note Written by (b)(6) 2006 1556 AST

**Reason for Visit**

Pt seen for diarrhea approx 2 months ago. At that time, had similar sx as now. Diarrhea resolved for some time, now has restarted. Labs done when seen at last visit, all normal. Pt denies fever, no blood seen in stool. No emesis, no change in appetite, tolerating po well.

**Physical findings**

**General appearance:**

• General appearance: WDWN no distress, MMM

**Abdomen:**

• Abdomen: NABS soft, NT/ND no mass, no HSM

A/P Last updated by (b)(6) 2006 1559 AST

**1. CHRONIC DIARRHEA OF UNKNOWN ORIGIN**

Comments: Differential diagnosis includes parasite, inflammatory bowel dz, IBS, 2 separate viral illnesses, or dietary related diarrhea. Labs: CBC, CMP, ESR

Name: CROP, (b)(6)

FMP/SSN: (b)(6)

DOB: (b)(6) 1980

PCat: K78 FOREIGN  
NATIONAL-POW/INTERNEE

MC Status:

Insurance: No

Sex: M

Tel H:

Tel W:

CS:

WS:

Sponsor: CROP

(b)(6)

Rank:

Unit:

Outpt Rec. Rm:

PCM:

Tel. PCM:

HEALTH RECORD FOR OFFICIAL USE ONLY CHRONOLOGICAL RECORD OF MEDICAL CARE

(b)(6) 2006 1404 Facility: TF 3 SH (NORTH) (WBKXA1) Clinic: CROPPER HOSPITAL Provider: (b)(6)

LAW ENFORCEMENT SENSITIVE

Disposition Written by (b)(6) 2006 1559 AST

Released Without Limitations

Follow up: as needed .

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

Injury & Illness: Not Work Related; Not-Battle Related; Category: Gastrointestinal, Infectious Cause: Non-Battle Illness

Appointment Class: Outpatient

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

Signed By @ (b)(6) 2006 1559

(b)(6)

CHANGE HISTORY

The following A/P Note Was Overwritten by (b)(6) Dec 2006 1559 AST:

A/P section was last updated by (b)(6) 2006 1559 AST - see above. Previous Version of A/P section was entered/updated by (b)(6) 2006 1127 AST.

1. CHRONIC DIARRHEA OF UNKNOWN ORIGIN

Comments: Possible parasite, IBS, or dietary induced diarrhea. ESR submitted to rule-out IBS.

Name: CROP, (b)(6)

FMP/SSN: (b)(6)

DOB: (b)(6) 1980

PCat: K78 FOREIGN NATIONAL-POW/INTERNEE

MC Status:

Insurance: No

Sex: M

Tel H:

Tel W:

CS:

WS:

Sponsor: CROP, (b)(6)

Rank:

Unit:

Outpt Rec. Rm:

PCM:

Tel. PCM:

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)

Prescribed by GSA and ICMR

(48 CFR) 01-45.505

ACLU DENIED EXHIBIT 25873

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-502). UNAUTHORIZED DISCLOSURE TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.



Patient: CROP, (b)(6)  
Facility: (b)(6)

Date: (b)(6) 2006 1245 AST  
Clinic: CROPPER HOSPITAL

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

AutoCites Refreshed by (b)(6) 2006 1511 AST

Problems  
diarrhea  
DIABETIC FOOT ULCER LEFT

Active Medications  
No Active Medications Found.  
Allergies  
No Allergies Found.

Screening Written by (b)(6) 2006 1245 AST

Appointment Reason For Visit: Blood Analysis - Blood Drawn (Use To Order):

Selected Reason(s) For Visit:  
Blood Analysis - Blood Drawn (Use To Order) (New) Comments:

A/P Written by (b)(6) 2006 1511 AST

1. visit for: examination  
Comments: Please see diabetes clinic SF600 in patient hard chart.

Disposition Written by (b)(6) 2006 1511 AST

Released Without Limitations.  
Follow up: as needed.  
Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.  
Injury & Illness: Not Work Related; Not Battle Related; Category: Misc/Administration/Follow-Up Cause: Non-Battle Illness  
Appointment Class: Outpatient  
E&M Code: 99211 - Established Outpatient Minimal Service

Signed By @ (b)(6) 2006 1511  
(b)(6)

Name: CROP, (b)(6)

FMP/SSN: (b)(6)  
DOB: (b)(6) 1980  
PCat: K78 FOREIGN  
NATIONAL-POW/INTERNEE

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

Sponsor: CROP, (b)(6)  
Rank:  
Unit:  
Outpt Rec. Rm:  
PCM:  
Tel. PCM:

MC Status:  
Insurance: No

FOR OFFICIAL USE ONLY CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)  
Prescribed by CSA and ICMR  
HIRM (ICFR) 01-45.505

LAW ENFORCEMENT SENSITIVE

ACLU DDJ CID RDI 25874

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ACLU-RDI 5557 p.41

THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

EXHIBIT

000043

Patient: CROP (b)(6)  
Facility: (b)(6)

Date: (b)(6) 2006 1324 AST  
Clinic: CROPPER HOSPITAL

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

AutoCites Refreshed by (b)(6) 2006 1555 AST

**Problems**  
No Problems Found.  
**Active Medications**  
No Active Medications Found.  
**Allergies**  
No Allergies Found.

Screening Written by (b)(6) 2006 1324 AST

Appointment Reason For Visit: diarrhea;

Selected Reason(s) For Visit:

diarrhea (New) Comments:

**Vitals**  
Vitals Written by (b)(6) 2006 1300 AST  
BP: 103/61, HR: 57, RR: 15, T: 98.9 °F,

SO Note Written by (b)(6) 2006 1604 AST

History of present illness

The Patient is a 26 year old male.  
° Encounter Background Information: Pt presents to the DMC with c/o diarrhea for the past 15 days. Nonbloody. Watery. No vomiting. Mild diffuse abdominal pain, crampy. No fever. Eating and drinking normally. Voiding normally. Pt also with a sore on his left foot for the past 3 months. Pt states that he has no feeling in his feet

Past medical/surgical history

Reported History:  
Past medical history PMHx: IDDM Meds: Insulin ALL: NKDA

Physical findings

**Vital signs:**  
° Current vital signs reviewed: stable

**General appearance:**  
° Patient was alert. ° Patient appeared well developed. ° Patient appeared well nourished. ° Patient appeared to be in no acute distress.

**Pharynx:**  
Oropharynx: ° Normal.

**Neck:**  
° Neck: Supple, No LAD

**Lungs:**  
° Respiration rhythm and depth was normal. ° Normal breath sounds/voice sounds. ° No wheezing was heard. ° No rhonchi were heard. No crackles

**Cardiovascular system:**  
Heart Rate And Rhythm: ° Normal.  
Heart Sounds: ° Normal.  
Murmurs: ° No murmurs were heard.

**Abdomen:**  
Auscultation: ° Bowel sounds were normal.  
Palpation: ° A mass was palpated in the abdomen above the umbilicus. Mobile. Not TTP. No overlying skin changes. Feels like fatty tissue. No bowel sounds over the mass. Pt states that it has been present for the past 25 years  
° Abdomen was soft and nondistended

Name: CROP (b)(6)

FMP/SSN: (b)(6)

DOB: (b)(6) 1980

PCat: K78 FOREIGN NATIONAL-POW/INTERNEE

MC Status:  
Insurance: No

Sex: M

Tel H:

Tel W:

CS:

WS:

Sponsor: CROP (b)(6)

Rank:

Unit:

Outpt Rec. Rm:

PCM:

Tel. PCM:

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)

Prescribed by GSA and ICMR  
FPMR (41 CFR) 201-45.505

ACLU DD EXHIBIT 75

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(b)(6)

1324

LAW ENFORCEMENT SENSITIVE

(H) (VWBKXA1)

Clinic: CROPPER HOSPITAL Provider: (b)(6)

° No abdominal tenderness.

Hepatic Findings: ° Liver was normal to palpation.

Splenic Findings: ° Spleen was normal to palpation.

**Musculoskeletal system:**

Foot:

Left foot: • Examined: callus with open sore on the left lateral malleolus. No drainage from sore. No erythema. No fluctuance. No TTP

A/P Written by (b)(6) 2006 1608 AST

**1. diarrhea**

Comments: Most likely viral in origin.

Will obtain baseline labs today and obtain a stool sample. Will send stool sample for fecal pH, fecal leukocytes, stool culture, O&P.

Loperamide prn.

Encouraged pt to drink fluids.

**2. DIABETIC FOOT ULCER LEFT**

Comments: Cleaned wound today, applied bacitracin and applied dressing.

Will place a 72 hour consult to Podiatry for further evaluation.

Disposition Written by (b)(6) 2006 1608 AST

**Released Without Limitations**

Follow up: as needed . - Comments: Will f/up with lab results.

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

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

Appointment Class: Outpatient

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

Signed By @ (b)(6) 2006 1608

(b)(6)

Name: CROP, (b)(6)

FMP/SSN: (b)(6)

DOB: (b)(6) 1980

PCat: K78 FOREIGN NATIONAL-POW/INTERNEE

MC Status:

Insurance: No

Sex: M

Tel H:

Tel W:

CS:

WS:

Sponsor: CROP, (b)(6)

Rank:

Unit:

Outpt Rec. Rm:

PCM:

Tel. PCM:

Patient: MAHMOUD, NAFFA IBRAHIM Date: (b)(6) 2006 0742 AST Appt Type: ROLITN
Facility: (b)(6) Clinic: ABU HOSPITAL Provider: (b)(6)

AutoCites Refreshed by (b)(6) 2006 1035 AST

Problems
No Problems Found.
Active Medications
No Active Medications Found.
Allergies
No Allergies Found.

Screening Written by (b)(6) 2006 0742 AST

Appointment Reason For Visit: DIABETES MELLITUS; ESSENTIAL HYPERTENSION;

Selected Reason(s) For Visit:
DIABETES MELLITUS (Follow-Up) Comments:
ESSENTIAL HYPERTENSION (Follow-Up) Comments: Patient seen in IM on 22 Feb06

Vitals
Vitals Written by (b)(6) 2006 1035 AST
BP: 170/92, HR: 92, RR: 14, T: 98.7 °F, O2: 98,

SO Note Written by (b)(6) 2006 1041 AST

History of present illness

The Patient is a 52 year old male.
Encounter Background Information: In for follow up of his HTN and his diabetes. Is on Lisinopril 10mg po and metformin 850mg po bid.

No systemic symptoms. No eye symptoms. No neck symptoms. No cardiovascular symptoms. No pulmonary symptoms. No gastrointestinal symptoms. No genitourinary symptoms. No musculoskeletal symptoms.

Physical findings

General appearance:

General appearance: Patient was awake. Patient was alert. Patient was oriented to time, place, and person. Patient appeared well developed. Patient appeared well-nourished. Patient appeared well hydrated. Patient appeared active.

Head:

Normal.

Neck:

Normal.

Chest:

Normal.

Cardiovascular system:

Heart Rate And Rhythm: Normal.
Apical Impulse: Normal.
Thrill: No thrill.
Murmurs: No murmurs were heard.
Edema: Not present.
Arterial Pulses: Equal bilaterally and normal.

Abdomen:

Normal.

Musculoskeletal system:

General/bilateral: Musculoskeletal system: normal.

Tests

Glucose by finger stick was 309

Name: MAHMOUD, NAFFA IBRAHIM

FMP/SSN: (b)(6)
DOB: (b)(6) 1953
PCat:
MC Status:
Insurance: No

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

Sponsor: CROP
Rank:
Unit:
Outpt Rec. Rm:
PCM:
Tel. PCM:

(b)(6)

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LAW ENFORCEMENT SENSITIVE

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

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ACLU DDH CID 25877
EXHIBIT

HEALTH RECORD		LAW ENFORCEMENT SENSITIVE		CHRONOLOGICAL RECORD OF MEDICAL CARE	
(b)(6)	2006 0742	Facility: TF 3 SH (NORTH) (WBKXA1)	Clinic: CROPPER HOSPITAL	Provider: (b)(6)	

A/P Written by (b)(6) 2006 1046 AST

1. DIABETES MELLITUS

Comments: Increase Metformin to 1000mg BID

2. ESSENTIAL HYPERTENSION

Comments: Increase Lisinopril to 20 mg daily

Disposition Written by (b)(6) 2006 1047 AST

Released Without Limitations

Follow up: 1 month(s) with PCM or sooner if there are problems. - Comments: Evalute BP and DM control

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

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

Appointment Class: Outpatient

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

Signed By @ (b)(6) 2006 1047 (b)(6)

Name: MAHMOUD, NAFFA IBRAHIM

FMP/SSN: (b)(6)

DOB: (b)(6) 1953

PCat:

MC Status:

Insurance: No

Sex: M

Tel H:

Tel W:

CS:

WS:

Sponsor: CROP (b)(6)

Rank:

Unit:

Outpt Rec. Rm:

PCM:

Tel: PCM:

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LAW ENFORCEMENT SENSITIVE

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)  
Prescribed by GSA and ICMR  
EIRM (41 CFR) 201-45.505

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LAW ENFORCEMENT SENSITIVE

MEDICATION PROFILE

\*\*\*\*\* CROP (b)(6) \*\*\*\*\*

FMP/SSN: (b)(6)

Age: 1y

Sex: MALE

Rank:

Allergies:

Last Admission Diagnosis: chf

RX #	DRUG	STATUS	QTY	FILL DATE	REF LEFT
AA62117	GLYBURIDE--PO 5MG TAB	A	120	15 May 2007	0 of 4
AA73459	INSULIN NPH (HUMAN)--SQ 100U/M	A	1	12 May 2007	11 of 11
AA73116	LISINOPRIL--PO 10MG TAB	A	30	09 May 2007	NR
AA63851	ASPIRIN--PO 81MG TBCH	A	30	07 May 2007	0 of 3
AA64459	METFORMIN--PO 500MG TAB	A	120	07 May 2007	0 of 3
AA69495	PAROXETINE--PO 20MG TAB	A	30	07 May 2007	2 of 3
AA72226	MULTIVITAMIN TAB--PO TAB	A	30	02 May 2007	3 of 3
AA72207	NAPROXEN--PO 500MG TAB	E	8	01 May 2007	NR
AA72028	TAMSULOSIN--PO 0.4MG CPSR	A	30	30 Apr 2007	4 of 4
AA71644	TAMSULOSIN--PO 0.4MG CPSR	D	30	27 Apr 2007	4 of 4
AA71078	GABAPENTIN--PO 300MG CAP	E	60	22 Apr 2007	NR
AA70558	GABAPENTIN--PO 300MG CAP	D	60	18 Apr 2007	NR
AA70557	EUCERIN (OR SUBST)--TOP CREA G	A	1	17 Apr 2007	3 of 3
AA69407	FUROSEMIDE--PO 20MG TAB	D	26	06 Apr 2007	NR
AA69496	FUROSEMIDE--PO 20MG TAB	A	30	06 Apr 2007	3 of 3
AA63276	TAMSULOSIN--PO 0.4MG CPSR	D	30	30 Mar 2007	1 of 4
AA65401	SIMVASTATIN--PO 20MG TAB	A	30	30 Mar 2007	1 of 2
AA67661	PAROXETINE--PO 20MG TAB	E	4	19 Mar 2007	NR
AA67662	PAROXETINE--PO 20MG TAB	D	26	19 Mar 2007	NR
AA67663	LISINOPRIL--PO 10MG TAB	E	8	19 Mar 2007	NR
AA67664	LISINOPRIL--PO 10MG TAB	E	52	19 Mar 2007	NR
AA67665	FUROSEMIDE--PO 20MG TAB	E	4	19 Mar 2007	NR
AA67666	FUROSEMIDE--PO 20MG TAB	D	26	19 Mar 2007	NR
AA66699	LEVOTHYROXINE--PO 0.15MG TAB	D	30	09 Mar 2007	2 of 2
AA66720	LEVOTHYROXINE--PO 0.1MG TAB	D	30	09 Mar 2007	2 of 2
AA65452	ATENOLOL--PO 50MG TAB	A	30	22 Feb 2007	3 of 3
AA65356	CARMOL 40% CREAM--TOP CREA	E	1	21 Feb 2007	NR
AA64992	EUCERIN (OR SUBST)--TOP CREA G	A	1	16 Feb 2007	3 of 3
AA62116	LISINOPRIL--PO 10MG TAB	D	30	12 Feb 2007	3 of 4
AA63269	SIMVASTATIN--PO 20MG TAB	D	30	27 Jan 2007	2 of 2
AA62699	ATENOLOL--PO 50MG TAB	D	30	20 Jan 2007	3 of 3
AA54603	METFORMIN--PO 500MG TAB	D	120	06 Jan 2007	0 of 3
AA54412	ASPIRIN--PO 81MG TBCH	D	30	04 Jan 2007	0 of 3
AA61434	SIMVASTATIN--PO 20MG TAB	D	30	03 Jan 2007	4 of 4
AA56664	ATENOLOL--PO 50MG TAB	D	30	27 Dec 2006	1 of 3
AA55267	GLYBURIDE--PO 5MG TAB	D	120	18 Dec 2006	1 of 3
AA60058	EUCERIN (OR SUBST)--TOP CREA G	D	1	17 Dec 2006	3 of 3
AA55803	LISINOPRIL--PO 10MG TAB	D	30	14 Dec 2006	1 of 3
AA54234	TAMSULOSIN--PO 0.4MG CPSR	D	30	02 Dec 2006	0 of 2
AA54801	SIMVASTATIN--PO 10MG TAB	D	60	02 Dec 2006	0 of 2
AA54986	CLINDAMYCIN 300MG--PO 300MG CA	E	28	10 Oct 2006	NR

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\*\*\* END OF REPORT \*\*\*

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LAW ENFORCEMENT SENSITIVE

ACLU DDII

EXHIBIT

7

31ST COMBAT SUPPORT HOSPITAL TFN

(b)(6) 2007@1033

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

PATIENT LAB INQUIRY

For: (b)(6) 06 - (b)(6) 07

Report requested by: (b)(6)

CROP (b)(6)  
Ph: (b)(6)

(b)(6)

M/16m Reg #:  
Military Unit: UNKNOWN

(b)(6) 07 @ 1939 (Coll) BLOOD  
HGB A1C . . . . . 7.9 H (3.5-6.0) %

(b)(6) 07 @ 1939 (Coll) SERUM  
CHOLESTEROL . . . . . 132 (100-200) mg/dL

Interpretations:  
Desirable: <200 mg/dL  
Borderline: 200-239 mg/dL  
High: >239 mg/dL

HDL . . . . . 27 L (40) mg/dL

Interpretations:  
Negative risk factor: >59 mg/dL  
Risk factor: <40 mg/dL

TRIGLYCERIDE . . . . . 186 H (60-149) mg/dL

Interpretations:  
Normal: <150 mg/dL  
Borderline: 150-199 mg/dL  
High: 200-499 mg/dL  
Very High: >499 mg/dL

CHOL TOT/HDL . . . . . 4.8 (5)  
LDL . . . . . 68 (129) mg/dL

Interpretations:  
Reference Ranges:  
LDL Cholesterol values are invalid when Triglycerides >400 mg/dL

Optimal: <100 mg/dL  
Near Optimal: 100-129 mg/dL  
Borderline: 130-159 mg/dL  
High: 160-189 mg/dL  
Very High: >189 mg/dL

VLDL . . . . . 37 H (30) mg/dL

Interpretations:  
VLDL not valid if Triglyceride level is >400 mg/dL

(b)(6) 07 @ 0546 (Coll) BLOOD  
STAT WBC . . . . . 9.7 (4.8-10.8) x10<sup>3</sup>/uL  
RBC CNT . . . . . 3.88 L (4.20-6.10) x10<sup>6</sup>/uL  
HGB . . . . . 11.6 L (12.0-18.0) g/dL  
HCT . . . . . 34.4 L (42-52) %  
MCV . . . . . 88.6 (80.0-99.0) fl  
MCH . . . . . 29.8 (27.0-31.0) pg  
MCHC . . . . . 33.7 (33.0-37.0) g/dL  
PLATELETS . . . . . 187 (130-400) x 10<sup>3</sup>/uL  
LYMPH% . . . . . 16 L (20.0-44.0) %

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

31ST COMBAT SUPPORT HOSPITAL TFN

(b)(6) 2007@1033

Page 2

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

PATIENT LAB INQUIRY

For: (b)(6) 06 - (b)(6) 07

Report requested by: (b)(6)

CROP, (b)(6) (b)(6) M/16m Reg #:
Ph: Military Unit: UNKNOWN

Table with 4 columns: Test Name, Value, Range, and Unit. Rows include LYMPH#, STAT NA+, K, CO2, CL-, GLUCOSE, CA, BUN, CREAT, ALK PHOS, ALT, AST, TBILI, ALBUMIN, and PROTEIN TOTAL. Each row includes an interpretation note: 'PERFORMED ON PICOLLO ANALYZER' or 'PERFORMED ON PICOLLO CHEMISTRY ANALYZER'.

=====  
L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
=====





31ST COMBAT SUPPORT HOSPITAL TFN

(b)(6) 2007@1033

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

PATIENT LAB INQUIRY

For: (b)(6) 06 - (b)(6) 07

Report requested by: (b)(6)

CROP, (b)(6) (b)(6) M/16m Reg #: (b)(6)  
Ph: (b)(6) Military Unit: UNKNOWN

(b)(6) 07 @ 1106 (Coll)					PLASMA
STAT BNP . . . . .	219	H	(100)		pg/mL
(b)(6) 07 @ 1106 (Coll)					SERUM
STAT NA+ . . . . .	138		(128-145)		mmol/L
Interpretations: PERFORMED ON PICOLLO ANALYZER					
K . . . . .	4.3		(3.3-4.7)		mmol/L
Interpretations: PERFORMED ON PICOLLO CHEMISTRY ANALYZER					
CO2 . . . . .	23		(18-33)		mmol/L
Interpretations: PERFORMED ON PICOLLO ANALYZER					
CL- . . . . .	97	L	(98-108)		mmol/L
Interpretations: PERFORMED ON PICOLLO CHEMISTRY ANALYZER					
GLUCOSE . . . . .	250	H	(73-118)		mg/dl
Interpretations: PERFORMED ON PICOLLO CHEMISTRY ANALYZER					
CA . . . . .	8.8		(8.0-10.3)		mg/dL
Interpretations: PERFORMED ON PICOLLO CHEMISTRY ANALYZER					
BUN . . . . .	13		(7-22)		mg/dL
Interpretations: PERFORMED ON PICOLLO ANALYZER					
CREAT . . . . .	0.7		(0.6-1.2)		mg/dL
Interpretations: PERFORMED ON PICOLLO CHEMISTRY ANALYZER					
ALK PHOS . . . . .	55		(26-184)		U/L
Interpretations: PERFORMED ON PICCOLO CHEMISTRY ANALYZER					
ALT . . . . .	28		(10-47)		U/L
Interpretations: PERFORMED ON PICCOLO CHEMISTRY ANALYZER					
AST . . . . .	25		(16-55)		U/L
TBILI . . . . .	0.9		(0.2-1.6)		mg/dL
Interpretations: PERFORMED ON PICOLLO ANALYZER					
ALBUMIN . . . . .	3.8		(3.3-5.5)		g/dL
PROTEIN TOTAL . . . . .	7.8		(6.4-8.1)		g/dL
Interpretations: PERFORMED ON PICOLLO ANALYZER					

=====  
L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
=====

31ST COMBAT SUPPORT HOSPITAL TFN

LAW ENFORCEMENT SENSITIVE

(b)(6) 2007@1033

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

PATIENT LAB INQUIRY

For: (b)(6) 06 - (b)(6) 07

Report requested by: (b)(6)

CROP, (b)(6) (b)(6) M/16m Reg #: (b)(6)
Ph: Military Unit: UNKNOWN

(b)(6) 07 @ 1106 (Coll) BLOOD
STAT CK-MB . . . . . 5.1 H\* (0-4.3) ng/mL
Result Comment: Critical Value reported to (b)(6) @1113. RF
Interpretations:
Performed on Triage Meter analyzer
MYOGLOBIN . . . . . 162.0 H (5-107) ng/mL
TROPONIN I. . . . . <0.05 (0-0.4) ng/mL

(b)(6) 07 @ 1102 (Coll) BLOOD
Order comment: last set cardiac enzymes
STAT CK-MB . . . . . 3.0 (0-4.3) ng/mL
Interpretations:
Performed on Triage Meter analyzer
MYOGLOBIN . . . . . 68.6 (5-107) ng/mL
TROPONIN I. . . . . <0.05 (0-0.4) ng/mL

(b)(6) 07 @ 0546 (Coll) BLOOD
STAT CK-MB . . . . . 3.0 (0-4.3) ng/mL
Interpretations:
Performed on Triage Meter analyzer
MYOGLOBIN . . . . . 83.4 (5-107) ng/mL
TROPONIN I. . . . . <0.04 (0-0.4) ng/mL

(b)(6) 07 @ 2337 (Coll) PLASMA
STAT FDP . . . . . NEGATIVE

(b)(6) 07 @ 2246 (Coll) BLOOD
STAT WBC . . . . . 12.3 H (4.8-10.8) x10 3/uL
RBC CNT . . . . . 3.97 L (4.20-6.10) x10 6/uL
HGB . . . . . 11.7 L (12.0-18.0) g/dL
HCT . . . . . 34.9 L (42-52) %
MCV . . . . . 88.0 (80.0-99.0) fl
MCH . . . . . 29.4 (27.0-31.0) pg
MCHC . . . . . 33.4 (33.0-37.0) g/dL
PLATELETS . . . . . 225 (130-400) x 10(3)/uL
LYMPH% . . . . . 18 L (20.0-44.0) %
LYMPH# . . . . . 2.2 (0.7-4.3) x10 3/uL

(b)(6) 07 @ 2246 (Coll) SERUM
STAT NA+ . . . . . 141 (128-145) mmol/L
Interpretations:
PERFORMED ON PICOLLO ANALYZER
K . . . . . 3.8 (3.3-4.7) mmol/L
Interpretations:
PERFORMED ON PICOLLO CHEMISTRY ANALYZER

=====  
L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
=====

31ST COMBAT SUPPORT HOSPITAL TFN

(b)(6) 2007@1033

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

PATIENT LAB INQUIRY

For: (b)(6) 06 - (b)(6) 07

Report requested by: (b)(6)

CROP (b)(6) (b)(6) M/16m Reg #: Military Unit: UNKNOWN

Table with 4 columns: Test Name, Value, Range, Unit. Includes CO2, CL-, GLUCOSE, CA, BUN, CREAT, ALK PHOS, ALT, AST, TBILI, ALBUMIN, PROTEIN TOTAL. Includes interpretation notes for each test.

Table with 4 columns: Test Name, Value, Range, Unit. Includes STAT CK-MB, MYOGLOBIN, TROPONIN I.

Table with 4 columns: Test Name, Value, Range, Unit. Includes TSH.

Legend: L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed [ ]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

31ST COMBAT SUPPORT HOSPITAL TFN

(b)(6) 2007@1033 Page 7

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

PATIENT LAB INQUIRY

For: (b)(6) 06 - (b)(6) 07

Report requested by: (b)(6)

CROP, (b)(6) (b)(6) M/16m Reg #: (b)(6)  
Ph: (b)(6) Military Unit: UNKNOWN

(b)(6) 07 @ 1534 (Coll) SERUM  
Interpretations: (Cont'd)  
Hyperthyroid: <0.15 uIU/mL  
Hypothyroid: 7 uIU/mL

Performed on Mini-Vidas analyzer  
FT4 . . . . . 14.92 (9-20) pmol/L

Interpretations:  
Performed on Mini-Vidas analyzer  
T3 FREE . . . . . 4.93 (4-8.3) pmol/L

Interpretations:  
Performed on Mini-Vidas analyzer

(b)(6) 07 @ 1805 (Coll) BLOOD  
WBC . . . . . 7.8 (4.8-10.8) x10 3/uL  
RBC CNT . . . . . 3.58 L (4.20-6.10) x10 6/uL  
HGB . . . . . 10.5 L (12.0-18.0) g/dL  
HCT . . . . . 30.5 L (42-52) %  
MCV . . . . . 85.3 (80.0-99.0) fl  
MCH . . . . . 29.3 (27.0-31.0) pg  
MCHC . . . . . 34.3 (33.0-37.0) g/dL  
PLATELETS . . . . . 187 (130-400) x 10 (3)/uL  
LYMPH% . . . . . 28 (20.0-44.0) %  
LYMPH# . . . . . 2.2 (0.7-4.3) x10 3/uL  
ESR . . . . . 65 H (0-10) MM/HR

(b)(6) 07 @ 1805 (Coll) SERUM  
Order comment: TSH and T4 please  
TSH . . . . . 13.40 uIU/mL  
Interpretations:  
Normal ranges: Euthyroid: 0.25-5 uIU/mL  
Hyperthyroid: <0.15 uIU/mL  
Hypothyroid: 7 uIU/mL

Performed on Mini-Vidas analyzer  
FT4 . . . . . <1.00 L (9-20) pmol/L

Interpretations:  
Performed on Mini-Vidas analyzer  
T3 FREE . . . . . 3.89 L (4-8.3) pmol/L

Interpretations:  
Performed on Mini-Vidas analyzer

=====  
L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
=====

LAW ENFORCEMENT SENSITIVE

31ST COMBAT SUPPORT HOSPITAL TFN

(b)(6) 2007@1033

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

PATIENT LAB INQUIRY

For: (b)(6) 06 - (b)(6) 07

Report requested by: (b)(6)

CROP, (b)(6)  
Ph:

(b)(6)

M/16m

Reg #:

Military Unit: UNKNOWN

(b)(6) 07 @ 1936 (Coll)

FECES

O&P . . . . . NEGATIVE

Result Comment: NO OVA AND PARASITES SEEN

Interpretations:

This test is specific for antigens of Giardia lamblia, Crytosporidium parvum, and Entamoeba histolytica/dispar.

(b)(6) 07 @ 1936 (Coll)

STOOL (FECES)

STOOL CU: Final Report

Bacteriology Result:

NO SALMONELLA, SHIGELLA, YERSINIA, AEROMONAS, CAMPYLOBACTER, OR VIBRIO ISOLATED

(b)(6) 07 @ 1936 (Coll)

FECES

Order comment: please also guaiac  
FECAL LEUKOCYTE . . . . . NEGATIVE

Result Comment:

NO FECAL LEUKOCYTES SEEN  
OCCULT BLOOD NEGATIVE

(b)(6) 06 @ 2100 (Coll)

BLOOD

WBC . . . . .	8.0		(4.8-10.8)	x10 3/uL
RBC CNT . . . . .	3.68	L	(4.20-6.10)	x10 6/uL
HGB . . . . .	10.7	L	(12.0-18.0)	g/dL
HCT . . . . .	32.9	L	(42-52)	%
MCV . . . . .	89.3		(80.0-99.0)	fl
MCH . . . . .	29.1		(27.0-31.0)	pg
MCHC . . . . .	32.6	L	(33.0-37.0)	g/dL
PLATELETS . . . . .	146		(130-400)	x 10(3)/uL
LYMPH% . . . . .	26		(20.0-44.0)	%
LYMPH# . . . . .	2.1		(0.7-4.3)	x10 3/uL
ESR . . . . .	42	H	(0-10)	MM/HR

(b)(6) 06 @ 2100 (Coll)

SERUM

NA+ . . . . . 137 (128-145) mmol/L

Interpretations:

PERFORMED ON PICOLLO ANALYZER

K . . . . . 5.4 H (3.3-4.7) mmol/L

Interpretations:

PERFORMED ON PICOLLO CHEMISTRY ANALYZER

CO2 . . . . . 24 (18-33) mmol/L

Interpretations:

PERFORMED ON PICOLLO ANALYZER

CL- . . . . . 100 (98-108) mmol/L

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

LAW ENFORCEMENT SENSITIVE

EXHIBIT 7  
000056

31ST COMBAT SUPPORT HOSPITAL TFN

(b)(6) 2007@1033

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

PATIENT LAB INQUIRY

For: (b)(6) 06 - (b)(6) 07

Report requested by: (b)(6)

CROP (b)(6)  
Ph:

(b)(6)

M/16m Reg #:  
Military Unit: UNKNOWN

(b)(6) 06 @ 2100 (Coll)

SERUM

Interpretations:

PERFORMED ON PICOLLO CHEMISTRY ANALYZER

GLUCOSE . . . . . 249 H (73-118) mg/dl

Interpretations:

PERFORMED ON PICOLLO CHEMISTRY ANALYZER

CA. . . . . 9.1 (8.0-10.3) mg/dL

Interpretations:

PERFORMED ON PICOLLO CHEMISTRY ANALYZER

BUN . . . . . 16 (7-22) mg/dL

Interpretations:

PERFORMED ON PICOLLO ANALYZER

CREAT . . . . . 0.7 (0.6-1.2) mg/dL

Interpretations:

PERFORMED ON PICOLLO CHEMISTRY ANALYZER

ALK PHOS. . . . . 43 (26-184) U/L

Interpretations:

PERFORMED ON PICCOLO CHEMISTRY ANALYZER

ALT . . . . . 19 (10-47) U/L

Interpretations:

PERFORMED ON PICCOLO CHEMISTRY ANALYZER

AST . . . . . 27 (16-55) U/L

TBILI . . . . . 0.6 (0.2-1.6) mg/dL

Interpretations:

PERFORMED ON PICOLLO ANALYZER

ALBUMIN . . . . . 3.5 (3.3-5.5) g/dL

PROTEIN TOTAL . . . . . 7.4 (6.4-8.1) g/dL

Interpretations:

PERFORMED ON PICOLLO ANALYZER

(b)(6) 06 @ 2005 (Coll)

BLOOD

HGB A1C . . . . . 8.6 H (3.5-6.0) %

(b)(6) 06 @ 2005 (Coll)

BLOOD

WBC . . . . . 8.6 (4.8-10.8) x10 3/uL

RBC CNT . . . . . 3.59 L (4.20-6.10) x10 6/uL

HGB . . . . . 10.8 L (12.0-18.0) g/dL

HCT . . . . . 33.2 L (42-52) %

MCV . . . . . 92.4 (80.0-99.0) fl

MCH . . . . . 30.2 (27.0-31.0) pg

MCHC . . . . . 32.7 L (33.0-37.0) g/dL

PLATELETS . . . . . 163 (130-400) x 10 (3)/uL

LYMPH% . . . . . 35 (20.0-44.0) %

LYMPH# . . . . . 3.0 (0.7-4.3) x10 3/uL

=====  
L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
=====

31ST COMBAT SUPPORT HOSPITAL TFN

(b)(6) 2007@1033 Page 10

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

PATIENT LAB INQUIRY

For: (b)(6) 06 - (b)(6) 07

Report requested by: (b)(6)

CROP, (b)(6) (b)(6) M/16m Reg #: (b)(6)  
Ph: Military Unit: UNKNOWN

(b)(6) 06 @ 2005 (Coll) BLOOD

NA+ . . . . .	130	(128-145)	mmol/L
Interpretations:			
PERFORMED ON PICOLLO ANALYZER			
K . . . . .	5.3 H	(3.3-4.7)	mmol/L
Interpretations:			
PERFORMED ON THE PICOLLO CHEMISTRY ANALYZER			
CO2 . . . . .	21	(18-33)	mmol/L
Interpretations:			
PERFORMED ON PICOLLO CHEMISTRY ANALYZER			
CL- . . . . .	100	(98-108)	mmol/L
Interpretations:			
PERFORMED ON PICOLLO CHEMISTRY ANALYZER			
GLUCOSE . . . . .	206 H	(73-118)	mg/dL
Interpretations:			
PERFORMED ON PICOLLO CHEMISTRY ANALYZER			
CA . . . . .	9.4	(8.0-10.3)	mg/dL
Interpretations:			
PERFORMED ON PICOLLO CHEMISTRY ANALYZER			
BUN . . . . .	17	(7-22)	mg/dL
Interpretations:			
PERFORMED ON PICOLLO ANALYZER			
CREAT . . . . .	1.0	(0.6-1.2)	mg/dL
Interpretations:			
PERFORMED ON PICOLLO CHEMISTRY ANALYZER			

(b)(6) 06 @ 2005 (Coll) SERUM

TSH . . . . .	0.27		uIU/mL
Interpretations:			
Normal ranges: Euthyroid: 0.25-5 uIU/mL			
Hyperthyroid: <0.15 uIU/mL			
Hypothyroid: 7 uIU/mL			
Performed on Mini-Vidas analyzer			
FT4 . . . . .	10	(9-20)	pmol/L
Interpretations:			
Performed on Mini-Vidas analyzer			
T3 FREE . . . . .	2.8 L	(4-8.3)	pmol/L
Interpretations:			
Performed on Mini-Vidas analyzer			

(b)(6) 06 @ 2005 (Coll) SERUM

CHOLESTEROL . . . . .	120	(100-200)	mg/dL
Interpretations:			
Desirable: <200 mg/dL			

=====  
L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
=====



31ST COMBAT SUPPORT HOSPITAL TFN

(b)(6)

2007@1033

Page 11

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

PATIENT LAB INQUIRY

For: (b)(6) 06 - (b)(6) 07

Report requested by: (b)(6)

CROP, (b)(6)  
Ph:

(b)(6)

M/16m

Reg #:

Military Unit: UNKNOWN

(b)(6) 06 @ 2005 (Coll)

SERUM

Interpretations: (Cont'd)

Borderline: 200-239 mg/dL

High: >239 mg/dL

HDL . . . . . 27 L (40) mg/dL

Interpretations:

Negative risk factor: >59 mg/dL

Risk factor: <40 mg/dL

TRIGLYCERIDE . . . . . 137 (60-149) mg/dL

Interpretations:

Normal: <150 mg/dL

Borderline: 150-199 mg/dL

High: 200-499 mg/dL

Very High: >499 mg/dL

CHOL TOT/HDL . . . . . 4.5 (5) mg/dL

LDL . . . . . 66 (129) mg/dL

Interpretations:

Reference Ranges:

LDL Cholesterol values are invalid when Triglycerides >400 mg/dL

Optimal: <100 mg/dL

Near Optimal: 100-129 mg/dL

Borderline: 130-159 mg/dL

High: 160-189 mg/dL

Very High: >189 mg/dL

VLDL . . . . . 27 (30) mg/dL

Interpretations:

VLDL not valid if Triglyceride level is >400 mg/dL

=====  
L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
=====

For use of this form, see AR 30-66, the proponent agency is the Office of the Surgeon General.

REPORT TITLE: Emergency Care Services, 329<sup>th</sup> Medical Company (GA)

Name: \_\_\_\_\_ Time Dispatched: 19:00 Date: (b)(6)

Time On Site: \_\_\_\_\_

ISN: Detainee (b)(6) Time Off Site: \_\_\_\_\_ Team: C-6670

Camp: MY-ETR Time Medevac Arrived: \_\_\_\_\_

Medevac Call Sign: \_\_\_\_\_

LZ Location: \_\_\_\_\_

Chief Complaint: MI

Age: \_\_\_\_\_ Sex: M LOC: Alert Verbal: \_\_\_\_\_ Painful: \_\_\_\_\_ Unresponsive:

Initial Vitals	2nd Vitals	3rd Vitals
Blood Pressure: 0	Blood Pressure: _____	Blood Pressure: _____
Pulse: 0	Pulse: _____	Pulse: _____
Respiration Rate: 0	Respiration Rate: _____	Respiration Rate: _____
Temp: _____	Temp: _____	Temp: _____
SPO2: 0	SPO2: _____	SPO2: _____

Past Medical History: Diabetes

Allergies: NKA

Current Medications: Ins

Assessment: Arrival of trauma. CPR was being performed by DMC staff.

(b)(6) trauma medic performed CPR enroute to ETR where

Plan: ETR Staff assumed care of Detainee

Patient Outcome: \_\_\_\_\_

Treatment Rendered On Scene/Recommended from Trauma OIC: \_\_\_\_\_

Final Disposition: RTC Sick call ETR

Translator Present: Yes: \_\_\_\_\_ No:

MP Support: Yes:  No: \_\_\_\_\_

PREPARED BY (Signature & Title): (b)(6)

DEPARTMENT/SERVICE: ACLU/DDII CID/ROI 25891  
Trauma



EMERGENCY RESUSCITATION RECORD

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

PART 1 - Complete this report immediately following the event. Place the original in the patient's record and provide a copy to the nursing supervisor/OIC.

1. DATE: (b)(6) 2007 2. LOCATION OF RESUSCITATION: Ward: Wire to ED

3. PATIENT STATISTICS: Age: NA Gender: M Height (in): NA Weight (lbs): NA Weight (kg): NA

4. INITIAL CONDITION: CONSCIOUS? BREATHING? PULSE? WITNESSED ARREST? MONITORED AT ONSET?

5. INITIAL RHYTHM: Asystole, Bradycardia, Pulseless Electrical Activity, Ventricular Fibrillation, etc.

RETURN OF SPONTANEOUS CIRCULATION (ROSC): TIME CPR STOPPED: 1459 DUE TO: ROSC, DNR, Death

6. IMMEDIATE CAUSE OF ARREST/EVENT: (Check One) Hypotension/Hypovolemia, Lethal Arrhythmias, etc.

7. RESUSCITATION ATTEMPTED: YES (Check all that apply) Airway Management, Cardiac Massage, etc.

8. EVENT TIMES: Collapse/Arrest Onset: 1410, CPR Started: 1410, etc.

9. INTERVENTIONS: Table with columns for interventions, time initiated, and comments.

PATIENT DISPOSITION FOLLOWING RESUSCITATION: Mortuary

PATIENT IDENTIFICATION: NAFFA IBRAHIM MAHMOUD

10. GLASGOW COMA SCALE: (Post-resuscitation) EYE OPENING, MOTOR RESPONSE, VERBAL RESPONSE

LAW ENFORCEMENT SENSITIVE  
EMERGENCY RESUSCITATION RECORD - PART 2

(b) (6)

(b) (6)

TIME (Military):		1435	1440	1441	1442	1443	1444	1445	1447	1449	1451	1453	1455
VITALS	BLOOD PRESSURE												
	HEART RATE												
	PULSE PALPABLE (Y/N)												
	COMPRESSION (* = CPR)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	RHYTHM	V Fb										asystole	
	DEFIBRILLATION (Joules: 200, 300, 360)	x2		x1							x1		
	CARDIOVERSION (Joules: 50, 100, 200, 300, 360)												
	PACING PERFORMED (✓)												
	RESPIRATIONS	bagged											
TEMPERATURE													
AIRWAY	VALVE MASK w/100% O <sub>2</sub>	(✓) ✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	INTUBATED	(✓) ✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	MASK (Specify)												
	% OXYGEN (O <sub>2</sub> )	100											
	PULSE O <sub>x</sub> / O <sub>2</sub> SATS	95	95	95	95	95	95	95	95				
MEDICATIONS	Note dose and route.												
	AMIODARONE												
	ATROPINE												
	DOPAMINE												
	EPINEPHRINE		✓					✓			✓	✓	
	LIDOCAINE												
	PROCAINAMIDE												
	VASOPRESSIN					40mg							40mg
LABS	POTASSIUM (K)												
	GLUCOSE												
	CALCIUM (Ca)												
	MAGNESIUM (Mg)												
ABGS	PH												
	pCO <sub>2</sub>												
	pO <sub>2</sub>												
	HCO <sub>3</sub>												

COMMENTS: Pt arrived to ED via gurney accompanied by <sup>encl</sup> 15 medic. IVNS @ AC ET 7.5 in place. Pt was bagged and compressions. ACLS protocols initiated. Pt's death pronounced @ 1459. Chain of command notified. MP's here to conduct retinal exam @ 1510. TOC initiated CCIR. PAD attempting to notify CID.

PHYSICIAN (Signature & Title)  
(b)(6)

NURSE (Signature & Title)  
(b)(6)

LAW ENFORCEMENT SENSITIVE

EMERGENCY RESUSCITATION RECORD - PART 2

TIME (Military):		1458	1459																	
VITALS	BLOOD PRESSURE																			
	HEART RATE																			
	PULSE PALPABLE (Y/N)																			
	COMPRESSION (* = CPR)		✓																	
	RHYTHM		asystole																	
	DEFIBRILLATION (Joules: 200, 300, 360)																			
	CARDIOVERSION (Joules: 50, 100, 200, 300, 360)																			
	PACING PERFORMED (✓)																			
	RESPIRATIONS																			
TEMPERATURE																				
AIRWAY	VALVE MASK w/100% O <sub>2</sub>	(✓)	✓																	
	INTUBATED	(✓)	✓																	
	MASK (Specify)																			
	% OXYGEN (O <sub>2</sub> )																			
	PULSE O <sub>x</sub> / O <sub>2</sub> SATS																			
MEDICATIONS	- Note dose and route.																			
	AMIODARONE																			
	ATROPINE																			
	DOPAMINE																			
	EPINEPHRINE																			
	LIDOCAINE																			
	PROCAINAMIDE																			
	VASOPRESSIN																			
LABS	POTASSIUM (K)																			
	GLUCOSE																			
	CALCIUM (Ca)																			
	MAGNESIUM (Mg)																			
ABGS	PH																			
	pCO <sub>2</sub>																			
	pO <sub>2</sub>																			
	HCO <sub>3</sub>																			

code called

COMMENTS:

(b)(6)

PHYSICIAN (Signature & Title)

(b)(6)

NURSE (Signature & Title)

(b)(6)

25895

44-223

PREVIOUS EDITION IS USABLE

MO

NOTE

LAW ENFORCEMENT SENSITIVE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1459	
1435	MIDDLE AGED MALE BROUGHT TO SMT p being "found down"
(b)(6)	in compound. Resuscitation began on scene. HAP known 1460
1500	Metabolic syndrome including diabetes - initial BS = 46, given amp D50
	BS → 223. ACLS on scene - 2x1, initiated, by Epi via ET
	1890 IV @ Ac. by Epi via IV.
	Upon arrival to SMT @ 1435 pt unresponsive, CPR in progress
	± AMBU / ET tube. Generally atraumatic
	Pupils fixed, dilated.
	- Breath sounds clear bilat ± assistance.
	- NO pulse.
	- Placed on AED - shock x1 @ 360 (VFib) → asystole.
	CPR continued - by Epi - CPR (per ACLS) - Vasopressin -
	ACLS/AED monitoring - Epi
	ACLS protocol proceeded x 29 minutes w/o response -
	Atrial rhythm → asystole - verified w/ pulse
	- no signs of activity or fibrillation.
	pronounced @ 1459.
	(b)(6)
	CAMP CROPPER TRAP

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.)

(b)(6)	REGISTER NO.	WARD NO.
--------	--------------	----------

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record

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

Camp Cropper, SMT

LAW ENFORCEMENT SENSITIVE

HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL			
FOR USE OF THIS FORM, SEE AR 40400; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.		31 <sup>ST</sup> CSH, CAMP CROPPER IRAQ			
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)	2. TIME OF DEATH (Hour-day-month-year) 1459 (b)(6) 2007	3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input type="checkbox"/> NO			
(b)(6)	4. RELIGIO...	5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO			
	6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH				
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number					
CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) CARDIAC ARRHYTHMIA		40 minutes		
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) HYPERTENSION				
	(2) DIABETES				
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.	METABOLIC SYNDROME			
	b.				
9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE			
(b)(6) 2007	(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) <input type="checkbox"/> YES <input type="checkbox"/> NO			21. AUTOPSY ORDERED BY (Signature)		
22. PROVISIONAL PATHOLOGICAL FINDINGS					
23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY		25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY		
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR		28. SIGNATURE OF REGISTRAR		

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 EXHIBIT  
 000066



# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0024-07-CID789-23670

PAGE 1 OF 1 PAGES

## DETAILS

About 1600, 8 Jun 07, this office received the Preliminary Autopsy Report from the Armed Forces Institute of Pathology (AFIP) concerning the autopsy of Mr. MAHMOUD which revealed the cause of death was hypertensive atherosclerotic cardiovascular disease and the manner of death was natural. The findings of the AFIP were consistent with the findings of this office. (See Preliminary Autopsy Report)

About 1530, 2 Jul 07, SA **b(6), b(7)(C)** interviewed SGT **b(6), b(7)(C)** 634<sup>th</sup> Brigade Support Battalion (BSB), 324<sup>th</sup> Military Police (MP) Battalion (BN), Camp Cropper, Iraq, APO AE 09342 (CCIZ), who was part of the on duty guard force on the afternoon of 26 May 07. SGT **b(6), b(7)(C)** stated he was the cat walk Non-Commissioned Officer-in-Charge (NCOIC) and due to the location of the incident he could not see what was going on during the incident. (See Canvass Interview Worksheet)

About 0955, 3 Jul 07, SA **b(6), b(7)(C)** interviewed SPC **b(6), b(7)(C)** 324<sup>th</sup> MP BN, CCIZ, who stated he was part of the on duty guard force on the afternoon of 26 May 07, and was not in a position to observe or be involved in the incident.

About 1555, 11 Jul 07, this office received the Final Autopsy Report, which included the toxicology report and certificate of death, from the AFIP. Review of the report confirmed the cause of death was hypertensive atherosclerotic cardiovascular disease and the manner of death was natural. Their findings are consistent with the findings of this investigation. (See Final Autopsy Report, Toxicology Report, and Death Certificate)

About 0845, 22 Aug 07, SA **b(6), b(7)(C)** Camp Cropper CID Office, CCIZ, interviewed SPC **b(6), b(7)(C)** **b(6), b(7)(C)** 31<sup>st</sup> Combat Support Hospital (CSH), CCIZ, who stated she observed other on scene personnel perform life saving measures but did not participate herself.

About 0900, 18 Sep 07, this office received the digital autopsy photographs from the AFIP. (See Photograph Packet) ///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA <b>b(6), b(7)(C), b(7)(F)</b>		86 <sup>th</sup> MP DET (CID) (FWD) CAMP CROPPER, BAGHDAD, IRAQ	
SIC	<b>b(6), b(7)(C)</b>	DATE	EXHIBIT
		18 Sept 07	9

ACLU DDII CID ROI 25898

Exhibit(s) 10

Pages 000068 thru 000070 referred to:

COMMANDER  
USAMEDCOM  
ATTN: FOIA OFFICE, STOP 76  
1216 STANLEY ROAD, 2<sup>ND</sup> FLOOR  
FORT SAM HOUSTON, TX 78234-5049

ACLU DDII CID ROI 25899

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**ARMED FORCES INSTITUTE OF PATHOLOGY**  
**Office of the Armed Forces Medical Examiner**  
1413 Research Blvd., Bldg. 102  
Rockville, MD 20850



(b)(6)

**PRELIMINARY AUTOPSY REPORT**

Name: Mahmoud, Naffa Ibrahim  
ISN: (b)(6)  
Date of Birth: (b)(6) 1954  
Date of Death (b)(6) 2007  
Date/Time of Autopsy: (b)(6) 2007  
@0730  
Date of Report: 2 June 2007

Autopsy No.: (b)(6)  
AFIP No.: Pending  
Rank: Iraqi civilian  
Place of Death: Iraq  
Place of Autopsy: Port Mortuary, Dover  
AFB, DE

**Circumstances of Death:** This 53 year-old Iraqi detainee reportedly collapsed while speaking with his son, who is also a detainee, at Compound 2B, Camp Remembrance II, Theatre Internment Facility, Camp Cropper, Bagdad, Iraq.

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

**Identification:** Accompanying documentation establishes presumptive identification

**CAUSE OF DEATH:** Hypertensive atherosclerotic cardiovascular disease

**MANNER OF DEATH:** Natural

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**These findings are preliminary, and subject to modification pending further investigation and laboratory testing.**

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000068

10

## AUTOPSY REPORT (b)(6)

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2

Mahmoud, Naffa

## PRELIMINARY AUTOPSY DIAGNOSIS

- I. Hypertensive atherosclerotic cardiovascular disease:
  - A. Coronary artery calcifying atherosclerosis
    1. Left coronary artery with 95% stenosis
    2. Left anterior descending artery with 99% stenosis
    3. Left circumflex artery with 75% stenosis
    4. Right coronary artery with 95% stenosis
  - B. Subendocardial fibrosis, anterior wall of the left ventricle, 1.5 x 1.0 x 0.5 centimeters
  - C. Cardiomegaly, 580 grams
  - D. Granular kidneys
- II. Evidence of medical therapy:
  - A. Endotracheal tube appropriately positioned and secured with tape
  - B. Five electrocardiogram pick ups on the anterior torso
  - C. Two defibrillator pads appropriately positioned on the anterior torso
  - D. Intravenous catheter in the right antecubital fossa secured with purple tape
  - E. Puncture mark to the left antecubital fossa
  - F. Bilateral anterior rib fractures
- III. Post-mortem changes:
  - A. Lividity fixed on the posterior surface of the body except where exposed to pressure
  - B. Rigor passing to an equal degree in all extremities
  - C. Body cold
- IV. Identifying marks:
  - A. Brown papule on the right upper cheek, 1/8-inch
  - B. Well healed scar to the lateral and upper surface of the right thigh
  - C. Well healed scar above the right knee, 1-1/2 x 1-inches
  - D. Firm, raised subdermal nodule to the anterior surface of the right foot, 1/2-inch
  - E. Missing right 5<sup>th</sup> toe
- V. Toxicology: pending

AUTOPSY REPORT (b)(6)

LAW ENFORCEMENT SENSITIVE

Mahmoud, Naffa

**ADDITIONAL PROCEDURES**

1. Documentary photographs are taken by OAFME staff photographers.
2. Full body radiographs and computed tomography are obtained.
3. Specimens retained for toxicology testing and/or DNA identification are: Blood, vitreous, bile, urine, gastric contents, brain, heart, lung, liver, spleen, kidney, adipose and psoas muscle.
4. The dissected organs are forwarded with the body.
5. Selected portions of organs are retained in formalin, with preparation of histological slides.
6. Personal effects are released to the appropriate mortuary operations representatives

(b)(6)

(b)(6)

Medical Examiner

(b)(6)

(b)(6)

Medical Examiner

Compound 2

0024

CANVASS INTERVIEW WORKSHEET

SA **b(6), b(7)(C)** conducted canvass interviews of the following personnel whom related information pertaining to this investigation as annotated in the remarks section below.

Time/Date of canvass 2, 3 July

- Q: Were you working on 26 May 07, Bldg 1 Compound 2 B at 1400?
- Q: Did you see MA. IIBrahim NAFFA MAHMUD collapse?
- Q: Did you see anyone assault MA. Mahmud?
- Q: Did the incident appear to be natural?
- Q: Are you telling the truth?

Rank, Name	Sgt <b>b(6), b(7)(C)</b>	3 July 07
SSN	<b>b(6), b(7)(C)</b>	0955
Unit/Home Address	B-10 1st Fl to 148 <sup>th</sup> Bldg, 324TH MP BN	
Sponsor's Info		
Remarks	Cat walk 8, new was a diabetic heard call for medics, lots of commotion	

Rank, Name	Sgt <b>b(6), b(7)(C)</b>	2 July 07
SSN	<b>b(6), b(7)(C)</b>	1530
Unit/Home Address	634 <sup>th</sup> BSB, 324TH MP BN, CC12	
Sponsor's Info		
Remarks	Cat walk NC012 Did not see anything, heard on radio Was not in my line of sight, did not interfere with my duties.	

EXHIBIT  
ACLU DDII CID RDI 25908

Exhibit(s) 12

Pages 000072 thru 000083 referred to:

COMMANDER  
USAMEDCOM  
ATTN: FOIA OFFICE, STOP 76  
1216 STANLEY ROAD, 2<sup>ND</sup> FLOOR  
FORT SAM HOUSTON, TX 78234-5049

ACLU DDII CID ROI 25904



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
**Office of the Armed Forces Medical Examiner**  
1413 Research Blvd., Bldg. 102  
Rockville, MD 20850



(b)(6)

**FINAL AUTOPSY REPORT**

Name: Mahmoud, Naffa Ibrahim

Autopsy No.: (b)(6)

ISN: (b)(6)

AFIP No.: (b)(6)

Date of Birth: (b)(6) 1954

Rank: Iraqi detainee

Date of Death: (b)(6) 2007

Place of Death: Iraq

Date/Time of Autopsy: (b)(6) 2007

Place of Autopsy: Port Mortuary, Dover

@0730

AFB, DE

Date of Report: 28 June 2007

**Circumstances of Death:** This 53 year-old Iraqi detainee reportedly collapsed while speaking with his son, who is also a detainee, at Compound 2B, Camp Remembrance II, Theatre Internment Facility, Camp Cropper, Bagdad, Iraq.

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

**Identification:** Accompanying documentation establishes presumptive identification

**CAUSE OF DEATH:** Hypertensive atherosclerotic cardiovascular disease

**MANNER OF DEATH:** Natural

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DDII ODRD 25005  
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000072



**FINAL AUTOPSY DIAGNOSES**

**I. Hypertensive atherosclerotic cardiovascular disease:**

- A. Coronary artery calcifying atherosclerosis
  - 1. Left coronary artery with 95% stenosis (gross observation)
  - 2. Left anterior descending artery with 99% stenosis (gross observation)
  - 3. Left circumflex artery with 75% stenosis (gross observation)
  - 4. Right coronary artery with 95% stenosis (gross observation)
- B. Transmural cardiac myocyte replacement fibrosis, anterior wall of the left ventricle, 1.5 x 1.0 x 0.5 centimeters
- C. Cardiomegaly (580 grams) with cardiac myocyte hypertrophy,
- D. Hypertensive changes of the kidneys

**II. Evidence of medical therapy:**

- A. Endotracheal tube appropriately positioned and secured with tape
- B. Five electrocardiogram pick ups on the anterior torso
- C. Two defibrillator pads appropriately positioned on the anterior torso
- D. Intravenous catheter in the right antecubital fossa secured with purple tape
- E. Puncture mark to the left antecubital fossa
- F. Bilateral anterior rib fractures

**III. Post-mortem changes:**

- A. Lividity fixed on the posterior surface of the body except where exposed to pressure
- B. Rigor passing to an equal degree in all extremities
- C. Body cold

**IV. Identifying marks:**

- A. Brown papule on the right upper cheek, 1/8-inch
- B. Well healed scar to the lateral and upper surface of the right thigh
- C. Well healed scar above the right knee, 1-1/2 x 1-inches
- D. Firm, raised subdermal nodule to the anterior surface of the right foot, 1/2-inch
- E. Missing right 5<sup>th</sup> toe

**V. Toxicology:**

- A. Volatiles (blood and vitreous fluid): No ethanol detected
- B. Screened medications and screened drugs of abuse (blood): None detected
- C. Carbon monoxide (blood): carboxyhemoglobin saturation less than 1%
- D. Cyanide (blood): None detected

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EXHIBIT 12  
000073

**VI. Microscopy:**

- A. Heart: extensive transmural myocyte replacement fibrosis; mild myocyte hypertrophy
- B. Coronary vessels: calcifying atheromas, with one section demonstrating 90 % stenosis
- C. Kidney: obsolescent glomeruli; arterosclerosis; arteriolosclerosis; interstitial fibrosis
- D. Lung: vascular congestion, otherwise unremarkable
- E. Liver: vascular congestion, otherwise unremarkable

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ACLU-RDI 5557 p.74  
DII CID RDI 25907  
**EXHIBIT**  
000074

12

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing Male whose appearance is consistent with the reported age of 53 years. The body is 68 inches in length and weighs 178 pounds. Lividity is fixed on the posterior aspect of the body except where exposed to pressure. Rigor is equal in all extremities. The body temperature is cold.

The head and the face are atraumatic. There is a 1/8-inch brown papule on the left cheek. The scalp is covered with closely shaved brown and grey hair with male patterned baldness. The irides are brown, the corneae are clear, the conjunctivae are unremarkable, and the sclerae are white. The external auditory canals are unremarkable. The ears are unremarkable. The nares and the lips are unremarkable. The nose and maxillae are palpably intact. The teeth are natural with multiple remotely absent. The neck is straight, and the trachea is midline and mobile.

The chest is unremarkable. The abdomen is soft with no palpable masses. The genitalia are those of a normal adult circumcised male. The testes are present and free of masses. Pubic hair is present in a normal distribution. The back is unremarkable. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. There is a 1-1/2 x 1-1/4-inch well healed scar on the upper lateral surface of the right thigh. A 1-1/2-inch x 1-inch well healed scar on the right knee. A 1/2-inch firm flesh colored nodule is on the dorsum of the foot. The right 5<sup>th</sup> toe is absent.

There is a personal effects bag secured to the left wrist. A paper identification tag is secured to the right wrist. The left wrist has an orange band with the words "Insulin Dependent Diabetic." A Dover Port Mortuary identification tag is secured to the left ankle.

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects accompany the body at the time of autopsy:

- White shirt, previously cut and partially wrapped around the right arm
- Yellow trousers
- White boxer shorts
- Three passports
- Four picture identifications
- Five miscellaneous papers
- Watch inscribed "Ricoh"
- Compact disc with pictured cover
- Various medications in plastic bags with dosing instructions, to include:
  - Paxil 20 milligrams
  - Lisinopril 10 milligrams
  - Glyburide 5 milligrams

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CID R01 25908

EXHIBIT 12

000075

Mahmoud, Naffa Ibrahim

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- o Tamsulosin 0.4 milligrams
- o Multivitamins
- o Lasix 20 milligrams
- o Metformin 500 milligrams
- o Aspirin 81 milligrams

**MEDICAL INTERVENTION**

- Endotracheal tube appropriately positioned and secured with white tape
- Vascular catheter in the right antecubital fossa secured with purple tape and connected to IV tubing
- Puncture site in the left antecubital fossa
- Two defibrillator pad on the anterior torso
- Five electrocardiogram pick-ups on both shoulders and the left upper thigh
- Bilateral anterior rib fractures
  - o Right anterior 3<sup>rd</sup> through 5<sup>th</sup>
  - o Left anterior 3<sup>rd</sup> through 5<sup>th</sup>

**RADIOGRAPHS**

A complete set of postmortem radiographs is obtained and demonstrates no traumatic injuries.

**EVIDENCE OF INJURY**

There is no evidence of recent injury. A complete dissection of the back, buttocks and posterior extremities reveals no intramuscular hemorrhage.

**INTERNAL EXAMINATION**

**HEAD:**

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1520 gram brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and gray matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, and cerebellum are free of injury or other abnormalities. The arterial system is anatomically normal and there is mild atherosclerosis of the internal carotid arteries. There are no skull fractures. The atlanto-occipital joint is stable.

**NECK:**

Layer by layer dissection of the anterior neck is performed. 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, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

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000076

**AUTOPSY REPORT** (b)(6)

**Mahmoud, Naffa Ibrahim**

6

0024 07 CID 789 23670

**BODY CAVITIES:**

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

**RESPIRATORY SYSTEM:**

The right and left lungs weigh 890 and 700 grams, 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 580 gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with moderate fat investment. The coronary arteries are present in a normal distribution. Cross sections of the vessels show 95 % calcifying atherosclerotic stenosis of the left coronary artery, 99% calcifying atherosclerotic stenosis of the entire left anterior descending artery, 75% calcifying atherosclerotic stenosis of the proximal left circumflex artery and 95% calcifying atherosclerotic stenosis of the right coronary artery. The myocardium of the anterior wall of the left ventricle is replaced by transmural fibrosis, 1.5 x 1.0 x 0.5-centimeters. The valve leaflets are thin and mobile. The anterior, lateral, posterior and interventricular walls of the left ventricle are 0.8-centimeter, 1.2-centimeters, 1.4-centimeters and 1.3-centimeters respectfully. The right ventricular wall is 0.2-centimeters. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels and has diffuse calcifying atheromas. The renal and mesenteric vessels are unremarkable.

**LIVER & BILIARY SYSTEM:**

The 1640 gram 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 5-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**SPLEEN:**

The 300 gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct lymphoid follicles.

**PANCREAS:**

The pancreas is firm 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 red-brown medullae. No masses or areas of hemorrhage are identified.

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000077

12

GENITOURINARY SYSTEM:

The right and left kidneys weigh 140 and 180 grams, respectively. The external surfaces are intact and diffusely granular. 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. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 30 milliliters of clear yellow urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 300 milliliter of tan viscous fluid with whole black beans. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

MUSCULOSKELETAL:

No non-traumatic abnormalities of muscle or bone are identified.

MICROSCOPIC EXAMINATION

- Heart: extensive transmural myocyte replacement fibrosis; mild myocyte hypertrophy
- Coronary vessels: calcifying atheromas, with one section demonstrating 90 % stenosis
- Kidney: obsolescent glomeruli; arterosclerosis; arteriolosclerosis; interstitial fibrosis
- Lung: vascular congestion, otherwise unremarkable
- Liver: vascular congestion, otherwise unremarkable

TOXICOLOGY

- Volatiles (blood and vitreous fluid): No ethanol detected
- Screened medications and screened drugs of abuse (blood): None detected
- Carbon monoxide (blood): carboxyhemoglobin saturation less than 1%
- Cyanide (blood): None detected

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff photographers.
2. Full body radiographs and computed tomography are obtained.
3. Specimens retained for toxicology testing and/or DNA identification are: Blood, vitreous fluid, bile, urine, gastric contents, brain, heart, lung, liver, spleen, kidney, adipose tissue and psoas muscle.
4. The dissected organs are forwarded with the body.
5. Selected portions of organs are retained in formalin.
6. Personal effects are released to the appropriate mortuary operations representatives.

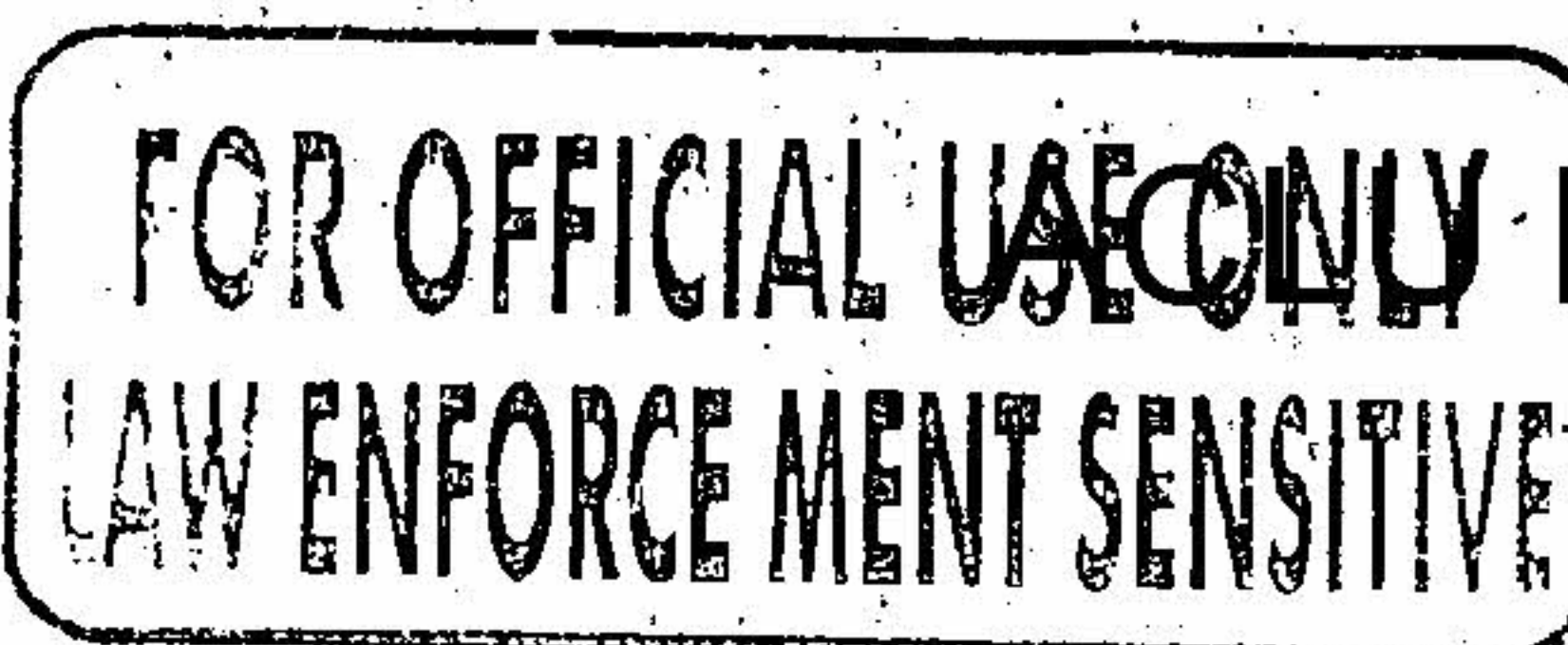


EXHIBIT 25911 12  
000078

**OPINION**

This 53-year-old Male Iraqi detainee, Naffa Ibrahim Mahmoud, died from hypertensive atherosclerotic cardiovascular disease. The decedent had documented insulin dependent diabetes mellitus and essential hypertension. The decedent had significant narrowing of the coronary arteries, a prior healed myocardial infarction, a large heart and changes to the heart and kidneys consistent with hypertension. Toxicology analyses are negative for ethanol, screened drugs of abuse, screened medication and cyanide. Toxicology analysis for carbon monoxide is less than 1%. The manner of death is natural.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

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000079

12



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

REPLY TO  
ATTENTION OF

AFIP-CME-T

TO:

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

PATIENT IDENTIFICATION

AFIP Accessions Number: (b)(6)      Sequence: (b)(6)

Name: MAIMOUD, NAFFA IBRAHIM

SSAN: (b)(6)      Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: June 7, 2007

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS      REPORT OF TOXICOLOGICAL EXAMINATION

**Condition of Specimens:**

Date of Incident: (b)(6) 2007

Date Received: (b)(6) /2007

**CARBON MONOXIDE:** The carboxyhemoglobin saturation in the blood was less than 1% as determined by spectrophotometry with a limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.

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

**CYANIDE:** There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

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

None were found.

(b)(6)

Office of the Armed Forces Medical Examiner

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FREEDOM OF INFORMATION ACT Exemption No. 6c,d Applies*


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000080



**LABORATORY DIVISION OF FORENSIC TOXICOLOGY - TOXICOLOGY**

<b>TO:</b> ARMED FORCES INSTITUTE OF PATHOLOGY ATTN: DIVISION OF FORENSIC TOXICOLOGY BUILDING 54 6825 16TH STREET, N.W. WASHINGTON, DC 20306-6000	<b>FORWARD</b>	Dover AFB Port Mortuary 	
		Incident: OIF Remains/Case # (b)(6) Recovery/TC #: (b)(6) Process Date (b)(6) 07	ME #: (b)(6)

NAME OF PATIENT (Last, First, MI)	SOCIAL SECURITY #	AGE	SEX	RACE
Mahmoud, Nafiz	(b)(6)		M	

DATE OF INCIDENT/ ACCIDENT	TIME AND DATE OF DEATH	AUTOPSY #
(b)(6) 07		(b)(6)

**MEDICATION HISTORY** (Prescribed or administered, in patient's possession, containers found near body, etc.)

SPECIMEN/AMOUNT	SPECIMEN/AMOUNT	SPECIMEN/AMOUNT
1. Blood ✓	5. Brain ✓	9. Kidney ✓
2. Urine ✓	6. Lung ✓	10. Heart ✓
3. Vitae ✓	7. Liver ✓	11. Adipose ✓
4. Fats ✓	8. Spleen ✓	12. Stomach contents ✓

**INCIDENT/ACCIDENT DETAILS** (Include pertinent information regarding crash site/autopsy/investigation, (e.g., What happened?))

**DFT#**  
(b)(6)

PRINTED NAME OF REQUESTER/TITLE	SIGNATURE	DATE	PHONE #
(b)(6)		07	

**CHAIN OF CUSTODY (CO)**

RELEASED BY	RECEIVED BY	DATE/TIME	PURPOSE OF TRANSFER
(b)(6)			
		@ 0741	Received From Court
		@ 0741	TOXICOLOGY TESTING SECURED STORAGE
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		

0024 07 CID 789 23670

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) <b>BTB Mahmoud, Naffa, Ibrahim</b>		GRADE Grade	BRANCH OF SERVICE Arme <b>Civilian</b>
ORGANIZATION Organisation		NATION (e.g. UNITED STATES) Pays <b>Iraq</b>	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale <b>(b)(6)</b>
		DATE OF BIRTH Date de naissance <b>(b)(6) 1954</b>	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS État Civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Négronne	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé
		<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> PROTESTANT Protestant
			<input checked="" type="checkbox"/> CATHOLIC Catholique
			<input type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le aux	
STREET ADDRESS Adresse à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter any one cause per line) Cause du décès (Indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort <b>Hypertensive atherosclerotic cardiovascular disease</b>			
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitée par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste <b>(b)(6)</b>	DATE <b>(b)(6) 2007</b>	AVIATION ACCIDENT Accident d'Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
<input type="checkbox"/> SUICIDE Suicide			
<input type="checkbox"/> HOMICIDE Meurtre			
DATE OF DEATH (Day, month, year) Date du décès (le jour, le mois, l'année) <b>(b)(6) 2007</b>	Baghdad 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 défunct et constaté que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire <b>(b)(6)</b>		TITLE OR DEGREE Titre ou diplôme <b>Associate Medical Examiner</b>	
INSTALLATION OR ADDRESS Installation ou adresse <b>Dover AFB Dover DE</b>		<b>(b)(6)</b>	
DATE <b>(b)(6) 2007</b>			

DD FORM 2064 APR 77

REPLACES DA FORM 1055, 1 JAN 72 AND DA FORM 1368-R(PAD), 29 SEP 70, WHICH ARE OBSOLETE.

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EXHIBIT 12  
000082

0024 07 CID 789 23670

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

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and County)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA VI.00

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 DDICID RQI 25916  
**EXHIBIT**  
 000083

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EVIDENCE/PROPERTY CUSTODY DOCUMENT		LAW ENFORCEMENT SENSITIVE		CID SEQUENCE NUMBER 24-07-CID789	
For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigation Command				CRD REPORT/CID ROI NUMBER 23670	
RECEIVING ACTIVITY 86th Military Police Det CID, Camp Cropper, USACIDC			LOCATION Camp Cropper, Iraq, APO AE 09342		
NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED <input type="checkbox"/> OWNER <b>b(6), b(7)(C)</b> SGT <input checked="" type="checkbox"/> OTHER <b>b(6), b(7)(C)</b>			ADDRESS MIA 324TH MP BN, CAMP CROPPER, IZ APO AE 09342		
LOCATION FROM WHERE OBTAINED FROM HANDS OF SGT <b>b(6), b(7)(C)</b> AT THE TACTICAL OPERATIONS CENTER, CAMP CROPPER			REASON OBTAINED Evaluation as Evidence:	TIME/DATE OBTAINED 1719, 28 MAY 07	
ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES (Include model, serial number, condition and unusual marks or scratches)			
1	1	COMPACT DISC CONTAINING UNLASED FILE OF MEDICAL EMERGENCY BEARING 6 MFC MARKINGS "1204100431L40917-80P" MARKED FOR ID 1719, 28 MAY 07. <b>b(6), b(7)(C)</b> ON TOP OF CD			
		MER: CD WAS PLACED IN A PLASTIC BAG <b>b(6), b(7)(C)</b>			
CHAIN OF CUSTODY					
ITEM NO.	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY	
1	28 MAY 07	<b>b(6), b(7)(C)</b>	<b>b(6), b(7)(C)</b>	Evaluation as Evidence	
		<b>b(6), b(7)(C)</b> C-5/SGT	<b>b(6), b(7)(C)</b> NA SA		
1	29 MAY 07	<b>b(6), b(7)(C)</b>	<b>b(6), b(7)(C)</b>	Received by Evidence Custodian	
		<b>b(6), b(7)(C)</b> NA SA	<b>b(6), b(7)(C)</b> SGT		
		SIGNATURE	SIGNATURE		
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE		
		SIGNATURE	SIGNATURE		
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE		
		SIGNATURE	SIGNATURE		
		NAME, GRADE OR TITLE	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.

ACLU DDJ CID ROI 26089 07