MEDICAL RECORD | **PROGRESS NOTES**

DATE

21 March [illegible] S/ EPW states interrogated last evening. ↑ pain this c̄ swelling + blisters. Reports thermal burn left eve. Noted Δ's c̄ wounds Ant - [illegible] knee

O/ AVSS
EXT: (B) LE: Ant knees noted ↑ erythema + multiple blisters. noted ? single tissue appears 2ND degree burns c̄ necrotic margins.

A/P ? 2ND degree burn c̄ blister R>L.
(1) Continue Bacitracin topically to affected areas.
(2) start Percocet 4-6° PRN for severe pain
(3) Continued daily dressing Δ's. will use silvadene daily

[signature] - Dupuis LT [redacted]
B6-2

(Continue on reverse side)

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

(b)(6)-4

(b)(6)-4

REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

Theater Trauma Registry Record

For use of this form, see DA PAM XXX; the proponent agency is OTSG

AUTHORITY: SOME REGULATION
PURPOSE: To provide a standard means of documenting combat trauma for care at echelons 1-3
ROUTINE USES: The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.
DISCLOSURE: This is protected health information. HIPAA laws apply

MTF DESIGNATION:

CASUALTY NAME: (b)(6)-4 # (b)(6)-4

CASUALTY SSN: DETAINEE # (b)(6)-4

Arrive DTG: 081200L MAR04

Rank | Date of Birth | Gender ☐ Male ☐ Female | Unit

ARRIVAL METHOD: ☒ WALKED ☐ CARRIED ☐ Non-MED GND ☐ SHIP EVAC ☐ GND AMB ☐ DUSTOFF ☐ OTHER ARRIVAL

Nation: US | Host nation | Enemy | Coalition

Service: Civilian | Combatant | Contractor | USA | USN | USMC | USAF | SOF | NGO

Wound DTG:

PROTECTION: | Not Worn | Worn | Struck | Penetrated

TRIAGE CATEGORY: ☐ IMMEDIATE ☐ DELAYED ☐ MINIMAL ☐ EXPECTANT

TIME	1246	1348	1451
Pulse	100	94	108
Temp	98.4 ORAL	–	–
BP	124/90	–	–
RR	16	16	14

MECHANISM OF INJURY: ☐ GSW BULLET ☐ BLUNT TRAUMA ☐ FRAGMENT ☐ MVC ☐ KNIFE ☐ CBRNE ☐ CRUSH ☐ FALL ☐ BURN %TBSA

BROWN EYES
70"

ABRASION
ABRASION
ULCER
ABRASION
BRUISING
SMALL BRUISE
ABRASIONS
MINOR 1st 2nd ABRASION

Vent On / Off | DISPOSITION: RTD DECEASED | EVACUATED to ☐ URGENT ☐ URGENT SURGICAL

MEDCOM - 687

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0180-04-CID259-80227

CASUALTY NAME (b)(6)-4 (b)(6)-4

CASUALTY SSN DETAINEE # (b)(6)-4

Rank | Date of Birth | Gender | Unit

03 MARCH

Small bruise

Vietnam Depart ...
A CO 118th ASMB

URGENT
URGENT SURGICAL
ROUTINE
MINIMAL

NSWRAN-7 03 MAR 04

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LAW ENFORCEMENT USE ONLY

EXHIBIT

31

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
8 Jul 04	31 year old ♂ detainee for physical
	PMH- "beaten badly" 4 mo ago
	PSH- ∅ Meds- ∅ Allergies ∅
	SH- ∅
	vitals HT 6'0" wt 69 KG 132/62 P61 R16
	healthy fit appearing young ♂
	HEENT- Mouth moist + pink multiple fillings.
	No evidence of active disease.
	PERRL, EOMI ∅ nystagmus
	Neck- spine aligned, no spasm
	Chest CTA (B) good AE
	CV- S1 S2 ∅M A
	Abd- soft NT BS (+)
	ext. ∅CCE multiple areas of ecchymosis over (B) knees.
	Skin- several old scars on back no bruising
	Neuro- 2+ reflexes All 4 limbs good strength
	No muscle wasting no bowel/bladder problems.
	A/P (1) healthy young ♂ c̄ no acute injury or illness
	(2) old trauma evident by scarring.

(b)(6)-2

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	(b)(6)-2
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

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

REGISTER NO. | WARD NO.

ISN: (b)(6)-4

COMPOUND: 1973 31 yr.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
USAPA V2.00

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MEDCOM - 689

Theater Trauma Registry Record 0180-04-CID259-80227

For use of this form, see UA PAM XXX; the proponent agency is OTSG

AUTHORITY: SOME REGULATION
PURPOSE: To provide a standard means of documenting combat trauma for care at echelons 1-3
ROUTINE USES: The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.
DISCLOSURE: This is protected health information. HIPAA laws apply

MTF DESIGNATION:

CASUALTY NAME: (b)(6)-4

CASUALTY SSN:

Arrive DTG:

Birth

Gender ☒ Male ☐ Female

Unit

ARRIVAL METHOD:
☐ WALKED
☐ CARRIED
☐ Non-MED AIR
☐ OTHER ______
☐ Non-MED GND
☐ SHIP EVAC
☐ GND AMB
☐ DUSTOFF

Nation
☐ US
☐ Host Nation
☐ Enemy( )
☐ Coalition( )

Service
☐ Civilian
☐ Combatant
☐ Contractor
☐ USA
☐ USN
☐ USMC
☐ USAF
☐ SOF
☐ NGO ( )
☐ Other

Wound DTG:

WOUNDED BY:
☐ ENEMY
☐ FRIENDLY
☐ CIVILIAN (Host Country)
☐ TRAINING
☐ SELF ACCIDENT
☐ SELF NON-ACCIDENT
☐ SPORTS-RECREATION
☐ OTHER:
☐ UNK

PROTECTION:	Not Worn	Worn	Struck	Penetrated
HELMET				
FLAK VEST				
CERAMIC PLATE				
EYE PROTECTION				
OTHER:				

TRIAGE CATEGORY:
☐ IMMEDIATE
☐ DELAYED
☐ MINIMAL
☐ EXPECTANT

GLASCOW COMA SCALE (circle one)
3 UNC 8 STUPOR 12 LETHARGY 15 ALERT

MECHANISM OF INJURY:
☐ GSW/BULLET
☐ BLUNT TRAUMA
☐ SINGLE FRAGMENT
☐ MULTI FRAGMENT
☐ MVC
☐ AIRCRAFT CRASH
☐ KNIFE/EDGE
☐ CBRNE
☐ BLAST
☐ BURN 1° 2° 3° ______ %TBSA
☐ CRUSH
☐ FALL
☐ IED
☐ OTHER ______

VITALS:

TIME	2020	2132	2250
Pulse	140	100	120
Temp	98.6	—	98.4
B/P	—	—	
Resp	16	12	18
SpO2	—		

INJURY Description (Location, nature and size in cm. Be specific.)

BROWN EYES

ABRASION 2 cm DIA

ABRASION 1 cm DIA

R L R L R L R

TX & PROCEDURES

SEDATED	
CHEM PARALYZED	
INTUBATED	ett
CRIC	
NEEDLE DECOMP	
Chest Tube	L R air blood
COLLOID	ml
CRYSTALLOID	LR/NS/HTS ml
TOURNIQUET	Time on
Collar / C-spine	Time off
HEMOSTATIC DEVICE	
OXYGEN	Liters min
RBC	Units
FFP	Units
CRYO	Units
Plts	Packs
HBOC	ml
Fresh Whole Bld	Units

IR Start / Stop

Vent On / Off

ICU in / Out

PROVIDER:

SPECIALTY:

DATE:

DISPOSITION:
☐ RTD
☐ DECEASED
DTG:

EVACUATED to ______
☐ URGENT
☐ URGENT SURGICAL
☐ ROUTINE
☐ MINIMAL

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EXHIBIT

MEDCOM Test Form 1381, OCT 2003

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Theater Trauma Registry Record

For use of this form, see DA PAM XXX; the proponent agency is OTSG

Observations/Notes (Holding, En route, etc.)

TIME	BP		PULSE	RESP	SpO_2	MENTAL Status	DRUG	DOSE	ROUTE	DTG
0005			110	18		A V P U				
0108			112	16		A V P U				
0215			110	16	T97.8	A V P U				
0310			110	16		A V P U				
0500			100	14		A V P U				
						A V P U				

NOTES: PT. RECIEVED H2O / MRE / 4 HOURS SLEEP DURING THIS SHIFT.

(b)(6)-2

Hm,

MEDICATIONS: ?

LABS:

XRAYS:

PMH:

Allergies:

Discharge Summary Information (Diagnosis, Procedures and Complications)

Head and Neck:

Chest:

Abdomen:

Upper:

Pelvis:

Lower:

Skin:

Cause of Death at ____________.

ANATOMIC:

☐Airway ☐Head ☐ Neck ☐ Chest ☐Abdomen ☐Pelvis ☐ Extremity (Upper/Lower) ☐Other

PHYSIOLOGIC:

☐ Breathing ☐CNS ☐Hemorrhage ☐Total Body Disruption ☐Sepsis ☐Multi-organ failure ☐Other

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EXHIBIT 16

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(b)(6)-4

0180-04-CID259-80227

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
04MAR04	20:58 SHOWERED, DRANK 500CC WATER
05MAR 04	0000-0030 Slept 30 min SLEPT > 00:30
05 Mar 04	0115 Drank 6oz
05 Mar 04	Denied water 0300 SLEEPING SLEPT > 01:30
0400	SLEEPING
0700	SLEEPING. SLEPT > 03:00
0730	RETURN TO DETENTION CENTER. 4:00 TOTAL SLEEP
	(b)(6)-2
	[redacted] / USN
	B6-2

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

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

REGISTER NO. | WARD NO.

NAME:(LAST, FIRST) (b)(6)-4
SSN:
DOB:
UNIT:
RANK:
SEX:
STATUS: (AD, NG, R)

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
USAPA V2.00

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EXHIBIT 7

MEDCOM - 692

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | B6-2 | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
[illegible] MAR 04	[illegible] ASSUMES MEDICAL DUTIES @ 1245.
1245	PT [illegible] A+O x 3 AND IN NO APPARENT DISTRESS.
	[illegible] REVEALS MULTIPLE [illegible] AND [illegible]
	[illegible] THROUGHOUT [illegible] AND [illegible]
	NO [illegible] AND [illegible] ALL [illegible]
	[illegible]
	[illegible] NO [illegible]
	[illegible]
	[illegible] C MILD [illegible]
	[illegible]

RECORDS OF ____ | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT

SPONSOR'S NAME | | RELATIONSHIP TO SPONSOR

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

NAME:(LAST, FIRST)
SSN:
DOB: (b)(6)-4
UNIT:
RANK:
SEX:

STATUS: (AD, NG, R)

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
USAPA V2.00

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EXHIBIT

MEDICAL RECORD	CHRONOLOGICAL RECORD OF ME[illegible] AL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3/8/04	1700 - P 100 Resp 16 Pt Doing leg lift exercises for 30min
	1800 - P 110 R 16 Pt Drinking water Pt Doing Stand up Sit Down Exercise
	for 30min 1845 Pt Placed next to fire to get warm
	1900 P 112 R 18 Core Temp Taken Pt WNL 98.2°
	2010 P 114 R 18 Pt Placed in Stress Position on knees
	w/ chest on wall Pt Received abrasions on (L) and (R)
	knees
	2043 P 114 R 16 Core Temp 99.0° 20cc H2O
	[signature] (b)(6)-2
	NEETD

0180-04-CID259-80227

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

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

REGISTER NO. | WARD NO.

NAME:(LAST, FIRST)
SSN:
DOB:
UNIT:
RANK:
SEX:

STATUS: (AD, NG, R)

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
USAPA V2.00

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EXHIBIT 1 [illegible]

MEDCOM - 694

MEDICAL RECORD	CHRONOLOGICAL RECORD OF ME[illegible]AL CARE 0180-04-CID259-80227
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
08MARCH04	Pt presents A+Ox3 T [illegible] P [illegible] R 18 ... [illegible]
2100	2100 PT Placed in [illegible] Position on Gluteus Maximus or [illegible]
	2200 PT sleeping T [illegible] P 70 R 12
	2300 Pt [illegible] T 96.0°F P 70 R 12
2400	2400 Pt AOx3 T 96.0°F P 70 R 12
	Watch [illegible] [illegible]
	HM3 (b)(6)-2
	HM1 (b)(6)-2
	N/E

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

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

REGISTER NO. | WARD NO.

NAME:(LAST, FIRST)
SSN:
DOB:
UNIT:
RANK:
SEX:

STATUS: (AD, NG, R)

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

USAPA V2.00

(b)(6)-4

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EXHIBIT [illegible]

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF ME[illegible] [illegible]AL CARE**

0180-04-CID259-80227

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
Ø9MAR Ø4	HM2 (b)(6)-2 Assumed HM WATCH
ØØØØ	VS: P 70 R 12 T 97.0 PT REVIEWED & A&O X3.
ØØ45	(b)(6)-4 BY FIRE, SLEPT 30 MIN.
Ø1ØØ	T 97 P 70 R 12
Ø215	Pulse 90 R 16
Ø245	PT DRANK 12 oz H2O s̄ ASISTANCE
Ø315	P 80 R 12
Ø405	P 80 R 12 Pt cooperative A&O X3 SITTING BY
	FIRE c̄ WARM blanket X45 MIN. Pt unstable / ~~falls~~
	limp while ~~transporting~~ (b)(6)-2 HM2
	NFETP
	(b)(6)-2
	HM2

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

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

NAME:(LAST, FIRST)
SSN:
DOB:
UNIT:
RANK:
SEX: STATUS: (AD, NG, R)

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 5-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
USAPA V2.00

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EXHIBIT 133

MEDCOM - 696

0180-04-CID259-80227

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
09 MAR 04	
0441	ATE CHOC CHIP COOKIE, ALERT ORIENT ~~x3~~
	SITTING BY FIRE. V/S, P 82 R 12
0445	ATE [illegible], [illegible] STANDING.
0511	PT SITTING BY CAMP FIRE, KEEPING WARM
	c̄ BLANKET.
[illegible]	SLEEPING.
0647	AWAKE STANDING.
0704	STANDING AWAKE, A/O, ORIENT x 3
[illegible]	[illegible]

(b)(6)-2

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

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

NAME:(LAST, FIRST)
SSN: (b)(6)-4
DOB:
UNIT:
RANK:
SEX:
STATUS (AD, NG, R)

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
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EXHIBIT 133

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
09 MAR '04	HM (b)(6)-2 ASSUMES MEDICAL DUTIES @ 0800:
0800	PT A&Ox3 P 80 R 10, TEMP 98.° (R)
0900	P 76 R 10
1000	P 80 R 10, SHOWERED
1100	P 80 R 10
1115	DRANK 500CC WATER
1200	P 80 R 12 TURN-OVER TO HM (b)(6)-2

NFETP

HM

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

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

REGISTER NO. | WARD NO.

NAME:(LAST, FIRST)
SSN:
DOB: (b)(6)-4
UNIT:
RANK:
SEX:

STATUS: (AD, NG, R)

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
USAPA V2.00

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EXHIBIT

7.155

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3/9/04	1200 Sleeping 1 hr 3:59 Total Sleep time P 90 R 12
	1300 Awoke To Eat MRE Wheat Snack Bread 50cc H_2O P 88 R 12
	1400 Sleeping 1 hr 4:59 Total sleep time P 88 R 12
	1523 [illegible] 20cc H2O P 86 R 12
	[illegible] (b)(6)-2
	NFETP

0180-04-CID259-80 [illegible]

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

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

REGISTER NO. | WARD NO.

NAME:(LAST, FIRST)
SSN:
DOB:
UNIT:
RANK:
SEX: STATUS: (AD, NG, R)

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
USAPA V2.00

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EXHIBIT 126

MEDCOM - 699

0180-04-CID259-80227

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
09MARCH04 1600	1600 Assumed the Watch Pt Sleeping NAD P 90 R 16
	(b)(6)-2
	1700 Pts Sleeping P 90 R 16 DR
	1800 Pt Sleeping P 90 SR R 16 DR
	1900 Pt awake H2O 500cc + Food P 110 SR R 20 DR
	2000 Pt awake P 110 SR 20 DR
	2005 Turned over Watch Passdown conducted
	HM1 (b)(6)-2
	(b)(6)-2
	USN TAC

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

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1 USAPPC V1.00

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EXHIBIT

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
Ø9MARØ4	Assumed WATCH, HM2 (b)(6)-2
2ØØØ	P 110 R 20 T 97
2Ø1Ø	Pt by fire, sitting on blanket. A&O x3 verbaly responds to questions/commands. Pt falls limp while transporting
2Ø5Ø	15 MIN Sleep.
21ØØ	P 110 R 20 T 96.5R
2145	Pt drank 12cc Sunkist (ORANGE) 5oz H2O
2200	P 106 R 18 T 97.0
2215	Slept 15 min by fire, A&O x3
23ØØ	P110 Resp 18 temp — 97.6°F (b)(6)-2
233Ø	Pt cleaned c soap & H2O. ADDRESSED KNEES c abrasions betadine SOLUTION. PT AMBULATED UNDER OWN CONTROL TO HEAD c SHOES. Pt Deficated & URINATED. (R) 4th METATAR c SMALL ABRAISION (1cm) from Rocks. PLACED SHOES ON for All further ambulations
2340-2350	SITTING IN Chair by fire. DRANK 10cc H2O. (b)(6)-2
	NFETP (b)(6)-2 HM3

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

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

REGISTER NO. | WARD NO.

NAME:(LAST, FIRST)
SSN:
DOB:
UNIT:
RANK:
SEX:

STATUS: (AD, NG, R)

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
USAPA V2.00

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EXHIBIT 118

MEDCOM - 701

0180-04-CID259-80227

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	**SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION** *(Sign each entry)*
10 MAR 04	PT IS AWAKE ORIENTED x3, SITTING
0001	DOWN - FED RICE / DRANK 20 cc H_2O
	V/S P 88 R 16 NAD
0030	NOTED CONTUSIONS TO GLUTEUS MAXIMUS
	REGION, ABRASIONS NOTED TO KNEES
	- CLEANED c̄ BETADINE. D/C SITTING ON GRAVEL.
0045	PT IS IN PRONE POSITION, SLEEPING.
0145	PT STILL SLEEPING
0200	20 cc H_2O GIVEN P.O.
0300	SLEEPING, NAD.
0400	SLEEPING, NAD.

(b)(6)-2

(b)(6)-2

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

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

REGISTER NO. | WARD NO.

NAME:(LAST, FIRST)
SSN: (b)(6)-4
DOB:
UNIT:
RANK:
SEX:
STATUS: (AD, NG, R)

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
USAPA V2.00

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT USE ONLY

EXHIBIT 129

MEDCOM - 702

0180-04-CID259-80227

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
03-11-04	0000 Pt in Recumbent Pos feet elevated on cot w/ Blanket
	Pt kept awake. P 128 R 18 T 98.6. No new Abrasions Noted
	All Abrasions seem Appear to be Healing very well as expected
	All Abrasions treated w/ bacitracin. Pt A O X 3 Talkative
	Pt Denies water at this time.
	0100 Pt stood up and walked to Port-o-John and Defecated /
	URinated Pt walked under own Power no stumbling or
	falling. Pt very compliant. P 118 R 16 T 94.6°
	0127 Pt Drank 50 cc (Approx) H2O
	0214 Pt Denies water P 115 R 16 T 97.0
	0252 Pt lying By fire on cot keeping him awake P 110 R 14 T [illegible]
	0255 Properly Relieved By [illegible] (b)(6)-2

NAME OF MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT

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

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

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1 USAPPC V1.00

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT USE ONLY

EXHIBIT 130

MEDCOM - 703

0180-04-CID259-80227

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
3/11/04	ASSUMED MEDICAL DUTIES, PT. AWAKE, ON
0300	SIDE, NAD, ORIENTED X 3, TALKING c̄ TRANSLATOR.
	SITTING UPRIGHT IN CHAIR, TALKING c̄ TRANSLATOR
0342	PT. DRANK APPROX 20cc H_2O. P82 R12 T98.6
0424	DRANK 20 cc H_2O, SITTING BY FIRE, NAD
0440	SLEEPING ON SIDE, NAD.
0530	AWAKE, SUPINE, P. 82 R 12 T. 98.6
	NAD.
0606	AWAKE, RESPONSIVE, ORIENTED X 3, NAD.
	PROPERLY RELIEVED BY HM2 (b)(6)-2

(b)(6)-2

(b)(6)-2

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

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

REGISTER NO. | WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1   USAPPC V1.00

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EXHIBIT

MEDCOM - 704

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
23/11/04	MEDICAL watch ASSUMED BY HM'O (b)(6)-2 @ 0611 V/S P84
	R12 T. 98.2 (R) PT ASLEEP WRAP BLANKET. AWAKENED
	FOR VITALS A+OX3 THEN ASLEEP AGAIN ON SIDE ON COT.
0652	P86 R12 PT AWAKENED FOR 250cc WATER AND EGG
	SANDWICH c̄ POTATO FRIED. TOLERATED WELL - BACK SLEEP.
0741	PT AMBULATES TO TOILET s̄ ASSISTANCE. DRANK 250cc WATER.
0815	P82 R16 ASLEEP.
0900	P94 R16 AWAKE. SIT ON CHAIR A+O x3
0957	WATCH PROPERLY RELIEVED BY HM (b)(6)-2

(b)(6)-2

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

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

REGISTER NO. | WARD NO.

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1 USAPPC V1.00

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LAW ENFORCEMENT USE ONLY

EXHIBIT 132

MEDCOM - 705

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
3-11-04	Pt laying Down on cot edema on blast Marked change in color
1800	was Pink (b)(6)-2 Purple. Appears to be healing very Rapidly. P 100 R 12 T 98.6°
1100	Pt laying on Back on cot P 86 R 12 T 98.5°
	Lungs Sound clear X3 fields heart is RRR. Pt AOX3
	Pt is compliant
1200	Pt Defecated walked w/no help to Port-o-John and There
	was no stumbling or falling. Pt is standing in stall with
	hands raised above head P 88 R 12 T 98.5°
1230	Pt Drank 300cc water
1310	Pt laying on cot P 86 R 12 T 99.7°
1349	Pt Drank 300 cc H_2O

GRADE OF MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

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

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
USAPPC V1.00

133

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EXHIBIT

MEDCOM - 706

First name: ___ Second name: ___ EPW Tag# 0180-04-CID259-80227

Date of screening: 3/16/04 Time of Screening: 19:48

Blood Type

MOI:

HPI:

PMHX:
PSHX:
Meds:
Allergies:

Primary Survey

Airway: Patent Mechanically maintained by N/A
Breathing: Spontaneous Assisted by N/A
Circulation:
Pulse: (Present) Absent CPR
Color: (Normal) Abnormal
Cap refill: Normal (Delayed) 4SEC (PEDAL)

@1949

Secondary Survey

Initial Vital Signs: b/p ___/___ pulse 110 Resp 12 Pulse Ox N/A Temp 98.4 (R)

GEN: SEE P.2 NOTES

HEAD: NORMOCEPHALIC, ATRAUMATIC, (B) PERRLA (NEG) RHINORRHEA (B). SEPTUM MIDLINE,

NECK: SUPPLE, (NEG) JVD, TRACHEA MIDLINE

HEART: WNL

LUNGS: EQUAL RISE + FALL, (NEG) DEFORMITIES, DISLOCATIONS OR STEP-OFFS NORMAL B.S.

CHEST: CLEAR TO 6 FIELDS

ABD: (POS) BOWEL SOUNDS x 4 QUADRANTS (NEG) GRIMACE, DISTENTION, DISCOLORATION

PELVIS: ATRAUMATIC (NEG) GRIMACE, CREPITUS

EXT: SEE P.2 NOTES

RECTAL: N/A

NEURO: ORIENTED X 3

OLD MINOR ABRASIONS NON HEALING

BROKEN TOE BLISTERS 1ST/2ND TOES

BOTH FEET (+) ERR (+) EDEMA +1 PITTING ⇒ DIFF. AMBULATING.

GLASCOW COMA		
EYES OPEN	Spontaneously	(4)
	To Speech	3
	To Pain	2
	None	1
BEST VERBAL RESPONSE	Oriented	(5)
	Confused	4
	Inappropriate sounds	3
	Incomprehensible sounds	2
	None	1
BEST MOTOR REPONSE	Obeys Commands	(6)
	Localizes Pain	5
	Withdraws to Pain	4
	Flexes to Pain	3
	Extends to Pain	2
	None	1
	TOTAL	15

Revised Trauma Score		
GLASCOW COMA TOTAL	13-15	4
	9-12	3
	6-8	2
	4-5	1
	3	0
SYSTOLIC BLOOD PRESSURE	>89mmHg	4
	76-89 mmHg	3
	50-75 mmHg	2
	01-49 mmHg	1
	No pulse	0
RESPIRATORY RATE	10-29 / min	4
	>29 / min	3
	6-9 / min	2
	1-5 / min	1
	None	0
	TOTAL	

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LAW ENFORCEMENT USE ONLY

EXHIBIT 154

0180-04-CID259-80273

ay:

Breathing:

Circulation:

Other:

Time	Drug	Dose	Route	Initials

Blood Components

Unit #	Type	Time	Response

Vital Signs

Time	B/P	Pulse	Resp	Pulse Ox	Temp	GCS
19:49	—	110	12	—	98.4 (L)	15
20:30	—	100	12	—	—	15

Transfer Instructions:

NOTES: PT A+Ox3 @19:50 SITTING IN CHAIR BY FIRE, ANSWERING QUESTIONS. HE IS COMFORTABLE AND IN NO DISTRESS. P110 R12. WE HAVE RECEIVED HIM FROM FROM DETENTION FACILITY WHERE HE HAS RECEIVED MEDICAL ATTENTION HM (b)(6)-2 ON DUTY @ 19:50 3/16/04. 2005 PT HAS DIFFICULTY WALKING. HE GUARDS (L) FOOT. (L) FOOT RED + SWOLLEN c̄ BROKEN 1" BLISTERS ON THE TIPS OF 1ST + SECOND TOES (NEG) CREPITUS (+) ERR (+) ECCHY. (+) PEDAL PULSE, SLOW CAP. REFIL (+) GRIMMACE UPON PALP. (R) FOOT RED + SWOLLEN c̄ 1.5" UNBROKEN BLISTER ON 1ST TOE (NEG) CREPITUS (+) ERR AND ECCHY (+) PEDAL PULSE c̄ SLOW CAP REFIL APPROX 4SEC. BOTH FEET. (R) FOOT (+) GRIMMACE BUT LESS THAN (L) FOOT UPON PALP. PT UNCOOPERATIVE FOR STRENGTH TESTS. ~ RELIEVED OF DUTY CORPSMAN WATCH BY HM1 (b)(6)-2
@ 2145, PT. SITTING, HX AS ABOVE. NO Δ'S. UNREMARKABLE CONDITION OTHER THAN EDEMA TO (L) PEDIS, ANTERIOR ASPECT CAP REFILL +02, DISTAL PULSES PRESENT.

(CONT.)

Prepared By: [redacted]

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LAW ENFORCEMENT USE ONLY

EXHIBIT

0180-04-CID259-80227

...y:

Breathing:

Circulation:

Other:

MEDICATIONS

Time	Drug	Dose	Route	Initials

Blood Components

Unit #	Type	Time	Response

Vital Signs

Time	B/P	Pulse	Resp	Pulse Ox	Temp	GCS
	/					
	/					
	/					
	/					
	/					
	/					

Transfer Instructions:

NOTES: V/S AS ABOVE. H2O + MRE PROVIDED
1000 – TAKEN BY HUMV TO
INTERNMENT CAMP.

(b)(6)-2

HM1 / USN / 18D

Prepared By:

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT USE ONLY

EXHIBIT 136

(b)(6)-4

0180-04-CID259-80227

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
2100	PULSE 110, R 14 B/P 132/78
19 MAR 04	AWAKE, O X 3, TALKING c̄ INTERPRETER
	THE PT (DETAINEE) WAS TRANSFERRED HERE FROM
	MOSUL INTERNMENT CAMP HE HAS A HISTORY OF
	SEVERAL VISITS IN THE LAST WEEK, P.E. FORMS ARE
	ON RECORD. P.E.
	- GEN A/O X 3 ATRAUMATIC ARAB ♂, 31 Y.O. AMBULATES BY
	HIMSELF, SLOWLY. NKA c̄ MEDS
	- HEAD: ATRAUMATIC, E: PERRLA, E: TM'S WNL, VALSALVA (+)
	- NECK: ATRAUMATIC, TRA. MIDLINE ⊖ JVD
	- HEART: NORMAL H.S. ⊖ MURMUR PMI NOTED
	- CHEST - ATRAUMATIC, LUNG SOUNDS, CLEAR BILAT
	- ABD ATRAUMATIC, [illegible] c̄ MASSES, ⊖ REBOUND [illegible]
	[illegible] BOWEL SOUNDS ⊕
	- PELVIS: ATRAUMATIC, STABLE
	- RECTAL: WNL, ATRAUMATIC
	- NEURO: A/O X 3, 12 CRANIAL N. WNL, REFLEXES WNL
	- ABRASION NOTED TO (L) KNEE. TX ED PRIOR TO
	DELIVERY HERE. SAME TYPE NOTED TO (R) KNEE
	ANTERIOR ASPECT. 5-6 CM IN DIAMETER.
	- ABRASIONS CLEANED/DRESSED, BETADINE, BACITRACIN
	APPLIED c̄ DRY STERILE DSG.

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

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

REGISTER NO. | WARD NO.

NAME:(LAST, FIRST)
SSN:
DOB: (b)(6)-4
UNIT:
RANK:
SEX:

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
USAPA V2.00

STATUS (ACTIVE)

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT USE ONLY

EXHIBIT 197

2

MEDCOM - 710

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
2200	CONDUCTING INTERROGATION, PT IS SITTING, CALM, ANSWERING QUESTIONS. VERY COMPLIANT.
2324	STILL UNDERGOING INTERROGATION. NAD.
0100	SITTING BY FIRE NAD.
0300	S&A RELIEVED BY HM2 (b)(6)-2
0300	PT SITTING BY FIRE NAD
0610	PT SITTING IN STALL W/CHAIR NAD
0840	PT SLEEPING IN CHAIR IN STALL
0900	A+O x3 P120 R12 SITTING COMFORTABLY AND NO APPARENT DISTRESS DRANK 250cc water
1200	P110 R10 AMBULATES TO TOILET c̄ ASSISTANCE DRANK 250cc W
1215	ASLEEP IN CHAIR
1330	AWAKENED P100 R10 DRANK 250cc
1450	P124 R12 SITS QUIETLY NO DISTRESS
1500	ANNOTATED MEDICAL WATCH, PT IS AWAKE, A/O x3 SITTING, NAD.
1700	DSG Δ TO ABRASIONS ON KNEE'S BOTH CLEANED c̄ BETADINE, BACITRACIN APPLIED c̄ DRY STERILE DSG. ALSO (L) 1ST + 2ND DIGITS OF (L) PEDIS, CLEANED + DRESSED IN THE SAME MANNER. SLIGHT SWELLING NOTED TO (L) FOOT, PT IS SITTING c̄ (L) FOOT ELEVATED.
1800	STILL SITTING c̄ FOOT ELEVATED. NO Δ. T 98.6 P. 100, R 12 B/P 130/78
2000	RETURN TO DETAINMENT CAMP, AMBULATED WELL, SLIGHT EDEMA TO (L) FOOT. (b)(6)-2 ATE 3 MRE'S / SLEPT 4 HOURS EACH NIGHT

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT USE ONLY

(b)(6)-4

STANDARD FORM 600 (REV. 6-97) BACK
USAPA V2.00

EXHIBIT
HM1

138

MEDCOM - 711

ACLU-RDI 1058 p.26

0180-04-CID259-80227

MEDICAL RECORD | PROGRESS NOTES

DATE

1 March [illegible] S/ EPW states interrogated last evening. ↑ pain this c̄ swelling + blisters. Reports thermal burn left eve. Noted Δ'S c̄ wounds Ant - [illegible] knee

O/ AVSS

EXT: (B) LE: Ant knees noted ↑ erythema + multiple blisters. noted c̄ singed tissue appears 2ND degree burns c̄ necrotic margins.

A/P ? 2ND degree burn c̄ blister R > L.
(1) continue Bacitracin topically to affected area.
(2) start Percocet 4-6° PRN for severe pain
(3) continue daily dressing Δ'S. will use silvadene daily

(b)(6)-2

LT/RN

(Continue on reverse side)

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

(b)(6)-4

PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

(b)(6)-4

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EXHIBIT

MEDCOM - 712

0180-04-CID259-80227

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION	↓	DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4 (b)(6)-4		13 Mar 04 — 11:16 HOURS	(b)(6)-2
	1	LFTs, CK x 1 Now	
	2	↓ IV Fluid rate to 75cc/hr	
		(b)(6)-2	
		(b)(6)-2 CPT, MC, USA	
NURSING UNIT / ROOM NO. / BED NO.			
PATIENT IDENTIFICATION		DATE OF ORDER / TIME OF ORDER	
		14 Mar 04 — 0802 HOURS	
	1	LFTs, CK this AM	
	2	Pt may shower, c̄ guard in attendance	
		(b)(6)-2	
		(b)(6)-2 CPT, MC, USA.	
NURSING UNIT / ROOM NO. / BED NO.			
PATIENT IDENTIFICATION		DATE OF ORDER / TIME OF ORDER	
		14 Mar 04 — 0805 HOURS	(b)(6)- (b)(6)-2 (b)(6)-2
	1	Flexeril 10 mg po bid	
		prn muscle spasm (neck pain)	
		(b)(6)-2	
		(b)(6)-2 CPT, MC, USA	
NURSING UNIT / ROOM NO. / BED NO.			
PATIENT IDENTIFICATION		DATE OF ORDER / TIME OF ORDER	
		HOURS	
NURSING UNIT / ROOM NO. / BED NO.			

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

FOR OFFICIAL USE ONLY LAW ENFORCEMENT

EXHIBIT

MEDCOM - 713

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

(b)(6)-4

DATE OF ORDER: 11 Mar 04 TIME OF ORDER: 1805 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Admit to ICW
2. Dx: multiple abrasions/contusions.
3. Condition: stable
4. Allergies: NKDA
5. Vital signs per ward protocol
6. Activity: bedrest c̄ bedpan/urinal
7. Record I/O

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

8. Encourage hydration
9. Diet: regular, may supplement c̄ Ensure if patient desires
10. IVF: NS @ 125 cc/hr until first bag done, then LR @ 125 cc/hr
11. Meds: Toradol 15mg IV Q6hr
 Morphine sulfate 2-4mg Q3-4° prn pain not

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

 controlled c̄ toradol
 Reglan 10mg IV Q6° prn nausea
12. CBC, Metlyte 8, Liver panel, coags x1 in AM please
13. Call Dr (b)(6)-2 for questions
14. Elevate feet on pillows

NURSING UNIT | ROOM NO. | BED NO.

ICW [illegible] 14 (b)(6)-2 (b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER: 12 Mar 04 TIME OF ORDER: 1054 HOURS (b)(6)-2

CPT, MC

1. D/C IV toradol
2. Begin Motrin 800mg po tid
3. Colace 100mg po bid
4. Keflex 250 mg po QID
5. Demerol 25-50mg po Q4° prn breakthrough pain
6. D/C IV morphine sulfate

Noted 12 Mar 04 1200 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2 ONLY (b)(6)-2

(b)(6)-2

*U.S. GOVERNMENT PRINTING OFFICE: 2002-488-041

MEDCOM - 714

558-103

(See Instructions on Back of this Sheet) **0180-04-CID259-80227** NSN 7540-01-075-378

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Stamp)

LOG NUMBER

ARRIVAL				TRANSPORTATION TO HOSPITAL (Attach care enroute sheet)	CURRENT MEDS. (tetanus immunization and other data)	HISTORY OBTAINED FROM
DATE			TIME	☐ PRIVATE VEHICLE ☑ AMBULANCE ☐ OTHER (Specify)	Cryptoheptidine	☐ PATIENT ☑ OTHER (Specify) pt thru interpreter
DAY	MONTH	YR.				ALLERGIES NKDA
11	03	04	1625			

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code): EPW

HOME TELE. NO. (Inc. area code)

CHIEF COMPLAINT(S) (Include symptom(s), duration): abrasions over body, neck pain

SEX: M AGE: 31

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

TIME SEEN BY PROVIDER

VITAL SIGNS	
TIME	1628
BP	129/84
PULSE	116
RESP.	17
TEMP.	97.5
WT. (Child)	98

CATEGORY (See reverse)
- EMERGENT
- URGENT
- NON-URGENT

ORDERS	INITS.	
CBC, Chem	(b)(6)-2	(b)(6)-2
Coag		
Xrays (B) legs/knees/ankles		1700
Morphine Sulfate 4 mg	(b)(6)-2	1800

ASSESSMENT/DIAGNOSIS: multiple abrasions - ecchymosis

DISPOSITION (Check all that apply)
- HOME / FULL DUTY
- QUARTERS: 24 Hrs. / 48 Hrs. / 72 Hrs.
- MODIFIED DUTY UNTIL: DAY / MONTH / YEAR
- REFERRED TO (Indicate clinic)
- EMERGENCY / TODAY / 72 HOURS / ROUTINE
- ✓ ADMIT. TO HOSP. UNIT/SERVICE: ICW

CONDITION UPON RELEASE: IMPROVED / UNCHANGED / DETERIORATED

TIME OF RELEASE: 1805

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

31 y/o male c abrasion on back, (R) shoulder chest. Pt presents c bruises and scrapes on both legs. Pt c/o neck pain

(b)(6)-2

(S): 31yo Iraqi ♂ EPW picked up [illegible] SF raid 3-4d ago brought to EPW camp today - noted to be bruised and unable to ambulate 2° ↑ foot pain. States "fell down stairs several times" during raid, was dragged through stones and "someone tried to turn feet completely around".

Prob Hx - migr[illegible] PSHx - [illegible]

(O): 129/84 P116 R17 T97.5°F Sat 98% RA
Gen: A+O x3 CV: tachycardic ∅ murmur Resp: CTA(B)
MS: Multiple superficial abrasions to back, chest, legs. Ecchymoses to (R) chest/ribs, (R) ASIS area, (B) knees. Swelling to (B) knee joints. Able to actr range knees, elbows, fingers. ∅ spinous process tenderness. (+) Ecchymoses/swelling/tenderness to (B) ankle feet/toes. Blood collection vs. necrosis to (B) 1st/2nd toe. Pain c attempt @ range of motion of ankles. Grossly neurovascularly intact

Xrays → ∅ Fx.

(CONTINUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION (Mechanical imprint) FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD).

(b)(6)-4

31 years old

SIG (b)(6)-2 DO CPT, MC (b)(6)-2

INS[TRUCTIONS TO PATIENT (include medications ordered, any limitations and follow-up] plans)

(A): Multiple abrasions/ecchym[oses]
(P): (1) admit to ICW
(2) cleanse wounds
(3) pain control

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LAW ENFORCEMENT

EMERGENCY CARE AND TREATMENT

EXHIBIT

STANDARD FORM 558 (Rev. 6-82)

(b)(6)-4

MEDICAL RECORD - PATIENT RELEASE / DISCHARGE 0180-04-CID259-80227
For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: To be completed by attending provider and other staff at time of patient release following an outpatient procedure, extended care/treatment or discharge from an inpatient hospital stay.

SECTION I — TO BE COMPLETED BY PRIVILEGED PROVIDER

1. DATE OF PROCEDURE/ADMISSION: 11 MAR 04
2. ADMITTING DIAGNOSIS: multiple contusions/abrasions
3. PERTINENT LAB, X-RAY FINDINGS:
No fracture on xrays.
↑ CK, ↑ LFTs
3/14 - CK 75,000; ALT 158; AST 338 tbili 2.0
4. PROCEDURES, TREATMENT, HOSPITAL COURSE:
Pain control c̄ Motrin, occasional Demerol.
Muscle spasm treated c̄ Flexeril
Keflex x 4 days.
5. FINAL DIAGNOSIS AND CONDITION AT DISCHARGE:
Condition improved; pt ambulatory.
DX: multiple contusions/abrasions.
6. ACTIVITY: as tolerated
7. DIET: Regular
8. MEDICATIONS:
☐ Medications have been prescribed for home use. See separate list and special instructions or see below.
Motrin 800mg po tid
Flexeril 10mg po bid
Keflex 250mg po QID x 3 more days.
9. INSTRUCTIONS (To Home Health Providers, Patient, etc):
To P.A. → may need to periodically ✓ CK, LFTs to continue to document decreasing levels; bloodwork can be brought to CSH and processed
10. DISCHARGING PROVIDER
(b)(6)-2
(Signature) (Printed or Stamped Name) CPT, MC, USA

PATIENT IDENTIFICATION
(b)(6)-4
(b)(6)-4

SECTION II — TO BE COMPLETED BY OTHER STAFF, AS APPROPRIATE

1. DISPOSITIONED TO: ☐ HOME ☐ [illegible] ☐ OTHER
☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ [illegible]
2. ACCOMPANIED BY: ☐ [illegible] ☐ [illegible] ☐ [illegible]
3. PATIENT EDUCATION
Completed and patient prepared for home care ☐ ☐
If no, explain
Patient ☐ states ☐ demonstrates understanding of home care needs
Printed educational materials provided
NA
4. Clinical outcomes met and post-discharge release referrals made
☐ yes ☐ no If no, explain
5. If transferred to another health care facility, report called to nurse
☐ yes ☐ no If no, explain
6. NUTRITION CARE Comments
NA
7. MEDICATIONS
Explained by: ☐ ☐ ☐
Printed medication literature provided ☐ ☐
Patient states understanding of prescribed medications
8. EQUIPMENT SUPPLIES PROVIDED
NA
9. FOLLOW-UP APPOINTMENTS POINT OF CONTACT & PHONE
NA
10. FOR PROBLEMS OR EMERGENCY CONTACT & PHONE
11. COMPLETED BY
(b)(6)-2
(Signature and Title) 3PN 15 MAR 04 (Date and Time)

I HAVE RECEIVED A COPY OF AND UNDERSTAND THESE INSTRUCTIONS.
X
(Patient/Responsible Adult's Signature) (Date and Time)

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EXHIBIT

MEDCOM FORM 691-R (TEST) (MCHO) MAR 99 — PREVIOUS EDITIONS ARE OBSOLETE

MEDICAL RECORD | **PROGRESS NOTES** 0180-04-CID259-80227

DATE	NOTES
11 mar 04 1830	admit note: Pt. brought over from E.R @ 1750. Pt. saying [illegible], AOx3, translator assisting pt. [illegible] @ BS. IV running in (L) AC. Toradol 15mg given on admission for pain. Lungs CTA, [illegible], non-tender. Bruises noted on back & chest. (B) knees are swollen & dark red, (B) feet are swollen & red, ecchymosis noted on 3 toes. Legs elevated on one pillow. Pt. states most pain is in his feet. Pt. on a reg. diet, [illegible], 3 [illegible]. Pt does not report any diff. breathing or SOB @ this time. Cont. to monitor. (b)(6)-2
12MAR04 0130	Pt awake. Scattered abrasions to chest and back, (B) knees swollen, dark red, small abrasions to legs, (B) feet swollen c̄ +1 pedal pulses, ecchymoses (B) feet and toes, cap refill < 3 secs, pt able to slightly move toes, unable to flex and extend ankles. IVF infusing to (L) AC. Toradol 15mg IV given as scheduled. Pt c/o slight pain to (L) ribs. Pt stated he was hungry, ate 2 rolls and is currently sleeping. (b)(6)-2 2LT AN
12MAR04 0200	Second bag LR @ 125/hr hung. 2LT AN

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

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

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

(b)(6)-4

(b)(6)-4

PROGRESS NOTES
Medical Record

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LAW ENFORCEMENT SENSITIVE ONLY
EXHIBIT

183

0180-04-CID259-80227

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
12 Mar 04 1100	NSG Note. PT lying flat in bed on (R) side. (B) feet ↑ on blankets. A+Ox3 speaks some english. Guard @ bedside. PT has multiple abrasions and scratches to face, Torso anterior+posteriorly, (B)UE (-) active drainage noted (-) s/s of infection. +1 pitting edema in (B) hands ↓ ROM c̄ tenderness cap refill < 3 sec to all nail beds +2 radial pulses. (+)2 non pitting edema to (B) ankles and feet. Able to ambulate c̄ slow shuffle slightly unsteady. Voided 600cc of amber color urine s̄ diff. TOL Reg diet. (+) flatulence. IV of LR @ 125cc/° 18G to (L) FA patent Ø s/s of infection. will cont to monitor comfort level and med PRN. SSG (b)(6)-2 91W30 M6 LPN
12 Mar 04 1400	PT ambulated to void, voided 800 cc of dark yellow urine. (B) low extrem ↑ on pillows. TOL 30% of Kosher diet s̄ diff. SSG (b)(6)-2 LPN
12 Mar 04 1730	PT tol 40% of Kosher meal. States pain level of 3 but declines pain meds. Ambulated X1 for void. voided 650cc straw color urine. SSG (b)(6)-2 91W30 M6 LPN
12 MAR 04 1900	NSG note: Pt awake. Scratches and abrasions unchanged, Ø oozing or bleeding. Pedal pulses +2 currently, feet still swollen, cap refill < 3 secs to all extremities. Pt c/o slight ache to (L) foot and belly button, pt refuses pain med. IVF infusing s̄ difficulty. New bag of LR @ 125cc/° hung. Pt talking c̄ guard at bedside. Feet elevated. (b)(6)-2 2LT AN

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STANDARD FORM 509 (REV. 5/1999) BACK
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EXHIBIT

164

MEDCOM - 718

ACLU-RDI 1058 p.33

DOD 003781

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MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
	Physician Progress Note
12Mar04	(S): HD#2 admitted last evening for pain control/
1045	monitoring of multiple abrasions/ecchymoses &
	foot swelling sustained during capture. Tolerated
	regular diet overnight. Less pain in feet
	but able to ambulate c̄ assist for using
	restroom. Ø fevers.
	(O): 108/64 P76 T98.6°F R16 I/O 1700/600
	Gen: A+OX3, cooperative, conversant
14.3 / 5.2 / 135 / 41.5	MS: (B) feet/ankles c̄ slight ↓ in swelling
	Erythema noted. Dorsalis pedis pulses
133 / 98 / 18 / 4.0 / 27 / 1.2 / 74	now palpable. Edema on feet pitting to ankle
alb 3.4	(A): Multiple abrasions/ecchymosis
ALP 62	(B) Pedal to ankle edema.
ALT 185	(P): (1) Will begin Keflex to prophylax for infection
amy 51	
AST 572	(2) Will change to oral pain meds c̄
tbili 3.1	
CK >10,000	Motrin + Demerol
GGT 7	(3) Begin colace
~~t prot 5.7~~	(4) May ambulate c̄ assist as tolerated.
PT 14.9	(b)(6)-2
PTT 31.6	(b)(6)-2 CPT, MC, USA

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

REGISTER NO. | WARD NO.

(b)(6)-4

(b)(6)-4

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

MEDCOM - 719

0180-04-CID259-80227

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
	(Cont)
13Mar04 1115	MS- ↓ swelling/edema in feet + ankles, persistent blood blisters, ecchymoses to knees/ant tibia improving. (+) dorsalis pedis pulses equal bilaterally. ↓ tenderness to palpation of feet. Abrasions healing $\bar{s}$ evidence of infection.
	(A): Multiple abrasions/contusions
	(B) foot swelling - resolving.
	(P): (1) Will recheck LFTs, CK today
	(2) ↓ IV fluid rate to 75cc/hr + encourage po fluids.
	(3) Continue pain control.
	(b)(6)-2 , RD.
	(b)(6)-2 CPT, MC, USA

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STANDARD FORM 509 (REV. 5/1999) BACK
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EXHIBIT

MEDCOM - 720

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MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
13MAR04 0330	NSG note: Pt pulled IV out while sleeping, 20G to (R) FA inserted c̄ another bag of LR infusing. Pt back to sleep. (b)(6)-2 2CTAN
13 Mar 04 0930	Nsg note: Scattered abrasions to upper chests + (B) arms. Large abrasions to bilat knees + shins. Bilat feet swollen c̄ black scabs on toes. Pedal pulses 2+. Pt ambulates well c̄ little assistance. IV to (R) forearm running LR @ 125 cc/o s̄ redness or swelling to site. Pt c/o pain @ neck states unable to turn head from side to side or look up. 25 mg Demerol IV given per prn pain orders. Pt sitting up in bed eating breakfast @ this time. (b)(6)-2
13Mar04 1115	Progress Note
	(S): HD#3 → receiving pain control/hydration for multiple abrasions/contusions. ↓ pain in feet → (R) better than (L) per pt. Able to ambulate better for short distances. Pain meds helping. Tolerating regular diet. ∅ fevers.
	(O): 117/70 P75 R18 T97.3°F Tmax 99.2
	I/O ~2500/2190
	Gen: A+OX3, in NAD, conversant, cooperative
	↓ (cont)

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST, FIRST, MI | SPONSOR'S ID NUMBER (SSN or Other) (b)(6)-2

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS (b)(6)-2 CPT, AN, USA

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

(b)(6)-4

(b)(6)-4

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

MEDCOM - 721

0180-04-CID259-80227

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
	(cont)
14 Mar 04 0808	in feet. Ambulating better. C/o (L) shoulder + neck pain this AM. Tolerating regular diet. Pain control mainly c̄ Motrin.
	(O): 103/66 P75 R16 T97.9°F I/O ~1800/1825
	Gen: A+OX3, in NAD
	MS: Full ROM to shoulders, some discomfort c̄ (L) shoulder abduction, mild tenderness to cervical musculature - no deformity; resolving ecchymoses on legs. ↓ swelling to feet. (+) dorsalis pedis pulses.
	(A): Multiple abrasions/contusions
	Resolving swelling of feet.
	Cervical muscle strain
	(P): (1) ✓ CK, LFTs this AM
	(2) Flexeril 10mg po bid for muscle spasm
	(3) Pt may shower c̄ guard in attendance
	(4) Will consider d/c later today or tomorrow.
	(b)(6)-2 DO.
	(b)(6)-2 CPT, MC, USA
14 MAR 04 0900	NSG - Pt. resting in bed. IV running @ 75 °/hr. (B) feet are slightly less swollen, pedal pulse present. Pt. c/o pain in (L) shoulder; refuses pain med. except toradol. Approx. 50% of meals tol. s̄ N/V. Guard @ b/s. (b)(6)-2

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STANDARD FORM 509 (REV. 5/1999) BACK

EXHIBIT

USAPA V1.00

MEDCOM - 722

~~ACLU-RDI 1058 p.37~~

DOD 003785

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MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
13 MAR 04 2030	PT stable. VSS. IVF's: LR running @ 75 cc/hr in (R) FA. IV site benign of infection. PT currently only c/o sm amt of pain in (L) shoulder area. Gave scheduled Motrin 800mg PO and scheduled Colace 100 mg PO @ 2000 per MD order. PT instructed to inform me if pain gets worse. PT verbalizes understanding. Scattered abrasion/ecchymosis to chest, back, (B) arms, (B) knees/legs and (B) feet. (B) feet edematous: (+2) c̄ black crust noted to (L) foot on first and second digits. PT ambulates well to bathroom c̄ assistance. Dorsalis pedis pulses +2 bilaterally on feet. Capillary refill < 3 sec. (B) feet elevated on 2 blankets. PT has calm, cooperative, and talkative affect. PT is pleasant. Will monitor. (b)(6)-2
13 MAR 04 2040	PT has guzzled pudding at bedside. (b)(6)-2
14 MAR 04 0000	Gave scheduled Keflex 250 mg PO per MD order. (b)(6)-2
14 MAR 04 0600	PT stable & Δ to pt condition. Gave Keflex 250 mg PO @ 0000 and Motrin 800mg PO @ 0400 per MD order. PT still c/o pain in (L) shoulder. PT states pain has increased, but does ø want any pain med stronger than Motrin. More specifically, PT does ø want narcotics. PT currently sleeping. PT desires to shower today and speak to Dr. about (b)(6)-2 shoulder. Will inform dayshift nurse. (b)(6)-2
14 MAR 04 0808	Progress Note (S): HD#4 - improving discomfort from multiple abrasions/contusions, improvement in swelling ↓ (cont)

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS (b)(6)-2	DO

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

REGISTER NO. CPT, MC, USA WARD NO. 189

(b)(6)-4

FOR ... ONLY

(b)(6)-4

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
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EXHIBIT

MEDCOM - 723

ACLU-RDI 1058 p.38

0180-04-CID259-80227

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MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
14MAR04	NSG Note: (R) shoulder abrasion ~~turned a bit~~ error AA c̄ some white pus.
2330	2x2 c̄ bacitracin applied to shoulder. ↓ swelling to feet
	pulses +2, capre fill < 3 secs to all extremities. IVF
	infusing. Pt resting c̄ eyes open. —— (b)(6)-2 2LT AN
14MAR04 2345	NSG note: Pt c/o body pain, after explaining side effects
	of Flexeril, pt accepted the pain med, Flexeril
	10mg PO given. —— (b)(6)-2 2LT AN
15Mar04	Progress Note
1030	(S): HD#5 - improving contusions/abrasions; ↓ foot swelling
	Ambulating better. Pain in neck better p̄ Flexeril.
	Tolerating regular diet but no appetite. Showered
	yesterday c̄ guard present.
	(O): 115/57 P69 R14 T98.1°F. Urine output 1200cc
3/14 CK > 5,000	Gen: A+O X 3, in NAD.
	MS: bruising healing, ↓ swelling to feet, only
LFTs improving	+1 edema, ⊕ dorsalis pedis pulses.
	(A): Multiple abrasions/contusions
	Improved foot swelling
	(P): ① Pt meets criteria for transfer to EPW
	camp.
	② Will continue Motrin + Flexeril.

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME: LAST	FIRST	SPONSOR'S ID NUMBER
			(b)(6)-2

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS M(b)(6)-2 CPT, MC, USA

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)-4

(b)(6)-4

REGISTER NO. | WARD NO.

FOR ... LY ONLY

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

EXHIBIT

MEDCOM - 724

0180-04-CID259-80227

MEDICAL RECORD | **ABBREVIATED MEDICAL RECORD**

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION (Enter date of admission)

31yo Iraqi ♂ EPW captured in raid 4d ago sustained multiple abrasions, contusions and ecchymosis during episode & subsequent questioning. Brought to EPW camp today unable to walk 2° pain in feet / legs. ∅ chest pain / difficulty breathing ∅ bladder / bowel problems.

PMHx - migraine HA Meds - cyproheptadine
PSHx - h/o hepatitis + none All - NKDA.

PHYSICAL EXAMINATION 129/84 P116 R17 T97.5°F O2sat 98%
Gen alert, oriented, cooperative, conversant through interpreter
CV tachycardic but regular ∅ murmur Resp: CTA(B)
Chest / back multiple abrasions to back, (B) shoulders, chest bruising to chest, (R) ASIS.
Abd flat, soft, non-tender to palpation.
MS ∅ gross deformities, ⊕ active ROM to shoulders / elbow / wrists / fingers / knees (B) ankles / feet / [illegible] c edema + tenderness to ankles / feet, toes. Multiple ecchymoses to (B) knees, ant tibia, toes

PROGRESS (Enter date of discharge and final diagnosis)

Imp multiple abrasions / ecchymoses
(B) feet pain / swelling

118 > 16.7 / 47.1 < 239 + | 24 / 1.0 < 105 albumin, alk phos, Alt 2[illegible], amylase, AST 8[illegible], Chol 3[illegible]

PT 27.4
PTT 61.0

Plan: ① Admit to ICW for observation + IV hydration
② Pain control

Xrays of (B) legs / feet
CXR / pelvis - ∅ f[illegible]

(b)(6)-2	DATE 11MAR04	IDENTIFICATION NO.	ORGANIZATION

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

REGISTER NO.	WARD NO.

(b)(6)-4

(b)(6)-4

ABBREVIATED MEDICAL RECORD
Standard Form 539
GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER [illegible]
USAPPC

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EXHIBIT

INPATIENT TREATMENT RECORD COVER SHEET *(For Plate Imprinting)*

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

PATIENT DATA ITEMS 1 - 30 *(Excluding Items 25 & 26)*

(b)(6)-4

(b)(6)-4

LINE	LEGEND
1	REGISTER NO. - NAME - GRADE
2	SEX - AGE - RACE - RELIGION - LENGTH OF SVC - ETS - PREVIOUS ADMISSION
3	FMP - SSN - ORGANIZATION - WARD
4	FLY STAT - RATING/DESG - DEPT/SEN - BRANCH/CORPS - UIC/ZIP - TYPE CASE
5	SOURCE & AUTHORITY FOR ADMISSION - HOUR OF ADMISSION - CLINIC SVC
6	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
7	ADDRESS OF EMERGENCY ADDRESSEE - PHONE NO. - DATE OF THIS ADMISSION
8	NAME & LOCATION OF MEDICAL TREATMENT FACILITY DATE OF INITIAL ADMISSION

ADMISSION REMARKS

ADMITTING OFFICER

32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED

25. TYPE DISPOSITION

26. DATE OF DISPOSITION

31. SELECTED ADMINISTRATIVE DATA

☐ CHECK IF CONTINUED ON REVERSE

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

Multiple abrasions / ecchymoses

(b)(6)-2

(b)(6)-2

DA FORM 3647-1, 1 MAY 78 ... TION OF 1 AUG ... IS OBSOLETE.

MEDCOM - 726

ACLU-RDI 1058 p.41

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
10FEB04	0400 Assumed the watch Received
	Passdown from HM1 (b)(6)-2
	Pt sleeping P 90 R 18 T 99°F
	0500 Pt sleeping P 92 R 16 T 97.6°F
	0600 Pt awake P 90 R 14 T 96.0°F
	0700 Pt Requested to use Latrine, had [illegible]
	[illegible]
	P 96 R [illegible] T 96.0°F (b)(6)-2
	0800 Pt sleeping P 90 R 14 T 95.8°F
	0800 [illegible] (b)(6)-2
	(b)(6)-2
	(b)(6)-2

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

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

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
USAPPC V1.00

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EXHIBIT

MEDCOM - 727

0180-04-CID259-80227

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

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
10 (b)(6)-2	0822 Pt awakend, put in standing position P88 R14 T 96.9°
10 Mar 04	0902 Pt in standing position Drank 15 cc water P82 R12 T 97.8
	0919 Pt fed 1 piece of MRE wheat bread 20 Skittles and drank
	1 Liter of water
	1000 Pt AOX3 Awake Alert Responsive to All Commands
	P 82 R 12 T 98.1°
	1037 Neg color change on buttocks (L) foot 1st and 2nd
	~~[illegible]~~ of Anterior Metatarsal ... from stubbing toes
	when moving to standing position from recumbent
	position
	1100 P 88 R14 T 97.8
	1200 P 86 R 12 T 97.8 Turned over Pt to
	[illegible] (b)(6)-2
	[illegible] (b)(6)-2
	NETP

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

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

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
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EXHIBIT 166

MEDCOM - 728

0180-04-CID259-80227

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MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
3/10/04	HM (b)(6)-2 ASSUMES MEDICAL DUTIES @ 1200.
1200	P110 R12 FEET SWOLLEN FROM STANDING. FEET ELEVATED.
1310	P100 R16
1345	CLEANED AND WASHED ABRASIONS TO (R) 1ST + 2ND METATARSALS
1350	DRANK 250cc WATER
1354	PROPERLY RELIEVED BY HM2 (b)(6)-2
1410	Pt Sleeping
1411	Properly Relieved BY HM (b)(6)-2
1415	P88 R12
1500	PT AMBULATES WITH ASSISTANCE TO TOILET
1510	P86 R14
1515	PT DRANK 330ML ORANGE SODA, BUT REFUSED FOOD.
1520	PT SLEEPING
1553	Duty HM NOTED FEET SWOLLEN AND ELEVATED c BLANKETS.
1605	PT: P90 R10, c/o PAINFUL FEET. NO DISCOLORATIONS EXCEPT ABRASIONS
	NOTED ABOVE. GOOD CAP REFIL, (POS) PEDAL PULSES (BILAT), (NEG)
	CREPITUS (BILAT), (POS) GRIMACE upon palpation (BILAT). FEET
	continue to BE ELEVATED.
1644	PROPERLY RELIEVED BY HM (b)(6)-2
	NFETP (b)(6)-2

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

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

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1 USAPPC V1.00

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0180-04-CID259-80227

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
10 MAR 04	PT. IS IN SUPINE POSITION, FEET ELEVATED
1702	NAD V/S P 86 R 12 T. 98.1
1717	25cc (APROX) H_2O GIVEN, STILL SUPINE
	c̄ FEET ELEVATED.
1826	ATE 2 MRE CRACKERS, 20 cc H_2O.
1907	AWAKE, SUPINE NAD
2019	SUPINE, LEGS ELEVATED TO REDUCE EDEMA
	TO PEDIS BILAT. ⊖ PITTING EDEMA.
	DISTAL PULSES INTACT. CAP. REFILL WNL (+2)
2030	PROPERLY RELIEVED BY HM2 (b)(6)-2

(b)(6)-2

HM

(b)(6)-2

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

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

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1 USAPPC V1.00

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EXHIBIT

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MEDCOM - 730

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
ØMARØ4	ASSUMED WATCH FROM PO (b)(6)-2 THE TIME 2030.
2100	2040 - 2100 (b)(6)-4 AMBULATED TO HEAD c̄ Shoes UNDER
	his own control. Pt A&O x3. Pt ~~APPEARS TO be~~ very
	TALKATIVE. Pt DRANK 10 oz Coke Cola. VS P120 R14
	RESP ~~DEEP~~ DEEP & REGULAR. (b)(6)-2
2215	Pt A&O x3 T:99.2 R:14 Pulse: 118 RRR Lungs clear all fields.
	PEARL x2. All ABRASIONS cleaned c̄ Betadine & COVERED c̄ BACTRON.
	All ABRASIONS healing s̄ signs of infection. Pt tolerated procedure
	well / very cooperative. Pt sitting in chair by fire, feet
	elevated. (b)(6)-2
23ØØ	P: ~~64~~ 138 R:16 Pulse RRR by Ausctn.
2317	Placed pt. on cot next to fire (R) LAT. RECOMBENT POS.
235Ø	(b)(6)-4 SLEEPT 1 hr. Pt. DRANK 20 oz H2O.
	P:125 R:1[illegible] [illegible] Pt [illegible]
	[illegible] RELIEVED by HM2 (b)(6)-2
	NFETP
	(b)(6)-2
	HM2

[illegible] OF MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
[illegible] NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

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

REGISTER NO.	WARD NO.

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