

STATEMENT

PLACE: Guantanamo Bay, Cuba

DATE: 19JUN06

(b)(3) (b)(6) (b)(7)(C) make this free and voluntary statement to (b)(3) (b)(6) (b)(7)(C) whom I know to be a Representative of the United States Naval Criminal Investigative Service. I make this statement of my own free will and without any threats made to me or promises extended. I fully understand that this statement is given concerning my knowledge of the deaths of three detainees found hanged on 10JUN06 inside Alpha Block, Camp 1 aboard the Joint Task Force Guantanamo Bay, Cuba. (b)(3) (b)(6)

(b)(3) (b)(6) (b)(7)(C)

arrived at the Guantanamo Detainee Clinic at 0203 hrs after (b)(3) (b)(6) (b)(7)(C) contacted me at my residence via telephone instructing me to do so. (b)(3) (b)(6) (b)(7)(C) could not provide me details regarding the reasons for my recall over the phone. When I reported to my office, (b)(3) (b)(6) (b)(7)(C) the Executive Officer instructed me to take charge of the two bodies located at the Detainee Clinic. When I arrived, ISN-588 and ISN-693 had already been pronounced dead and were located in room ten (10). Three guards had already secured room ten (10) and were standing guard. Their badge numbers are (b)(3) (b)(6) (b)(7)(C). I opened the door and confirmed that I did in fact have two dead bodies in room ten (10). I then inquired the medical staff if the deceased detainees were treated in any other room, other than room ten (10) in the Detainee Clinic. I was informed they had treated detainees in room eleven and the examination room. After the medical staff cleaned the rooms used to treat the deceased detainees, I instructed (b)(3) (b)(6) (b)(7)(C) to maintain a log of all personnel who entered room ten (10). The following personnel entered room ten (10), MACS (b)(3) (b)(6) (b)(7)(C) at 0220 hrs, (b)(3) (b)(6) entered at 0223 hrs, (b)(3) (b)(6) the cultural advisor entered at 0300 and departed at (b)(3) (b)(6) 0301 hrs, 0318 hrs four (4) unidentified NCIS and CTF Special Agents including Special Agent (b)(3) (b)(6) A combat cameraman entered room ten (1) at 0318 hrs. NCIS processed the scene behind closed doors. Subsequent to their departure, Guards MA (b)(3) (b)(6) (b)(7)(C) and (b)(3) (b)(6) (b)(7)(C) and I escorted the two aforementioned detainees to the morgue. I coordinated with Major (b)(3) (b)(6) for the admitting the detainees to the morgue. (b)(3) (b)(6) (b)(7)(C) assumed our watch of the two detainees at approximately 0545 hrs. (b)(3) (b)(6)

Continuation of Voluntary Sworn Statement of

(b)(3) (b)(6) (b)(7)(C)

On 19 JUN 06

(b)(3):10 USC §130b,(b)(6),(b)(7)(C)

(b)(3) his statement, consisting of this page and one other page was typed for me by Special (b)(3) (b)(6) (b)(7)(C) as we discussed its contents. I have read and understand the above statement. I have been given the opportunity to make any changes or corrections I desire to make and have placed my initials over the changes or corrections. This statement is the truth to the best of my knowledge and belief (b)(3) (b)(6) (b)(7)(C)

(b)(3) (b)(6) (b)(7)(C)

Sworn to and subscribed before me this 19th day of JUNE in the year 2006 at GUANTANAMO BAY, CUBA

Witness

(b)(3) (b)(6) (b)(7)(C)

Service

UCMJ (10 U.S.C. 936) AND 5 U.S.C. 303

TAB F -- (U) Camp Delta Duty Medical Personnel, Night of 9/10 June 2006

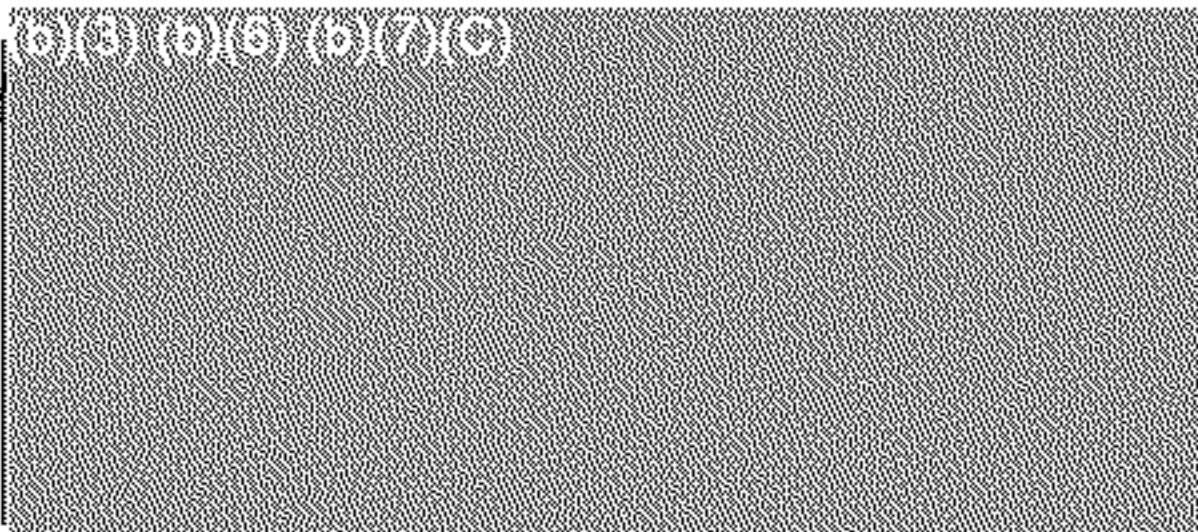
1. (U) CW2 (b)(3) (b)(6) (b)(7)(C) Statement, 19 June 2006
2. (U) (b)(3) (b)(6) (b)(7)(C) Statement, 15 June 2006
3. (U) (b)(3) (b)(6) (b)(7)(C) Statement, 15 June 2006
4. (U) (b)(3) (b)(6) (b)(7)(C) Statement, 16 June 2006
5. (U) (b)(3) (b)(6) (b)(7)(C) Statement, 16 June 2006
6. (U) (b)(3) (b)(6) (b)(7)(C) Statement, 16 June 2006
7. (U) (b)(3) (b)(6) (b)(7)(C) Statement, 16 June 2006
8. (U) (b)(3) (b)(6) (b)(7)(C) Statement, 16 June 2006
9. (U) (b)(3) (b)(6) (b)(7)(C) Statement, 16 June 2006
10. (U) Statement, 16 June 2006

SUBJ: V/AL ZAHRANI, YASSER TALAL/CTV (DECEASED)
U.S. NAVAL CRIMINAL INVESTIGATIVE SERVICE

ENCLOSURE(S)

(A) Ambulance Report for V/AL ZAHRANI/10Jun06

BIOGRAPHICAL
EMPLOYMENT:
SSN:
DOB:
POB:
RESIDENCE:



REPORTED BY: (b)(3) (b)(6) (b)(7)(C) Special Agent
OFFICE: NCISRU Guantanamo Bay, Cuba

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GTMO SJA 141

AMBULANCE REPORT

U.S. Naval Hospital Guantanamo Bay, Cuba

123

CALL DATA

Date: 10/24/06 Unit: TAVIGO (b)(3)(b)(6)(b)(7)(C)

Call Location: DELTA CLINIC

Patient Name: 893 ← DETAINEE #

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Emergency to Scene? Yes No

Emergency to Hospital? Yes No

Aid Required by: P.D. F.D. Other

RELEASE OF LIABILITY:
I hereby release transportation for hospital treatment and I acknowledge that such treatment was advised by the ambulance personnel. I hereby release such persons and the cognizant medical facility from liability for respecting my express wishes and directions.

RUN TIMES	
Call Received	0053
Time Out	0053
Time On Scene	0100
Time Leave Scene	0105
Time at Hospital	0115
Total Minutes	22

SIGNED: _____ WITNESSES: _____ DATE: _____

Note: Witness should be family member of patient or member of Base Security.

Removed to Vehicle By: Walked Stairchair Stretcher

No. of P's: 1 Of 1

Transport Position: Supine Sitting Prone Head Up Other

Call Disposition: Standby Cancelled On Route Transfer Transported Pt. Refusal MEDEVAC Scene Treated

PATIENT INFORMATION

Chief Complaint: **NON-RESPONSIVE NO PULSE**

Allergies: None **UNKNOWN**

Medications: None **UNKNOWN**

History: Asthma Cardiac COPD CVA (stroke) Diabetes Hypertension Hypotension Seizures Syncope None Other

Type of Incident:

<input checked="" type="checkbox"/> Airway Obstruction	<input type="checkbox"/> Diabetic Emergency	<input type="checkbox"/> OB <input type="checkbox"/> Labor <input type="checkbox"/> Delivery	<input type="checkbox"/> Respiratory Distress
<input type="checkbox"/> Allergic Reaction	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Suspected ETOH Intoxication	<input type="checkbox"/> Seizure
<input type="checkbox"/> Altered Mental Status	<input type="checkbox"/> (Near) Drowning	<input type="checkbox"/> Suspected OD	<input type="checkbox"/> Stroke/CVA/TIA
<input type="checkbox"/> Assault/Abuse	<input type="checkbox"/> Heat Cramps/Exhaustion/Stroke	Substance _____	<input checked="" type="checkbox"/> Suicide/Attempt
<input type="checkbox"/> Behavioral Disorder	<input type="checkbox"/> GI Distress/Bleed	<input type="checkbox"/> Pedestrian v. Auto	<input type="checkbox"/> Syncope
<input type="checkbox"/> Burn (Electrical/Chemical/Thermal)	<input type="checkbox"/> GSW (Caliber _____)	<input type="checkbox"/> Bicycle v. Auto	<input checked="" type="checkbox"/> Unconscious/Unknown
<input checked="" type="checkbox"/> Cardiac Arrest	<input type="checkbox"/> Fall (Height _____)	<input type="checkbox"/> Poison	<input type="checkbox"/> Other
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> MVA (Speed _____)	Substance _____	(Specify)
<input type="checkbox"/> Dehydration	<input type="checkbox"/> Nausea/Vomiting	<input checked="" type="checkbox"/> Respiratory Arrest	

Location of Injuries:

<input type="checkbox"/> Head	<input type="checkbox"/> Lower Arm R/L/B	<input type="checkbox"/> Pelvis
<input type="checkbox"/> Face	<input type="checkbox"/> Hand R/L/B	<input type="checkbox"/> Upper Leg R/L/B
<input checked="" type="checkbox"/> Neck	<input type="checkbox"/> Chest	<input type="checkbox"/> Knee R/L/B
<input type="checkbox"/> Shoulder R/L/B	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Lower Leg R/L/B
<input type="checkbox"/> Upper Arm R/L/B	<input type="checkbox"/> Back	<input type="checkbox"/> Ankle R/L/B
<input type="checkbox"/> Elbow R/L/B	<input type="checkbox"/> Genitalia/Rectum	<input type="checkbox"/> Foot R/L/B

Codes for injuries:

- A - Abrasion
- B - Amputation
- C - Avulsion
- D - Fracture/Dislocation
- E - Blunt Trauma
- F - Penetrating Trauma
- G - Burn (note Degree & %)
- H - Soft Tissue Injury
- I - Impaled Object
- J - Pain Only
- (rate on scale of 1 - 10: ex. 4/10)
- K - Paralysis
- L - Laceration
- M - Crush

Long Sounds	Temp	Skin	Skin Color	Pupils	Mental Status
R L		Temp	Moisture	Normal	Alert
<input type="checkbox"/> Clear	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input type="checkbox"/> Equal/Reactive	<input type="checkbox"/> Disoriented
<input type="checkbox"/> Rhonchi/Rales	<input checked="" type="checkbox"/> Cool	<input type="checkbox"/> Dry	<input checked="" type="checkbox"/> Cyanotic	<input type="checkbox"/> Dilated	<input type="checkbox"/> Voice
<input type="checkbox"/> Wheezes	<input type="checkbox"/> Hot	<input type="checkbox"/> Moist	<input type="checkbox"/> Flushed	<input type="checkbox"/> Constricted	<input type="checkbox"/> Pain
<input type="checkbox"/> Diminished			<input type="checkbox"/> Jaundice	<input type="checkbox"/> R Larger	<input checked="" type="checkbox"/> Unresponsive
<input checked="" type="checkbox"/> Absent				<input type="checkbox"/> L Larger	
				<input checked="" type="checkbox"/> Nonreactive	

Treatment:

<input type="checkbox"/> Bandaging	<input checked="" type="checkbox"/> C-Spine	<input checked="" type="checkbox"/> Intubation - E _____ tube	<input checked="" type="checkbox"/> Oral/Nasal Airway
<input type="checkbox"/> Blood Drawn	<input type="checkbox"/> Defibrillation	<input type="checkbox"/> IV Admin	<input checked="" type="checkbox"/> Oxygen via BVM
<input type="checkbox"/> Burn Sheet	<input type="checkbox"/> Drug Admin	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Precordial Thump
<input checked="" type="checkbox"/> Cardiac Monitor	<input type="checkbox"/> Extrication (time _____)	<input type="checkbox"/> MAST	<input type="checkbox"/> Restraints
<input type="checkbox"/> Cardioversion	<input type="checkbox"/> Hot/Cold Packs	<input type="checkbox"/> OB Delivery Time	<input type="checkbox"/> Sandbags

Splints Suction Other: **Retention Respective BAND FROM NECK (C1015)**

Time	EKG	BP	Pulse	Resp	Temp	DRUGS & FLUIDS	Time	Drug/Fluid	Amount	Method/Location	Reaction/Result
0102	MyS	None	None	0	—		0103	NS	Band	OFA (IV)	RECEIVED FLUIDS

Comments: (b)(3)(b)(6)(b)(7)(C) arrived on scene at DELTA CLINIC. Disoriented to name of hospital. Arrived on scene at 0100. Patient unresponsive, no pulse. Attempted to establish airway with BVM. Unsuccessful. Attempted to establish airway with oral airway. Unsuccessful. Attempted to establish airway with nasal airway. Unsuccessful. Attempted to establish airway with intubation. Unsuccessful. Resuscitation attempted with AED. Unsuccessful. AED with shock given. Report reviewed for accuracy and completeness.

Report reviewed for accuracy and completeness.

Medical Officer: _____ Final Diagnosis: **Cardiac Arrest** QA Rep: **GTMO SJA 142**

AMBULANCE REPORT
 U.S. Naval Hospital Guantanamo Bay, Cuba

CALL DATA

Date: _____ Unit: _____ EMT: _____ EVO: _____ ETR #: _____ INCIDENT #: _____ DISPATCH #: _____

Call Location: _____ Police on Scene? Yes No Emergent to Scene? Yes No Emergent to Hosp? Yes No Aid Required by: P.D. P.D. Other

Patient Name: _____ Race: _____ Sex: M F Age: _____ Date of Birth: _____ SSN: _____ Employer: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ H: _____ W: _____ NOK: _____

RELEASE OF LIABILITY:
 I hereby refuse transportation for hospital treatment and I acknowledge that such treatment was advised by the ambulance personnel. I hereby release such persons and the cognizant medical facility from liability for respecting my express wishes and directions.

SIGNED: _____ WITNESS: _____ DATE: _____
 Note: Witness should be family member of patient or member of Base Security.

Removed to Vehicle By: Walked Stairchair Stretcher No. of P's: _____ Of _____ Transport Position: Supine Sitting Prone Head Up Other

Call Disposition: Standby Cancelled On Route Transfer Transported Pt. Refusal MEDEVAC Scene Treated

RUN TIMES

Call Received	
Time Out	
Time On Scene	
Time Leave Scene	
Time at Hospital	
Total Minutes	

PATIENT INFORMATION

Chief Complaint: _____ Allergies: None Medications: None

History: Asthma Cardiac COPD CVA(stroke) Diabetes Hypertension Hypotension Seizures Syncope None Other

Type of Incident:

<input type="checkbox"/> Airway Obstruction	<input type="checkbox"/> Diabetic Emergency	<input type="checkbox"/> OB <input type="checkbox"/> Labor <input type="checkbox"/> Delivery	<input type="checkbox"/> Respiratory Distress
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<input type="checkbox"/> Altered Mental Status	<input type="checkbox"/> (Near) Drowning	<input type="checkbox"/> Suspected OD	<input type="checkbox"/> Stroke/CVA/TIA
<input type="checkbox"/> Assault/Abuse	<input type="checkbox"/> Heat Cramps/Exhaustion/Stroke	Substance _____	<input type="checkbox"/> Suicide/Attempt
<input type="checkbox"/> Behavioral Disorder	<input type="checkbox"/> GI Distress/Bleed	<input type="checkbox"/> Pedestrian v. Auto	<input type="checkbox"/> Syncope
<input type="checkbox"/> Burn (Electrical/Chemical/Thermal)	<input type="checkbox"/> GSW (Caliber _____)	<input type="checkbox"/> Bicycle v. Auto	<input type="checkbox"/> Unconscious/Unknown
<input type="checkbox"/> Cardiac Arrest	<input type="checkbox"/> Fall (Height _____)	<input type="checkbox"/> Poison	<input type="checkbox"/> Other
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> MVA (Speed _____)	Substance _____	(Specify)
<input type="checkbox"/> Dehydration	<input type="checkbox"/> Nausea/Vomiting	<input type="checkbox"/> Respiratory Arrest	

Location of Injuries:

<input type="checkbox"/> Head	<input type="checkbox"/> Lower Arm R/L/B	<input type="checkbox"/> Pelvis	Codes for injuries: A - Abrasion B - Amputation C - Avulsion D - Fracture/Dislocation E - Blunt Trauma F - Penetrating Trauma G - Burn (note Degree & %) H - Soft Tissue Injury I - Impaled Object J - Pain Only (rate on scale of 1 - 10; ex. 4/10) K - Paralysis L - Laceration M - Crush
<input type="checkbox"/> Face	<input type="checkbox"/> Hand R/L/B	<input type="checkbox"/> Upper Leg R/L/B	
<input type="checkbox"/> Neck	<input type="checkbox"/> Chest	<input type="checkbox"/> Knee R/L/B	
<input type="checkbox"/> Shoulder R/L/B	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Lower Leg R/L/B	
<input type="checkbox"/> Upper Arm R/L/B	<input type="checkbox"/> Back	<input type="checkbox"/> Ankle R/L/B	
<input type="checkbox"/> Elbow R/L/B	<input type="checkbox"/> Genitalia/Rectum	<input type="checkbox"/> Foot R/L/B	

Physical Exam

Lung Sounds	Temp	Skin	Skin Color	Pupils	Ment
R L		Moisture	<input type="checkbox"/> Normal	<input type="checkbox"/> Equal/Reactive	<input type="checkbox"/> Alert
<input type="checkbox"/> Clear	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input type="checkbox"/> Pale	<input type="checkbox"/> Dilated	<input type="checkbox"/> Disoriented
<input type="checkbox"/> Rhonchi/Rales	<input type="checkbox"/> Cool	<input type="checkbox"/> Dry	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Constricted	<input type="checkbox"/> Voice
<input type="checkbox"/> Wheezes	<input type="checkbox"/> Hot	<input type="checkbox"/> Moist	<input type="checkbox"/> Flushed	<input type="checkbox"/> R Larger	<input type="checkbox"/> Pain
<input type="checkbox"/> Diminished			<input type="checkbox"/> Jaundice	<input type="checkbox"/> L Larger	<input type="checkbox"/> Unresponsive
<input type="checkbox"/> Absent				<input type="checkbox"/> Nonreactive	

Treatment:

<input type="checkbox"/> Bandaging	<input type="checkbox"/> C-Spine	<input type="checkbox"/> Intubation ET/Combitube	<input type="checkbox"/> Oral/Nasal Airway
<input type="checkbox"/> Blood Drawn	<input type="checkbox"/> Defibrillation	<input type="checkbox"/> IV Admin	<input type="checkbox"/> Oxygen
<input type="checkbox"/> Burn Sheet	<input type="checkbox"/> Drug Admin	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Precordial Thump
<input type="checkbox"/> Cardiac Monitor	<input type="checkbox"/> Extrication (time _____)	<input type="checkbox"/> MAST	<input type="checkbox"/> Restraints
<input type="checkbox"/> Cardioversion	<input type="checkbox"/> Hot/Cold Packs	<input type="checkbox"/> OB Delivery Time	<input type="checkbox"/> Sandbags

Time	EKO	BP	Pulse	Resp	Temp	DRUGS & FLUIDS	Time	Drug/Fluid	Amount	Method/Location	Reaction/Result

Comments: HAD 2 PULSE AFTER BLEEDING V/S AGAIN 20 MIN SECOND TIME FIRST ANESTHETIC DETECTING A PULSE WAS MADE UPON ANESTHETIC. (b)(6) (b)(7)(C) (b)(7)(D) (b)(7)(E) (b)(7)(F) (b)(7)(G) (b)(7)(H) (b)(7)(I) (b)(7)(J) (b)(7)(K) (b)(7)(L) (b)(7)(M) (b)(7)(N) (b)(7)(O) (b)(7)(P) (b)(7)(Q) (b)(7)(R) (b)(7)(S) (b)(7)(T) (b)(7)(U) (b)(7)(V) (b)(7)(W) (b)(7)(X) (b)(7)(Y) (b)(7)(Z) (b)(7)(AA) (b)(7)(AB) (b)(7)(AC) (b)(7)(AD) (b)(7)(AE) (b)(7)(AF) (b)(7)(AG) (b)(7)(AH) (b)(7)(AI) (b)(7)(AJ) (b)(7)(AK) (b)(7)(AL) (b)(7)(AM) (b)(7)(AN) (b)(7)(AO) (b)(7)(AP) (b)(7)(AQ) (b)(7)(AR) (b)(7)(AS) (b)(7)(AT) (b)(7)(AU) (b)(7)(AV) (b)(7)(AW) (b)(7)(AX) (b)(7)(AY) (b)(7)(AZ) (b)(7)(BA) (b)(7)(BB) (b)(7)(BC) (b)(7)(BD) (b)(7)(BE) (b)(7)(BF) (b)(7)(BG) (b)(7)(BH) (b)(7)(BI) (b)(7)(BJ) (b)(7)(BK) (b)(7)(BL) (b)(7)(BM) (b)(7)(BN) (b)(7)(BO) (b)(7)(BP) (b)(7)(BQ) (b)(7)(BR) (b)(7)(BS) (b)(7)(BT) (b)(7)(BU) (b)(7)(BV) (b)(7)(BW) (b)(7)(BX) (b)(7)(BY) (b)(7)(BZ) (b)(7)(CA) (b)(7)(CB) (b)(7)(CC) (b)(7)(CD) (b)(7)(CE) (b)(7)(CF) (b)(7)(CG) (b)(7)(CH) (b)(7)(CI) (b)(7)(CJ) (b)(7)(CK) (b)(7)(CL) (b)(7)(CM) (b)(7)(CN) (b)(7)(CO) (b)(7)(CP) (b)(7)(CQ) (b)(7)(CR) (b)(7)(CS) (b)(7)(CT) (b)(7)(CU) (b)(7)(CV) (b)(7)(CW) (b)(7)(CX) (b)(7)(CY) (b)(7)(CZ) (b)(7)(DA) (b)(7)(DB) (b)(7)(DC) (b)(7)(DD) (b)(7)(DE) (b)(7)(DF) (b)(7)(DG) (b)(7)(DH) (b)(7)(DI) (b)(7)(DJ) (b)(7)(DK) (b)(7)(DL) (b)(7)(DM) (b)(7)(DN) (b)(7)(DO) (b)(7)(DP) (b)(7)(DQ) (b)(7)(DR) (b)(7)(DS) (b)(7)(DT) (b)(7)(DU) (b)(7)(DV) (b)(7)(DW) (b)(7)(DX) (b)(7)(DY) (b)(7)(DZ) (b)(7)(EA) (b)(7)(EB) (b)(7)(EC) (b)(7)(ED) (b)(7)(EE) (b)(7)(EF) (b)(7)(EG) (b)(7)(EH) (b)(7)(EI) (b)(7)(EJ) (b)(7)(EK) (b)(7)(EL) (b)(7)(EM) (b)(7)(EN) (b)(7)(EO) (b)(7)(EP) (b)(7)(EQ) (b)(7)(ER) (b)(7)(ES) (b)(7)(ET) (b)(7)(EU) (b)(7)(EV) (b)(7)(EW) (b)(7)(EX) (b)(7)(EY) (b)(7)(EZ) (b)(7)(FA) (b)(7)(FB) (b)(7)(FC) (b)(7)(FD) (b)(7)(FE) (b)(7)(FF) (b)(7)(FG) (b)(7)(FH) (b)(7)(FI) (b)(7)(FJ) (b)(7)(FK) (b)(7)(FL) (b)(7)(FM) (b)(7)(FN) (b)(7)(FO) (b)(7)(FP) (b)(7)(FQ) (b)(7)(FR) (b)(7)(FS) (b)(7)(FT) (b)(7)(FU) (b)(7)(FV) (b)(7)(FW) (b)(7)(FX) (b)(7)(FY) (b)(7)(FZ) (b)(7)(GA) (b)(7)(GB) (b)(7)(GC) (b)(7)(GD) (b)(7)(GE) (b)(7)(GF) (b)(7)(GG) (b)(7)(GH) (b)(7)(GI) (b)(7)(GJ) (b)(7)(GK) (b)(7)(GL) (b)(7)(GM) (b)(7)(GN) (b)(7)(GO) (b)(7)(GP) (b)(7)(GQ) (b)(7)(GR) (b)(7)(GS) (b)(7)(GT) (b)(7)(GU) (b)(7)(GV) (b)(7)(GW) (b)(7)(GX) (b)(7)(GY) (b)(7)(GZ) (b)(7)(HA) (b)(7)(HB) (b)(7)(HC) (b)(7)(HD) (b)(7)(HE) (b)(7)(HF) (b)(7)(HG) (b)(7)(HH) (b)(7)(HI) (b)(7)(HJ) (b)(7)(HK) (b)(7)(HL) (b)(7)(HM) (b)(7)(HN) (b)(7)(HO) (b)(7)(HP) (b)(7)(HQ) (b)(7)(HR) (b)(7)(HS) (b)(7)(HT) (b)(7)(HU) (b)(7)(HV) (b)(7)(HW) (b)(7)(HX) (b)(7)(HY) (b)(7)(HZ) (b)(7)(IA) (b)(7)(IB) (b)(7)(IC) (b)(7)(ID) (b)(7)(IE) (b)(7)(IF) (b)(7)(IG) (b)(7)(IH) (b)(7)(II) (b)(7)(IJ) (b)(7)(IK) (b)(7)(IL) (b)(7)(IM) (b)(7)(IN) (b)(7)(IO) (b)(7)(IP) (b)(7)(IQ) (b)(7)(IR) (b)(7)(IS) (b)(7)(IT) (b)(7)(IU) (b)(7)(IV) (b)(7)(IW) (b)(7)(IX) (b)(7)(IY) (b)(7)(IZ) (b)(7)(JA) (b)(7)(JB) (b)(7)(JC) (b)(7)(JD) (b)(7)(JE) (b)(7)(JF) (b)(7)(JG) (b)(7)(JH) (b)(7)(JI) (b)(7)(JJ) (b)(7)(JK) (b)(7)(JL) (b)(7)(JM) (b)(7)(JN) (b)(7)(JO) (b)(7)(JP) (b)(7)(JQ) (b)(7)(JR) (b)(7)(JS) (b)(7)(JT) (b)(7)(JU) (b)(7)(JV) (b)(7)(JW) (b)(7)(JX) (b)(7)(JY) (b)(7)(JZ) (b)(7)(KA) (b)(7)(KB) (b)(7)(KC) (b)(7)(KD) (b)(7)(KE) (b)(7)(KF) (b)(7)(KG) (b)(7)(KH) (b)(7)(KI) (b)(7)(KJ) (b)(7)(KL) (b)(7)(KM) (b)(7)(KN) (b)(7)(KO) (b)(7)(KP) (b)(7)(KQ) (b)(7)(KR) (b)(7)(KS) (b)(7)(KT) (b)(7)(KU) (b)(7)(KV) (b)(7)(KW) (b)(7)(KX) (b)(7)(KY) (b)(7)(KZ) (b)(7)(LA) (b)(7)(LB) (b)(7)(LC) (b)(7)(LD) (b)(7)(LE) (b)(7)(LF) (b)(7)(LG) (b)(7)(LH) (b)(7)(LI) (b)(7)(LJ) (b)(7)(LK) (b)(7)(LL) (b)(7)(LM) (b)(7)(LN) (b)(7)(LO) (b)(7)(LP) (b)(7)(LQ) (b)(7)(LR) (b)(7)(LS) (b)(7)(LT) (b)(7)(LU) (b)(7)(LV) (b)(7)(LW) (b)(7)(LX) (b)(7)(LY) (b)(7)(LZ) (b)(7)(MA) (b)(7)(MB) (b)(7)(MC) (b)(7)(MD) (b)(7)(ME) (b)(7)(MF) (b)(7)(MG) (b)(7)(MH) (b)(7)(MI) (b)(7)(MJ) (b)(7)(MK) (b)(7)(ML) (b)(7)(MM) (b)(7)(MN) (b)(7)(MO) (b)(7)(MP) (b)(7)(MQ) (b)(7)(MR) (b)(7)(MS) (b)(7)(MT) (b)(7)(MU) (b)(7)(MV) (b)(7)(MW) (b)(7)(MX) (b)(7)(MY) (b)(7)(MZ) (b)(7)(NA) (b)(7)(NB) (b)(7)(NC) (b)(7)(ND) (b)(7)(NE) (b)(7)(NF) (b)(7)(NG) (b)(7)(NH) (b)(7)(NI) (b)(7)(NJ) (b)(7)(NK) (b)(7)(NL) (b)(7)(NM) (b)(7)(NN) (b)(7)(NO) (b)(7)(NP) (b)(7)(NQ) (b)(7)(NR) (b)(7)(NS) (b)(7)(NT) (b)(7)(NU) (b)(7)(NV) (b)(7)(NW) (b)(7)(NX) (b)(7)(NY) (b)(7)(NZ) (b)(7)(OA) (b)(7)(OB) (b)(7)(OC) (b)(7)(OD) (b)(7)(OE) (b)(7)(OF) (b)(7)(OG) (b)(7)(OH) (b)(7)(OI) (b)(7)(OJ) (b)(7)(OK) (b)(7)(OL) (b)(7)(OM) (b)(7)(ON) (b)(7)(OO) (b)(7)(OP) (b)(7)(OQ) (b)(7)(OR) (b)(7)(OS) (b)(7)(OT) (b)(7)(OU) (b)(7)(OV) (b)(7)(OW) (b)(7)(OX) (b)(7)(OY) (b)(7)(OZ) (b)(7)(PA) (b)(7)(PB) (b)(7)(PC) (b)(7)(PD) (b)(7)(PE) (b)(7)(PF) (b)(7)(PG) (b)(7)(PH) (b)(7)(PI) (b)(7)(PJ) (b)(7)(PK) (b)(7)(PL) (b)(7)(PM) (b)(7)(PN) (b)(7)(PO) (b)(7)(PP) (b)(7)(PQ) (b)(7)(PR) (b)(7)(PS) (b)(7)(PT) (b)(7)(PU) (b)(7)(PV) (b)(7)(PW) (b)(7)(PX) (b)(7)(PY) (b)(7)(PZ) (b)(7)(QA) (b)(7)(QB) (b)(7)(QC) (b)(7)(QD) (b)(7)(QE) (b)(7)(QF) (b)(7)(QG) (b)(7)(QH) (b)(7)(QI) (b)(7)(QJ) (b)(7)(QK) (b)(7)(QL) (b)(7)(QM) (b)(7)(QN) (b)(7)(QO) (b)(7)(QP) (b)(7)(QQ) (b)(7)(QR) (b)(7)(QS) (b)(7)(QT) (b)(7)(QU) (b)(7)(QV) (b)(7)(QW) (b)(7)(QX) (b)(7)(QY) (b)(7)(QZ) (b)(7)(RA) (b)(7)(RB) (b)(7)(RC) (b)(7)(RD) (b)(7)(RE) (b)(7)(RF) (b)(7)(RG) (b)(7)(RH) (b)(7)(RI) (b)(7)(RJ) (b)(7)(RK) (b)(7)(RL) (b)(7)(RM) (b)(7)(RN) (b)(7)(RO) (b)(7)(RP) (b)(7)(RQ) (b)(7)(RR) (b)(7)(RS) (b)(7)(RT) (b)(7)(RU) (b)(7)(RV) (b)(7)(RW) (b)(7)(RX) (b)(7)(RY) (b)(7)(RZ) (b)(7)(SA) (b)(7)(SB) (b)(7)(SC) (b)(7)(SD) (b)(7)(SE) (b)(7)(SF) (b)(7)(SG) (b)(7)(SH) (b)(7)(SI) (b)(7)(SJ) (b)(7)(SK) (b)(7)(SL) (b)(7)(SM) (b)(7)(SN) (b)(7)(SO) (b)(7)(SP) (b)(7)(SQ) (b)(7)(SR) (b)(7)(SS) (b)(7)(ST) (b)(7)(SU) (b)(7)(SV) (b)(7)(SW) (b)(7)(SX) (b)(7)(SY) (b)(7)(SZ) (b)(7)(TA) (b)(7)(TB) (b)(7)(TC) (b)(7)(TD) (b)(7)(TE) (b)(7)(TF) (b)(7)(TG) (b)(7)(TH) (b)(7)(TI) (b)(7)(TJ) (b)(7)(TK) (b)(7)(TL) (b)(7)(TM) (b)(7)(TN) (b)(7)(TO) (b)(7)(TP) (b)(7)(TQ) (b)(7)(TR) (b)(7)(TS) (b)(7)(TT) (b)(7)(TU) (b)(7)(TV) (b)(7)(TW) (b)(7)(TX) (b)(7)(TY) (b)(7)(TZ) (b)(7)(UA) (b)(7)(UB) (b)(7)(UC) (b)(7)(UD) (b)(7)(UE) (b)(7)(UF) (b)(7)(UG) (b)(7)(UH) (b)(7)(UI) (b)(7)(UJ) (b)(7)(UK) (b)(7)(UL) (b)(7)(UM) (b)(7)(UN) (b)(7)(UO) (b)(7)(UP) (b)(7)(UQ) (b)(7)(UR) (b)(7)(US) (b)(7)(UT) (b)(7)(UU) (b)(7)(UV) (b)(7)(UW) (b)(7)(UX) (b)(7)(UY) (b)(7)(UZ) (b)(7)(VA) (b)(7)(VB) (b)(7)(VC) (b)(7)(VD) (b)(7)(VE) (b)(7)(VF) (b)(7)(VG) (b)(7)(VH) (b)(7)(VI) (b)(7)(VJ) (b)(7)(VK) (b)(7)(VL) (b)(7)(VM) (b)(7)(VN) (b)(7)(VO) (b)(7)(VP) (b)(7)(VQ) (b)(7)(VR) (b)(7)(VS) (b)(7)(VT) (b)(7)(VU) (b)(7)(VV) (b)(7)(VW) (b)(7)(VX) (b)(7)(VY) (b)(7)(VZ) (b)(7)(WA) (b)(7)(WB) (b)(7)(WC) (b)(7)(WD) (b)(7)(WE) (b)(7)(WF) (b)(7)(WG) (b)(7)(WH) (b)(7)(WI) (b)(7)(WJ) (b)(7)(WK) (b)(7)(WL) (b)(7)(WM) (b)(7)(WN) (b)(7)(WO) (b)(7)(WP) (b)(7)(WQ) (b)(7)(WR) (b)(7)(WS) (b)(7)(WT) (b)(7)(WU) (b)(7)(WV) (b)(7)(WW) (b)(7)(WX) (b)(7)(WY) (b)(7)(WZ) (b)(7)(XA) (b)(7)(XB) (b)(7)(XC) (b)(7)(XD) (b)(7)(XE) (b)(7)(XF) (b)(7)(XG) (b)(7)(XH) (b)(7)(XI) (b)(7)(XJ) (b)(7)(XK) (b)(7)(XL) (b)(7)(XM) (b)(7)(XN) (b)(7)(XO) (b)(7)(XP) (b)(7)(XQ) (b)(7)(XR) (b)(7)(XS) (b)(7)(XT) (b)(7)(XU) (b)(7)(XV) (b)(7)(XW) (b)(7)(XX) (b)(7)(XY) (b)(7)(XZ) (b)(7)(YA) (b)(7)(YB) (b)(7)(YC) (b)(7)(YD) (b)(7)(YE) (b)(7)(YF) (b)(7)(YG) (b)(7)(YH) (b)(7)(YI) (b)(7)(YJ) (b)(7)(YK) (b)(7)(YL) (b)(7)(YM) (b)(7)(YN) (b)(7)(YO) (b)(7)(YP) (b)(7)(YQ) (b)(7)(YR) (b)(7)(YS) (b)(7)(YT) (b)(7)(YU) (b)(7)(YV) (b)(7)(YW) (b)(7)(YX) (b)(7)(YY) (b)(7)(YZ) (b)(7)(ZA) (b)(7)(ZB) (b)(7)(ZC) (b)(7)(ZD) (b)(7)(ZE) (b)(7)(ZF) (b)(7)(ZG) (b)(7)(ZH) (b)(7)(ZI) (b)(7)(ZJ) (b)(7)(ZK) (b)(7)(ZL) (b)(7)(ZM) (b)(7)(ZN) (b)(7)(ZO) (b)(7)(ZP) (b)(7)(ZQ) (b)(7)(ZR) (b)(7)(ZS) (b)(7)(ZT) (b)(7)(ZU) (b)(7)(ZV) (b)(7)(ZW) (b)(7)(ZX) (b)(7)(ZY) (b)(7)(ZZ)

Report reviewed for accuracy and completeness.

Medical Officer: _____ Final Diagnosis: Cardiac Arrest QA Rep: _____

AMBULANCE REPORT
 U.S. Naval Hospital Guantanamo Bay, Cuba

3 of 3

CALL DATA

Date: _____ Unit: _____ EMT: _____ EVO: _____ ETR # _____ INCIDENT # _____ DISPATCH # _____

Call Location: _____ Police on Scene? Yes No Emergent to Scene? Yes No Emergent to Hosp? Yes No Aid Required by: P.D. F.D. Other

Patient Name: _____ Race: _____ Sex: M F Age: _____ Date of Birth: _____ SSN: _____ Employer: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ H: _____ W: _____ NOK: _____

RELEASE OF LIABILITY:
 I hereby refuse transportation for hospital treatment and I acknowledge that such treatment was advised by the ambulance personnel. I hereby release such persons and the cognizant medical facility from liability for respecting my express wishes and directions.

SIGNED: _____ WITNESS: _____ DATE: _____
 Note: Witness should be family member of patient or member of Base Security.

Removed to Vehicle By: _____
 Walked Stairchair Stretcher

Transport Position: Supine Sitting Prone Head Up Other

Call Disposition: Standby Cancelled On Route Transfer Transported Pt. Refusal MEDEVAC Scene Treated

RUN TIMES

Call Received	
Time Out	
Time On Scene	
Time Leave Scene	
Time at Hospital	
Total Minutes	

PATIENT INFORMATION

Chief Complaint: _____ Allergies: None Medications: None

History: Asthma Cardiac COPD CVA(stroke) Diabetes Hypertension Hypotension Seizures Syncope None Other

Type of Incident:

<input type="checkbox"/> Airway Obstruction	<input type="checkbox"/> Diabetic Emergencies	<input type="checkbox"/> OB <input type="checkbox"/> Labor <input type="checkbox"/> Delivery	<input type="checkbox"/> Respiratory Distress
<input type="checkbox"/> Allergic Reaction	<input type="checkbox"/> Dizziness	<input type="checkbox"/> ETOH Intoxication	<input type="checkbox"/> Seizure
<input type="checkbox"/> Altered Mental Status	<input type="checkbox"/> (Near) Drowning	<input type="checkbox"/> OD	<input type="checkbox"/> Stroke/CVA/TIA
<input type="checkbox"/> Assault/Abuse	<input type="checkbox"/> Heat Cramps/Exhaustion/Stroke	<input type="checkbox"/> Substance	<input type="checkbox"/> Suicide/Attempt
<input type="checkbox"/> Behavioral Disorder	<input type="checkbox"/> GI Distress/Bleed	<input type="checkbox"/> v. Auto	<input type="checkbox"/> Syncope
<input type="checkbox"/> Burn (Electrical/Chemical/Thermal)	<input type="checkbox"/> GSW (Caliber _____)	<input type="checkbox"/> v. Auto	<input type="checkbox"/> Unconscious/Unknown
<input type="checkbox"/> Cardiac Arrest	<input type="checkbox"/> Fall (Height _____)	<input type="checkbox"/> Respiratory Arrest	<input type="checkbox"/> Other
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> MVA (Speed _____)		(Specify)
<input type="checkbox"/> Dehydration	<input type="checkbox"/> Nausea/Vomiting		

Location of Injuries:

<input type="checkbox"/> Head	<input type="checkbox"/> Lower Arm R/L/B	<input type="checkbox"/> Pelvis	Codes for injuries: A - Abrasion B - Amputation C - Avulsion D - Fracture/Dislocation E - Blunt Trauma F - Penetrating Trauma G - Burn (note Degree & %) H - Soft Tissue Injury I - Impaled Object J - Pain Only (rate on scale of 1 - 10; ex. 4/10) K - Paralysis L - Laceration M - Crush
<input type="checkbox"/> Face	<input type="checkbox"/> Hand R/L/B	<input type="checkbox"/> Upper Leg R/L/B	
<input type="checkbox"/> Neck	<input type="checkbox"/> Chest	<input type="checkbox"/> Knee R/L/B	
<input type="checkbox"/> Shoulder R/L/B	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Lower Leg R/L/B	
<input type="checkbox"/> Upper Arm R/L/B	<input type="checkbox"/> Back	<input type="checkbox"/> Ankle R/L/B	
<input type="checkbox"/> Elbow R/L/B	<input type="checkbox"/> Genitalia/Rectum	<input type="checkbox"/> Foot R/L/B	

Treatment:

<input type="checkbox"/> Bandaging	<input type="checkbox"/> C-Spine	<input type="checkbox"/> Intubation ET/Combitube	<input type="checkbox"/> Oral/Nasal Airway
<input type="checkbox"/> Blood Drawn	<input type="checkbox"/> Defibrillation	<input type="checkbox"/> IV Admin	<input type="checkbox"/> Oxygen
<input type="checkbox"/> Burn Sheet	<input type="checkbox"/> Drug Admin	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Precordial Thump
<input type="checkbox"/> Cardiac Monitor	<input type="checkbox"/> Extrication (time _____)	<input type="checkbox"/> MAST	<input type="checkbox"/> Restraints
<input type="checkbox"/> Cardioversion	<input type="checkbox"/> Hot/Cold Packs	<input type="checkbox"/> OB Delivery Time	<input type="checkbox"/> Sandbag

Time	EKG	BP	Pulse	Resp	Temp	DRUGS & FLUIDS	Time	Drug/Fluid	Amount	Method/Location	Reaction/Result

Comments: A CHANGE IN V/S STATUS. A CHANGE IN STATUS WITH TRANSPORTATION START CONSIDERED. SHIRT UNZIPPED WITH BAY 2 W/ REMOVED. APPROX. 20 MIN OUT FROM HOSP AT START. EXPLAINING BLOOD FROM WOUND & NUTRIENT SUSTAINED FLUIDS & MONITORED CPR WITHIN. I WAS TRANSPORTED TO DASH FOR CONTINUED TREATMENT. CONTINUED TO DASH T. PT. AT STABLE TREATMENT.

EMT Signature: _____
 Report reviewed: _____
 Medical Officer: _____

TAB G – (U) Guantanamo Bay Naval Hospital Medical Personnel, 9 June 2006

1. (U) HM3 [REDACTED] [NCIS Exhibit 63]
 - a. Statement, 16 June 2006
 - b. Ambulance Report, 10 June 2006
2. (U) [REDACTED] Interview Results, 15 June 2006 [NCIS Exhibit 64]