STATEMENT

[(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)(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. [illegible] 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)] he 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)(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)(6)] , the cultural advisor entered at 0300 and departed at 0301 hrs, 0318 hrs four (4) unidentified NCIS and CITF 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)]

(b)(3):10 USC §130b,(b)(6),(b)(7)(C)

▓▓ his statement, consisting of this page and one other page was typed for me by Special ▓▓▓▓▓▓▓▓ 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 ▓▓▓▓

▓▓▓▓▓▓▓▓

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

▓▓▓▓▓▓▓▓

Witness

Service

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

NCIS 5580/26(1/2001)   (Formerly NCIS Form 016/04-81)

GTMO SJA 139

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) [(b)(3) (b)(6) (b)(7)(C)] Statement, 16 June 2006

SUBJ: V/AL ZAHRANI, YASSER TALAL/CIV (DECEASED)

U.S. NAVAL CRIMINAL INVESTIGATIVE SERVICE

ENCLOSURE(S)

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

BIOGRAPHICAL   (b)(3) (b)(6) (b)(7)(C)
EMPLOYMENT:
SSN:
DOB:
POB:
RESIDENCE:
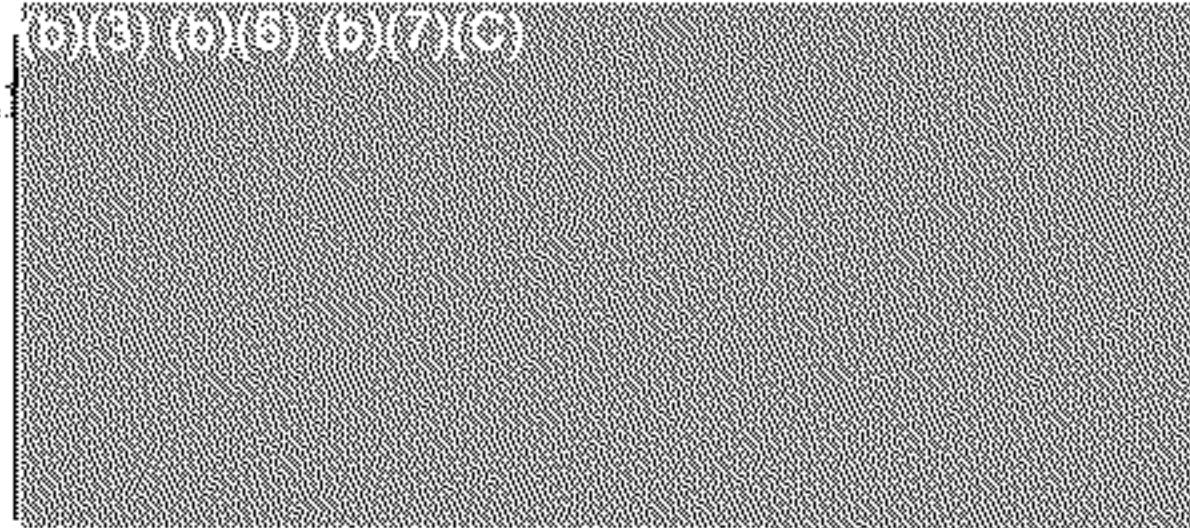
REPORTED BY: (b)(3) (b)(6) (b)(7)(C)   Special Agent
OFFICE: NCISRU Guantanamo Bay, Cuba

GTMO SJA 141

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

143

CALL DATA

Date: 10 JUN 06	Unit: TANGO	(b)(3) (b)(6) (b)(7)(C)		MAR	ETR #: N/A	INCIDENT #	DISPATCH #

Call Location: DELTA CLINIC

Police on Scene? ☒ Yes ☐ No Emergent to Scene? ☒ Yes ☐ No Emergent to Hosp? ☐ Yes ☐ No Aid Required by: ☒ P.D. ☐ F.D. ☒ Other JA55

Patient Name: 693 ← DETAINEE H 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.

RUN TIMES	
Call Received	0053
Time Out	0053
Time On Scene	0100
Time Leave Scene	0106
Time at Hospital	0115
Total Minutes	22

Removed to Vehicle By: ☐ Walked ☐ Stairchair ☒ Stretcher **No. of Pt'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:

☒ Airway Obstruction	☐ Diabetic Emergency	☐ OB ☐ Labor ☐ Delivery	☐ Respiratory Distress
☐ Allergic Reaction	☐ Dizziness	☐ Suspected ETOH Intoxication	☐ Seizure
☐ Altered Mental Status	☐ (Near) Drowning	☐ Suspected OD	☐ Stroke/CVA/TIA
☐ Assault/Abuse	☐ Heat Cramps/Exhaustion/Stroke	Substance_____	☒ Suicide/Attempt
☐ Behavioral Disorder	☐ GI Distress/Bleed	☐ Pedestrian v. Auto	☐ Syncope
☐ Burn (Electrical/Chemical/Thermal)	☐ GSW (Caliber_____)	☐ Bicycle v. Auto	☒ Unconscious/Unknown
☒ Cardiac Arrest	☐ Fall (Height_____)	☐ Poison	☐ Other
☐ Chest Pain	☐ MVA (Speed_____)	Substance_____	(Specify)_____
☐ Dehydration	☐ Nausea/Vomiting	☒ Respiratory Arrest	

Location of Injuries:

			Codes for injuries:
☐ Head	☐ Lower Arm R/L/B	☐ Pelvis	A – Abrasion
☐ Face	☐ Hand R/L/B	☐ Upper Leg R/L/B	B – Amputation
☒ Neck	☐ Chest	☐ Knee R/L/B	C – Avulsion
☐ Shoulder R/L/B	☐ Abdomen	☐ Lower Leg R/L/B	D – Fracture/Dislocation
☐ Upper Arm R/L/B	☐ Back	☐ Ankle R/L/B	E – Blunt Trauma
☐ Elbow R/L/B	☐ Genitalia/Rectum	☐ Foot R/L/B	F – Penetrating Trauma

Lung Sounds		Skin	Skin Color	Pupil	Mental Status	Codes (cont.)
R L		Temp	☐ Normal	☐ Equal/Reactive	☐ Alert	G – Burn (note Degree & %)
☐ ☐ Clear			☐ Pale	☐ Dilated	☐ Disoriented	H – Soft Tissue Injury
☐ ☐ Rhonchi/Rales		☐ Normal ☐ Normal (Moisture)	☒ Cyanotic	☐ Constricted	☐ Voice	I – Impaled Object
☐ ☐ Wheezes		☒ Cool ☐ Dry	☐ Flushed	☐ R Larger	☐ Pain	J – Pain Only (rate on scale of 1–10: ex. 4/10)
☐ ☐ Diminished		☐ Hot ☐ Moist	☐ Jaundice	☐ L Larger	☒ Unresponsive	K – Paralysis
☒ ☒ Absent				☒ Nonreactive		L – Laceration
						M – Crush

Treatment:

☐ Bandaging	☒ C-Spine	☒ Intubation-E.___ tube (b)(6)	☒ Oral/Nasal Airway	☐ Splints
☐ Blood Drawn	☐ Defibrillation	☒ IV Admin	☒ Oxygen via BVM	☒ Suction
☐ Burn Sheet	☐ Drug Admin	☐ Irrigation	☐ Precordial Thump	☒ Other: REMOVED RESTRICTIVE
☒ Cardiac Monitor	☐ Extrication (time_____)	☐ MAST	☐ Restraints	BAND FROM NECK (CLOTH)
☐ Cardioversion	☐ Hot/Cold Packs	☐ OB Delivery Time	☐ Sandbags	

Time	EKG	B/P	Pulse	Resp	Temp		Time	Drug/Fluid	Amount	Method/Location	Reaction/Result
0102	Asystole	None	None	None		DRUGS & FLUIDS	0103	NS	8cc's	OFA (IV)	RECIEVED FLUIDS

Comments: ...Pt found over [as] an unresponsive, no pulse pt @ the Delta Clinic. ...in scene @ approx. ...upon arrival security escorted EMS to pt... ...ventilations via BVM... ...attempted to clear airway... ...ambulance enroute to sickcall screening... ...with the assistance of the site nurse. ...after the arrival of CPA the simms @ shock advise was given. Pt still...

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. ☐ 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.

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

Removed to Vehicle By: ☐ Walked ☐ Stairchair ☐ Stretcher

No. of PT's ___ Of ___

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:

Allergies: ☐ None

Medications: ☐ None

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

Type of Incident:

- ☐ Airway Obstruction
- ☐ Allergic Reaction
- ☐ Altered Mental Status
- ☐ Assault/Abuse
- ☐ Behavioral Disorder
- ☐ Burn (Electrical/Chemical/Thermal)
- ☐ Cardiac Arrest
- ☐ Chest Pain
- ☐ Dehydration

- ☐ Diabetic Emergency
- ☐ Dizziness
- ☐ (Near) Drowning
- ☐ Heat Cramps/Exhaustion/Stroke
- ☐ GI Distress/Bleed
- ☐ GSW (Caliber _____)
- ☐ Fall (Height _____)
- ☐ MVA (Speed _____)
- ☐ Nausea/Vomiting

- ☐ OB ☐ Labor ☐ Delivery
- ☐ Suspected ETOH Intoxication
- ☐ Suspected OD Substance
- ☐ Pedestrian v. Auto
- ☐ Bicycle v. Auto
- ☐ Poison Substance
- ☐ Respiratory Arrest

- ☐ Respiratory Distress
- ☐ Seizure
- ☐ Stroke/CVA/TIA
- ☐ Suicide/Attempt
- ☐ Syncope
- ☐ Unconscious/Unknown
- ☐ Other (Specify) _____

Location of Injuries:

- ☐ Head
- ☐ Face
- ☐ Neck
- ☐ Shoulder R/L/B
- ☐ Upper Arm R/L/B
- ☐ Elbow R/L/B

- ☐ Lower Arm R/L/B
- ☐ Hand R/L/B
- ☐ Chest
- ☐ Abdomen
- ☐ Back
- ☐ Genitalia/Rectum

- ☐ Pelvis
- ☐ Upper Leg R/L/B
- ☐ Knee R/L/B
- ☐ Lower Leg R/L/B
- ☐ Ankle R/L/B
- ☐ 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

Lung Sounds R L		Skin Temp	Moisture	Skin Color	Pupils	Mental
☐ ☐ Clear				☐ Normal	☐ Equal/Reactive	☐ Alert
☐ ☐ Rhonchi/Rales		☐ Normal	☐ Normal	☐ Pale	☐ Dilated	☐ Disoriented
☐ ☐ Wheezes		☐ Cool	☐ Dry	☐ Cyanotic	☐ Constricted	☐ Voice
☐ ☐ Diminished		☐ Hot	☐ Moist	☐ Flushed	☐ R Larger	☐ Pain
☐ ☐ Absent				☐ Jaundice	☐ L Larger	☐ Unresponsive
					☐ Nonreactive	

Treatment:

- ☐ Bandaging
- ☐ Blood Drawn
- ☐ Burn Sheet
- ☐ Cardiac Monitor
- ☐ Cardioversion

- ☐ C-Spine
- ☐ Defibrillation
- ☐ Drug Admin
- ☐ Extrication (time _____)
- ☐ Hot/Cold Packs

- ☐ Intubation ET/Combitube
- ☐ IV Admin
- ☐ Irrigation
- ☐ MAST
- ☐ OB Delivery Time

- ☐ Oral/Nasal Airway
- ☐ Oxygen
- ☐ Precordial Thump
- ☐ Restraints
- ☐ Sandbags

- ☐ Splints
- ☐ Suction
- ☐ Other _____

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

Comments: HAD A PULSE AFTER RECHECKING V/S AGAIN ... THE SECOND ... FIRST ... CHEST COMPRESSIONS ... CPR ... THE TRANSFERRING OF PT FROM ... ATTEMPTED RESCUE ... STILL POSITIONED AROUND PT NECK, ... SECURE D/E ... C-SPINE PRECAUTIONS ... WHILE PT ARRIVED BY ... PERSONNEL ... VISIBLE THE ... WAS CUT FROM THE PT. A NASAL BURNED AIRWAY WAS ... AND THE PT STARTED ... DURING TRANS ENRT. PT WAS RECEIVING IV FLUIDS, CPR, ... BEING MONITORED ...

EMT Signature: _____

Report reviewed for accuracy and completeness.

Medical Officer: (b)(6)

Final Diagnosis: Cardiac Death

QA Rep: _____

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. ☐ 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:

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

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

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

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

PATIENT INFORMATION

Chief Complaint

Allergies: ☐ None   **Medications:** ☐ None

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

Type of Incident:
☐ Airway Obstruction
☐ Allergic Reaction
☐ Altered Mental Status
☐ Assault/Abuse
☐ Behavioral Disorder
☐ Burn (Electrical/Chemical/Thermal)
☐ Cardiac Arrest
☐ Chest Pain
☐ Dehydration

☐ Diabetic Emergency
☐ Dizziness
☐ (Near) Drowning
☐ Heat Cramps/Exhaustion/Stroke
☐ GI Distress/Bleed
☐ GSW (Caliber ___)
☐ Fall (Height ___)
☐ MVA (Speed ___)
☐ Nausea/Vomiting

☐ OB ☐ Labor ☐ Delivery
☐ Suspected ETOH Intoxication
☐ Suspected OD
☐ ___
☐ Pedestrian v. Auto
☐ ___ v. Auto
Substance ___
☐ Respiratory Arrest

☐ Respiratory Distress
☐ Seizure
☐ Stroke/CVA/TIA
☐ Suicide/Attempt
☐ Syncope
☐ Unconscious/Unknown
☐ Other
(Specify) ___

Location of Injuries:
☐ Head ___
☐ Face ___
☐ Neck ___
☐ Shoulder R/L/B ___
☐ Upper Arm R/L/B ___
☐ Elbow R/L/B ___

☐ Lower Arm R/L/B ___
☐ Hand R/L/B ___
☐ Chest ___
☐ Abdomen ___
☐ Back ___
☐ Genitalia/Rectum ___

☐ Pelvis ___
☐ Upper Leg R/L/B ___
☐ Knee R/L/B ___
☐ Lower Leg R/L/B ___
☐ Ankle R/L/B ___
☐ 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

Lung Sounds
R	L	
☐	☐	Clear
☐	☐	Rhonchi/Rales
☐	☐	Wheezes
☐	☐	Diminished
☐	☐	Absent

Skin
Temp: ☐ Normal ☐ Cool ☐ Hot
Moisture: ☐ Normal ☐ Dry ☐ Moist

Skin Color
☐ Normal ☐ Pale ☐ Cyanotic ☐ Flushed ☐ Jaundice

Pupils
☐ Equal/Reactive ☐ Dilated ☐ Constricted ☐ R Larger ☐ L Larger ☐ Nonreactive

Mental Status
☐ Alert ☐ Disoriented ☐ Voice ☐ Pain ☐ Unresponsive

Treatment:
☐ Bandaging
☐ Blood Drawn
☐ Burn Sheet
☐ Cardiac Monitor
☐ Cardioversion

☐ C-Spine
☐ Defibrillation
☐ Drug Admin
☐ Extrication (time ___)
☐ Hot/Cold Packs

☐ Intubation ET/Combitube
☐ IV Admin
☐ Irrigation
☐ MAST
☐ OB Delivery Time

☐ Oral/Nasal Airway
☐ Oxygen
☐ Precordial Thump
☐ Restraints
☐ Sandbags

☐ Splints
☐ Suction
☐ Other: ___

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

Comments: A CHANGE IN V/S STATUS. A CHANGE IN STATUS WHILE TRANSPORTING SLOW ___ EXHALING BLOOD FROM ___ SUSTAINED FLUIDS & ___ CPR ___ CONTINUED TO ___ PT ___ TREATMENT

EMT Signature

Report reviewed

Medical Officer

QA Rep:

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

    1. (U) HM3 ███████ [NCIS Exhibit 63]

        a. Statement, 16 June 2006

        b. Ambulance Report, 10 June 2006

    2. (U) ███████ Interview Results, 15 June 2006 [NCIS Exhibit 64]