



DEPARTMENT OF THE ARMY
WALTER REED ARMY MEDICAL CENTER
WALTER REED HEALTH CARE SYSTEM
WASHINGTON, DC 20307-5001

MCHL-FPS

07 April 2010

MEMORANDUM FOR Captain Alex Wilschke, Defense Counsel, Legal Services Support Section (LSSS), 2nd Marine Logistics Group, Camp Lejeune, North Carolina 28542-0125

SUBJECT: Sanity Board Evaluation of Corporal Ahmad Siddiqi, SS# 046-02-6699

1. IDENTIFYING INFORMATION:

CPL Ahmad Siddiqi is 22 year-old (date of birth 15 February 1988), separated (although currently undergoing a divorce), American male of Afghanistani descent, born in Kabul, Afghanistan, who was referred for a R.C.M. 706 Sanity Board in relation to the charges and specifications listed below.

2. LIST OF CHARGES:

Charge I: Violation of UCMJ, Article 81

Specification I: In that CPL Ahmad R. Siddiqi, U.S. Marine Corps, 3rd Battalion, 8th Marine Regiment, 2nd Marine Division, Camp Lejeune, North Carolina, did at or near Shahturan, Afghanistan, on or about 09 May 2009, conspire with Staff Sergeant Melvin J. Jones, U.S. Marine Corps, Lance Corporal Bryan M. Kolton, U.S. Marine Corps, and Corporal Benjamin Turner, U.S. Marine Corps, to commit an offense under the Uniform Code of Military Justice, to wit: assault consummated by a battery upon Gul Mohammad, and in order to effect the object of the conspiracy the said Lance Corporal Kolton, and Corporal Turner did consummate the assault with a battery upon the said Gul Mohammad.

Charge II: Violation of UCMJ, Article 107

Specification I: In that CPL Ahmad R. Siddiqi, U.S. Marine Corps, 3rd Battalion, 8th Marine Regiment, 2nd Marine Division, Camp Lejeune, North Carolina, did at or near Forward Operating Base Delaram, Afghanistan on or about 11 May 2009, with intent to deceive, make to 1LT Andrew Hornfeck, U.S. Marine Corps, an official statement, to wit: denying that any assault took place on 09 May 2009, which statement was totally false, and was then known by the said Corporal Siddiqi to be so false.

Specification II: In that CPL Ahmad R. Siddiqi, U.S. Marine Corps, 3rd Battalion, 8th Marine Regiment, 2nd Marine Division, Camp Lejeune, North Carolina, did at or near Forward Operating Base Delaram, Afghanistan on or about 21 May 2009, with intent to deceive, make to Special Agent Aaron Bode, Naval Criminal Investigation Service, an official statement, to wit: denying that any assault took place on 09 May 2009, which statement was totally false, and was then known by the said Corporal Siddiqi to be so false.

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Charge III: Violation of UCMJ, Article 128

Specification I: In that CPL Ahmad R. Siddiqi, U.S. Marine Corps, 3rd Battalion, 8th Marine Regiment, 2nd Marine Division, Camp Lejeune, North Carolina, did at or near Shahturan, Afghanistan on or about 09 May 2009, commit an assault upon Gul Mohammed by striking him in the head with a rock, by striking him with a closed fist about the head and torso, and by kicking him in the head with a boot, and did thereby intentionally inflict grievous bodily harm upon Gul Mohammad, to wit: a ruptured ear drum, bruised kidney, and a deep laceration to the back of the head.

3. STATEMENT OF NON-CONFIDENTIALITY:

Corporal Ahmad Siddiqi was informed of the non-confidential nature of this evaluation. CPL Siddiqi was informed that a full report of the evaluation would be sent to defense counsel, and that a summarized report consisting only of the Sanity Board's answers to the court's questions would be sent to both defense counsel and trial counsel. CPL Siddiqi was informed that Sanity Board members may be called to testify, and that the information obtained from this evaluation, as well as the conclusions thereof, could be made public if he and his attorney decided to litigate mental health-related defenses in open court. CPL Siddiqi was also notified that if the full report was presented in open court, that any self-incriminating information provided by CPL Siddiqi would be redacted from the full report via R.C.M. 302. CPL Siddiqi voiced an understanding of these warnings and consented to the evaluation.

4. SOURCES OF INFORMATION CONSIDERED:

1. Order for Sanity Board, dated 05 February 2010
2. Charge Sheet, dated 23 September 2009
3. Legal History Memorandum, by 1LT Christopher Fuller, dated 18 February 2010.
4. Memo to Ms. Edens of the Jacksonville Police Department, Florida, requesting the accused arrest records, no date, by hypothesize 18 February 2010
5. Enlistment Document, Armed Forces of the United States, dated 15 July 2006
6. Counseling statement dated 20 February 2007 referencing apprehension by the Jacksonville Police Department for stealing a Gerber knife
7. Marine Corps Record of Emergency Data, dated 04 June 2009
8. Service member's Group Life Insurance Election and Certificate, dated 30 October 2008
9. Marine Corps, Basic Individual Record, 15 July, 2006
10. Montgomery Bill, GI Bill Act of 1984
11. Adult Preventative Care and Flow Sheet
12. Chronological Record of Medical Care
13. Joint DoD/VA Disability Evaluation Pilot Referral, dated 11 January 2010
14. Physical Evaluation Board, History and Physical Symptoms, dated 25 November 2009
15. Abbreviated Medical Evaluation Board Report, dated 04 December 2009
16. Chronological Record of Medical Care, dated 01 December 2009
17. Coastal Neurological Associates, Dr. Khaled Jreisat, notes, dated 31 August 2009

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18. Coastal Neurological Associates, Dr. Khaled Jreisat, notes, dated 21 September 2009
19. CCHC Imaging Center, MRI report, dated 28 July 2009
20. Post-Deployment Health Re-Assessment, dated 15 September 2009
21. Post-Deployment Health Re-Assessment, dated 02 May 2008
22. Pre-Deployment Health Assessment, dated 01 June 2007
23. Rights of the Accused, Darrell Rhoads, dated 11 MAY 2009
24. Rights of the Accused, Toby Livermore, dated 11 MAY 2009
25. Rights of the Accused, Matthew Wilcox, dated 11 MAY 2009
26. Rights of the Accused, Trent Nyckoff, dated 11 MAY 2009
27. Rights of the Accused, David Strickland, dated 11 MAY 2009
28. Rights of the Accused, Melvin Jones, dated 11 MAY 2009
29. Rights of the Accused, Ahmad Siddiqi, dated 11 MAY 2009
30. Rights of the Accused, Sean Cox, dated 11 MAY 2009
31. Rights of the Accused, Gerald Padron, dated 11 MAY 2009
32. Rights of the Accused, Garrett Taylor, dated 10 MAY 2009
33. Rights of the Accused, Manuel Andrews, dated 11 MAY 2009
34. Rights of the Accused, Colin J. Signs, dated 11 MAY 2009
35. Rights of the Accused, Jason Berry, dated 11 MAY 2009
36. Rights of the Accused, John Crawford, not dated
37. Rights of the Accused, Benjamin Turner, not dated
38. Rights of the Accused, Eric Bentley, dated 11 MAY 2009
39. Rights of the Accused, Jacob Andrew Merold, dated 11 MAY 2009
40. Rights of the Accused, Bryar Kolton, dated 11 MAY 2009
41. Rights of the Accused, Justin K. Hedgecock, dated 11 MAY 2009
42. U.S. Naval Criminal Investigative Service, Report of Investigation (Interim), dated 16 July 2009
43. Review of Inpatient Psychiatry records at the NNMC at Bethesda, Maryland for 2 hours on 19 February 2010
44. Clinical Interview of CPL Siddiqi, at WRAMC, on 24 February 2010, for 6 hours
45. Psychological Assessment of CPL Siddiqi at WRAMC, on 25 February 2010, for 6 hours
46. Clinical Interview and Psychological Testing of CPL Siddiqi, on 26 February 2010, for 2 hours
47. Collateral Interview of LCDR Russell, Chief, Inpatient Psychiatry, NNMC, Bethesda, on 19 February 2010, for 30 minutes

5. ALLEGED VIOLATIONS OF UCMJ:

Charge I: Violation of UCMJ, Article 81

Specification I: The government alleges that on about 09 May 2009, while on patrol, that CPL Siddiqi conspired with SSG Jones to assault Gul Mohammad. The CID investigative action reports indicate that CPL Siddiqi became angry while questioning Gul Mohamad while on patrol in the village of Shahturan, Afghanistan. The government alleges that Gul Mohamad was stopped while riding his motorbike, detained and questioned by the patrol. CPL Siddiqi was functioning as the interpreter for the patrol. At some point during the questioning, CPL Siddiqi

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asked permission from SSG Jones to have Gul Mhamad assaulted by CPL Kolton and CPL Turner. SSG Jones approved the request and CPL Siddiqi called CPL Turner and CPL Kolton on the radio. Both arrived and checked with SSG Jones on whether they would face consequences for assaulting Gul Mohamad. SSG Jones conveyed that there would be no consequences and they took Gul Mohamad to a small dwelling and assaulted him.

Charge II: Violation of UCMJ, Article 107

Specification I: The government alleges that CPL Siddiqi, did at or near Forward Operating Base Delaram, Afghanistan on or about 11 May 2009, provide a false verbal and written statement to 1LT Andrew Hornfeck, regarding the alleged assault. 1LT Hornfeck was conducting an inquiry ordered by the company commander as to allegations which had arisen from the village doctor involving a Marine patrol which had beat up one of the villagers. CPL Siddiqi and the other patrol members had agreed to deny that anything occurred while on the patrol. This agreement occurred during the patrol debriefing when they returned to the base of operations that evening.

Specification II: The government alleges that CPL Siddiqi, did at or near Forward Operating Base Delaram, Afghanistan on or about 21 May 2009, provide a false verbal and written statement to Special Agent Aaron Bode, Naval Criminal Investigation Service, regarding the alleged assault. The same denials occurred again when CID investigated the allegations based on the agreement when the unit returned from the patrol.

Charge III: Violation of UCMJ, Article 128

Specification I: The government alleges that CPL Siddiqi, did at or near Shahturan, Afghanistan on or about 09 May 2009, commit an assault upon Gul Mohammed. The government alleges that CPL Siddiqi also contributed to assaulting Gul Mohamad along with CPL Kolton and CPL Turner.

6. ACCUSED'S VERSION OF THE OFFENSES:

Charge I: Violation of UCMJ, Article 81

Specification I: CPL Ahmad R. Siddiqi reported that at the time of the alleged offense, he had been in the U.S. Marines for about 3 years. During this time, he reported that he had received a significant amount of teasing, as a result of his Afghanistани cultural/ethnic background. For example, he was called a "spy" and "terrorist." CPL Siddiqi shared other examples of being teased while in Afghanistan to include that his "uncles planted an IED on the road." CPL Siddiqi stated that it was this teasing that motivated his actions the morning of the offense. He described everything as being fine when the patrol began the morning of the offense. He reported that everything continued to be fine when the patrol arrived in the village. Things changes however, when CPL Siddiqi was asked to explore why Gul Mohammed and another man had driven up on motorcycles while the patrol was in the center of the village. CPL Siddiqi became angry with Gul Mohammed because during questioning Gul Mohammad was providing conflicting responses. CPL Siddiqi added, "I knew he was lying. He would say he lived in one direction

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and then another. He also kept changing his story as to why he was in the village. I wanted to prove that I was not a spy or a terrorist so I asked SSG Jones if they could take him away and he said yeah. I then called CPL Turner and CPL Kolton on the radio and told them to come get this guy. CPL Turner and CPL Kolton then arrived and asked SSJ Jones if they were going to get in trouble for beating up the guy. SSG Jones said no and they took Gul Mohammad away.” CPL Siddiqi added that Gul Mohammed was then taken to the small building where the offense occurred. CPL Siddiqi reported that he was then called to another part of the village where ten to fifteen males were congregating in front of a building. He served as the translator at that location and after some questioning, told the men to leave the area. The CAAT completed the patrol and arrived at their base later that day.

Charge II: Violation of UCMJ, Article 107

Specification I: CPL Siddiqi reported that after they arrived at their base, that the patrol went through their normal debrief. It was at this debrief that SSG Jones ensured that all the patrol members would state that nothing occurred while on the patrol. As a result of this meeting, two days later, CPL Siddiqi reported that he denied any knowledge of an alleged assault upon Gul Mohammed to 1LT Andrew Hornfeck on or about 11 MAY 2009.

Specification II: CPL Siddiqi reported that he also denied any knowledge about an alleged assault upon Gul Mohammad when he spoke to Special Agent Aaron Bode, Naval Criminal Investigation Service, on or about 21 May 2009. CPL Siddiqi’s rationale for this denial was the above described commitment to deny any wrongdoing at the patrol debriefing.

Charge III: Violation of UCMJ, Article 128

Specification I: CPL Siddiqi reported that he did not personally assault Gul Mohammed. More specifically, that he was called to the other location where the men were congregating, functioned as translator, and was not present when the offense occurred.

7. PSYCHIATRIC HISTORY/MENTAL HEALTH RECORDS:

A review of mental health records found that CPL Siddiqi first came to the attention of mental health in March 2008 when he experienced a number of seizures. The first occurred while attending an Arabic Language class. He described an internal sensation of “liquid pressure” from his fingertips traveling towards his head. In that instance, he then broke his nose during his fall to the ground. The second occurred in June 2009 after he returned from his second deployment. CPL Siddiqi had just completed a Warrior Transition class when he once again felt the “internal pressure” and sat down. The third occurred a few weeks later when he was sitting outside his barracks and contemplating issues involving his wife. The fourth occurred a few weeks later while watching television. The fifth occurred a few weeks later at a smoking cessation class. CPL Siddiqi was referred for MRI’s and EKG’s with negative results. CPL Siddiqi then had a sixth seizure while in the office of a neurologist on 31 August 2009 while connected to an EEG. The EEG was essentially normal and the pattern of his pseudo-seizure was of “withdrawing.” The neurologist reported that “he cried, clenched his teeth, and that the

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pattern was clearly non-epileptic seizures.” The neurologist referred CPL Siddiqi to mental health.

CPL Siddiqi was subsequently seen by the Regimental Surgeon from his unit and then by LCDR Siegal, a psychiatrist at Camp Lejeune. CPL Siddiqi reported he had been seeing ghosts once every one to two days since August 2009. He reported that the ghosts do not talk to him but he can see them clearly, and that he knows they are ghosts because he can “feel that they are dead.” CPL Siddiqi was consistent during the current evaluation and past reports that since about August 2009 that he began to feel the presence of a man with whom he would have conversations. He would see the man two to three times per week and denied any command auditory hallucinations at that time. Additionally, he reported that he did not trust people because they “use him” and they do not give anything back to him. He was also concerned that others would use information he provided against him and that his wife was being unfaithful. He believed this because one of his sisters called him and told him that his wife was with another man. He further added that his wife would not allow him to look through her cell phone call history. CPL Siddiqi reported during his evaluation by Dr. Siegal that he was seen by a marriage counselor for four visits during November 2009. He refused to respond to questions about physical, emotional or sexual abuse but added that he “grew up in Afghanistan.” CPL Siddiqi was placed on psychotropic medications including Depakote DR 500 mg PO BID; Trazodone 150 mg PO Q HS; and Risperdal 1 mg PO BID. The documentation at that time noted that CPL Siddiqi did not appear to be responding to internal stimuli. The diagnosis at that time included a rule out for Conversion Disorder and a rule out for Schizophrenia, early onset. CPL Siddiqi was hospitalized in November 2009 on an inpatient psychiatric unit, per the Battalion Surgeon, LCDR Richard Lynch. A Medical Evaluation Board was initiated in December 2009 as a result of CPL Siddiqi’s diagnosis of Schizophrenia versus Schizoaffective Disorder, Depressed Type.

CPL Siddiqi was admitted to the National Naval Medical Center (NNMC) at Bethesda, Maryland after a serious suicide attempt. More specifically, CPL Siddiqi left Camp Lejeune in late January 2010 against force protection orders (i.e., an order for him to remain in the immediate area of the base as a result of mental health concerns and his pending courts-martial). CPL Siddiqi drove to the Fairfax, Virginia area in an attempt to reconcile with his wife. CPL Siddiqi called her when he was in the Fairfax area and this resulted in an argument. He then threatened to kill himself and she stated that she did not care. CPL Siddiqi then bought a 500 ml bottle of vodka, drank the entire bottle, and cut his left wrist, left femoral artery, and right side of his neck. He then thought that he was not bleeding sufficiently so he called the police to instigate a confrontation with the goal of committing suicide through the use of law enforcement officers. The police instead apprehended him and placed him under an emergency psychiatric detention at Fairfax INOVA Hospital. The wound to his left wrist cut through all his tendons and required follow-up surgery at the NNMC at Bethesda, Maryland. The wound to his left femoral artery was sutured at Fairfax INOVA Hospital. He was physically restrained twice while at Fairfax INOVA due to agitation. He was then transferred to the NNMC at Bethesda, Maryland. The primary stressors for his suicide attempt were his pending divorce from a two-year marriage, his wife being unfaithful, his pending courts-martial, his pending Medical Evaluation Board, and a recent minor car accident. CPL Siddiqi was adamant at that time that he was still suicidal and that since his last plan did not work that he would find a different plan. He did admit to past sexual abuse but refused to discuss it. CPL Siddiqi stated during that evaluation that he was experiencing panic

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attacks several times per week during the couple of months. Further, that he was experiencing Post-Traumatic Stress Disorder symptoms including flashbacks, nightmares, hyper-vigilance, startle reactions, and nightmares about death. He also reported that he would see ghosts, hear non-command voices, and sometimes hear screaming. At that time, he reported that the voices began about one year earlier, approximately February 2009. This report was inconsistent with all other data regarding the onset of psychotic symptoms. CPL Siddiqi further reported a hallucination in which he was the "king of little people" and that he was having conversations with them until another service member walked into the room. He acknowledged that he has experienced social detachment for some time. He was diagnosed with Schizo-affective Disorder, Depressed Type, with a rule out of Major Depressive Disorder, a rule out of Post-Traumatic Stress Disorder, and a rule out of Alcohol Abuse.

8. COLLATERAL INFORMATION DATA:

Attempts were made to contact the wife of CPL Siddiqi, Maria Espinoza, via e-mail without success on 03 March 2010.

A collateral telephonic interview was conducted on 10 March 2010 with CPL Siddiqi's mother, Niloufera Siddiqi at cell phone 703-971- 6593, and his sister, Arzu Siddiqi at cell phone 571-244-2376 for about 30 minutes. The limits of confidentiality were explained in this forensic evaluation and both voiced understanding with the limits. CPL Siddiqi's sister served as translator given that her mother only spoke Farsi. Both reported denied any adverse events while CPL Siddiqi was growing up in Pakistan after his father disappeared. The family then moved to the United States when CPL Siddiqi was 11 or 12 years old. CPL Siddiqi spent about three months in Waterbury, Connecticut, prior to moving to Virginia, when his mother re-married. Both denied any history of academic problems, legal problems, or mental health problems by CPL Siddiqi prior to his enlistment in the Marines. His sister Arzu, reported that CPL Siddiqi did well at school, both in Connecticut and then Virginia, and that he was an inspiration for her to do well in school. Both denied any history of mental illness in the family.

CPL Siddiqi's mother-in-law, Sonya Espinoza, was contacted on 10 March 2010 and interviewed telephonically for 30 minutes. She was informed of the limits of confidentiality and voiced understanding of these limits. She reported that she and her daughter, Maria, were disappointed in CPL Siddiqi because he married Maria in civil court, left on his deployment to Afghanistan, and then broke his promise to marry her in the Catholic Church upon his return. She also viewed CPL Siddiqi as very jealous and thought that he was different after his deployment Afghanistan. When asked about how she viewed him as different, she replied that she had survived civil war in Nicaragua and knew how difficult it could be. She further added that he would prefer to spend time with his friends than be with his wife. She thought that he failed to fulfill his responsibilities to his wife. She described her daughter as sad and lonely after returning from Camp LeJeune in the summer 2009 after being rejected by CPL Siddiqi.

9. MEDICAL HISTORY:

CPL Siddiqi, other than the present issues described in this report, did not report any significant medical problems. Medical records indicated that CPL Siddiqi began experiencing seizure like

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episodes in March 2008 and June 2009 through August 2009. CPL Siddiqi denied any seizure like episodes during any deployments. CPL Siddiqi experienced what was initially thought to be a seizure in March 2008, while at the Defense Language School, in Monterrey, California. The first episode occurred while in class, and he subsequently fell, and broke his nose during the fall. CPL Siddiqi experienced 5 more of these seizure episodes from June 2009 through August 2009. The last episode occurred on 31 August 2009 while CPL Siddiqi was being evaluated for these seizures by a neurologist. During this episode, CPL Siddiqi was actually connected to an EEG which found that the episode was not a seizure.

10. LEGAL HISTORY:

Juvenile Legal History

CPL Siddiqi denied any juvenile infractions, denied any detainments or arrests by law enforcement, and denied any detentions at juvenile facilities.

Adult Legal History

CPL Siddiqi, initially denied any past legal problems of any sort other than typical traffic tickets. He did acknowledge upon presentation of the legal data, that he was arrested for stealing a Gerber utility knife in Jacksonville, Florida while he was at Basic Infantry School between December 2006 and February 2007. Per his report, a friend challenged him to take the knife, which he did, and was arrested shortly afterwards. He was released to his unit and received 14 days of restriction as Non-Judicial Punishment.

Prior to his first deployment on a Marine Expeditionary Unit in July 2007, CPL Siddiqi reported that another Marine broke into his barracks while he was drinking and tried to beat him up. He then called the Military Police, but the other Marine left before the Military Police arrive. He was subsequently charged for underage drinking and given 14 days of restriction as Non-Judicial Punishment.

11. ALCOHOL, TOBACCO, AND SUBSTANCE ABUSE HISTORY:

CPL Siddiqi reported that he first started drinking alcohol when he was 18 after he joined the Marines. At that time, he would drink four to five beers plus a shot of "Wild Turkey." He reported that he would never get drunk and added that the first time he became inebriated was when he attempted suicide in January 2010. He denied any black outs or pass outs. He denied any duty problems, social problems, or recreational problems as a result of alcohol use. He further reported that he started smoking at age 18 after he joined the Marines and now smokes one pack per day. He denied any use of illegal drugs including marijuana, and denied abusing over the counter medications. CPL Siddiqi acknowledged using marijuana once at age 17 for "experimental purposes" during an earlier psychological evaluation conducted on 25 November 2009.

12. SOCIAL, EDUCATION, AND MILITARY HISTORY:

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Early Upbringing/Family History

CPL Siddiqi reported that he was born in Kabul, Afghanistan on 15 February 1988 and that his family moved to Peshwar, Pakistan in 1990, when civil war broke out in Afghanistan. While in Pakistan, his father was asked to fight in the war and refused. His father was subsequently taken away by armed men and never seen again. CPL Siddiqi estimates that he was 3 or 4 at the time. As a result, he, his mother and two sisters, lived with his maternal grandparents, and uncles and aunts, in Peshwar, Pakistan, until he was age 12. At age 12, he, his mother, and two sisters moved to Waterbury, Connecticut, because they had family members located there. His mother was introduced to a man of either Afghani or Pakistani heritage through her family, and they subsequently married. CPL Siddiqi, his mother, and sisters moved to the man's home in Virginia. CPL Siddiqi reported that this man has been a good step-father to him and a good husband to his mother. CPL Siddiqi spent most of his adolescent years growing up in Virginia. He denied any history of physical, emotional, or sexual abuse. However, during an earlier evaluation, he was vague and did not answer the question. Rather, he replied that he did not want to talk about it, and that he "grew up in Afghanistan."

Educational

CPL Siddiqi attended school in Pakistan until the 6th or 7th grade. He denied any problems in school, denied any suspensions or expulsions, and did not recall what type of grades he received while in Pakistan. He did reveal that he attended school in a Madrassa and was taught math, science, physics, art, and Islam. The move to Waterbury, Connecticut, and then to Virginia was a difficult transition for CPL Siddiqi. He recalled that he first started the 7th grade in Connecticut and then had to begin the 7th grade again in Virginia after his mother married. He reported that he received A's through C's throughout grade school at Mark Twain Middle School. He denied any problems or special concerns in Middle school such as suspensions, expulsions, academic counseling, individual counseling, or Individual Educational Programs (IEP's). He then attended Thomas Edison High School in Virginia and graduated in 2006 although he reported that he received C's and D's. He again denied any significant problems or concerns.

Occupational

CPL Siddiqi has no work history prior to joining the Marines. He reported that he joined the Marines in September 2006 because he was not doing anything else after he graduated from high school earlier that summer. He also thought it would be a good way to obtain his U. S. citizenship.

Relevant Military Performance Data:

CPL Siddiqi's military career began in September 2006 after he graduated from high school earlier that summer. He had originally thought of joining the Army but shared that the recruiter did not seem interested in him. CPL Siddiqi reported that he attended Basic Training in September 2006 through December 2006 at Parris Island. Basic Training appears to have been unremarkable. He then attended the School of Infantry located at Camp Geiger, North Carolina,

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from December 2006 through February 2007. He was then assigned to 3/8 Battalion at Camp Lejeune as a mortar man.

CPL Siddiqi deployed with the 22nd Military Expeditionary Unit from July 2007 through January 2008. He denied any combat and denied any sort of trouble while in this mission. He denied any contact with mental health during this deployment. His second deployment with the 3/8 was from November 2008 through June 2009 to Afghanistan. During this deployment, he reported that he lost three friends but that he was not present when they were killed. He further reported that on one occasion that a truck near his vehicle was hit by an improvised explosive device, but that there were no serious injuries. While in Delaram, Afghanistan, his unit received mortar fire 4 to 5 times. The forward operating base from where they operated was mortared once while they were there. CPL Siddiqi denied being involved in any fire fights, denied any physical injuries to include symptoms of traumatic brain injury, and denied any mental health issues during this deployment. He reported that he did not have contact with mental health on this deployment.

Marital/ Sexual History:

CPL Siddiqi reported that he first started dating during the 9th grade, and had his first sexual experience at age 17. He reported that he has had few sex partners although he could not recall exactly how many. He did report that he had 3 or 4 girlfriends before his wife, and that they did not work out before he was young and joined the military. He met his wife in March 2008 after he returned from his first MEU. Per his report, he met her at a Sprint retail store in Virginia and that he was interested in her because she was nice. They were married in civilian court in July 2008 but they never lived together because he was going to deploy in "a couple of months." During this time, he continued to live in the barracks and she lived with her mother. She was also attending school in Maryland. CPL Siddiqi's plan was for her to stay in Virginia until he returned from his deployment, and then ETS from the Marines. Per CPL Siddiqi, his wife wanted to stop school and live with him but he refused. His wife then had an affair which he confirmed by retrieving her messages on her cell phone. One of the messages was from a man who said he loved her. He blamed himself for the failure of their marriage. Currently, his wife, Maria Espinoza, has no contact with him. She last had contact with CPL Siddiqi when she visited him on his birthday at the NNMC at Bethesda. She then changed all her telephone numbers and e-mail addresses.

13. FAMILY MEDICAL AND PSYCHIATRIC HISTORY

CPL Siddiqi denied having any family medical or psychiatric history.

14. CURRENT MEDICATIONS:

Zyprexa 10 mg
Lamictal 50 mg
Prozac 20 mg, po q day

15. MENTAL STATUS EXAMINATION:

CPL Siddiqi, presented as a physically fit male of Afghanistani descent, who looked his stated age of 22. He was dressed in standard inpatient hospital ward clothing issued at Walter Reed Army Medical Center where this evaluation was conducted. He was poorly dressed with unkempt hair. He was cooperative with the evaluations and answered all questions posed to him. He exhibited no odd movements or mannerisms during the evaluation. He maintained appropriate eye contact throughout all interview sessions. He did not appear to be responding to any internal stimuli. His speech was unremarkable with a normal rate, rhythm, and appropriate volume.

CPL Siddiqi's self-reported mood was "okay." His affect was flat and congruent with his stated mood. He did not appear significantly depressed although he shared regrets about the manner in which he managed his marriage. He had been administered neuroleptic and anti-depressant medications since NOV 2009. This may have improved his presentation during this evaluation. His thoughts were linear, logical, and goal directed. His thought content was void of delusional content, or suicidal or homicidal ideation. Additionally, the accused did not appear to be responding to any internal stimuli. He reported experiencing both auditory and visual hallucinations. More specifically, he reported sensing a dead man and hearing this man talk to him. He further described seeing visions of hell and holes in the floor of the inpatient ward leading to hell. He reported conversations with "little people" in his hospital room until being interrupted by another Soldier. His verbal intellectual abilities appeared to be in the average range. He reported having no memory or concentration difficulties and demonstrated good recall for details pertaining to his legal case and personal history. Additionally, he demonstrated good impulse control throughout both sessions of his evaluation and was able remain focused on the topics of discussion. His judgment and insight were adequate during this evaluation.

CPL Siddiqi reported that he is currently depressed as a result of a number of factors. These include the current UCMJ issue, the possible MEB, and the ongoing divorce process. He reported sleeping seven hours per night. He denied any nightmares. He further denied any intrusive thoughts, flashbacks, hyper-vigilance, or paranoia. He denied any weight loss. He reported that he is maintaining his interests and stated that he had problems with his concentration, but per observation, he was able to remain focused for the duration of the evaluation. CPL Siddiqi denied any symptoms consistent with a panic attack. Additionally, he denied feeling overly suspicious or paranoid. CPL Siddiqi denied current suicidal ideation at the time of the evaluation. He further denied any homicidal ideation.

16. PSYCHOLOGICAL TESTING:

TESTS ADMINISTERED:

Structured Interview of Reported Symptoms (SIRS)
Test of Memory Malingering (TOMM)
Minnesota Multiphasic Inventory – 2 (MMPI-2)
Booklet Category Test (BCT)
Weschler Adult Intelilligence Scale, 3rd Edition

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SUBJECT: Sanity Board Evaluation of Corporal Ahmad Siddiqi, SSN 046-02-6699

Trails Test

Response Style:

The Structured Interview of Reported Symptoms (SIRS) was administered as a means of directly assessing the presence of malingered psychiatric symptomatology. The SIRS consists of 172 items and provides the evaluator with data on eight primary scales of malingering and five supplementary scales as well. Scores on each primary malingering scale are rated by severity of malingered response as "Definite," "Probable," "Indeterminate," and "Honest." The SIRS professional manual indicates that interpretation of results may be performed at the individual scale level, consideration of scores on all the primary scales as a whole, and by consideration of responses to all 172 items via a total score approach. Via consideration of the 8 primary scales, the SIRS professional manual provides response type classification based on a combination of elevated scores on multiple scales. The presence of multiple scores in the probable feigning category increases the likelihood that a particular individual is feigning and decreases the likelihood that an honest responder will be misclassified.

CPL Siddiqi produced two probable feigning scores on scales which included SU and SEV. He produced two scores in the indeterminate range of malingering which included BL and SEL. And he produced four scores in the honest reporting category which included RS, SC, IA, and RO.

This combination of primary scales in the probable feigning category indicates an 81.8% likelihood of feigning. However, he also produced four primary scale scores in the honest responding range. This combination of primary scales in the honest responding range indicates a 50% likelihood of honest responding. Thus, in this case, the use of the primary scales produced conflicting results.

However, the SIRS manual indicates that a total score of greater than 76 is indicative of malingering. CPL Siddiqi produced a score of 75. Although elevated and near the cut-off score for malingering, his total score was still below the cut off score for classifying individuals who are feigning a mental disorder. In the SIRS normative sample, members of a clinically honest population had an average score of 37 (with a standard deviation of 15) and scores ranging from 12 to 71. Malingerers, by contrast, had average scores of 66 (with a standard deviation of 33) and scores ranging from 17 to 141.

CPL Siddiqi's inconsistent findings are reflected in his primary scale scores versus his total score. The totality of the data indicates that CPL Siddiqi probably embellished his responses based upon his total score, but he did not meet the criteria to conclude that he actively malingered his responses. This does not indicate that he feigned all his mental illness symptoms, but rather that he could have embellished his responses or fabricated responses in addition to his mental illness symptoms.

The Test of Memory Malingering (TOMM) was also administered to address response style with respect to cognitive functioning. The TOMM is a two-alternative, forced-choice test of memory recognition. It was designed to assist in discriminating malingerers from those with genuine

memory impairments. Subjects are shown 50 consecutive line drawings. They are then asked to point to the drawings they had been previously shown from a two-choice alternative, where one choice is correct and the other is incorrect. The test subject is given immediate feedback about whether their choice was correct or not. Subjects are then shown the same 50 line drawings again, and a second round of recognition testing is administered using the same procedures. Normative data indicate that groups of cognitively impaired and traumatic brain injured patients tend to score above 90% correct (a score of 45 out of 50) on this test. Hence, the TOMM manual states that "Any score lower than 45 on Trial 2 or the Retention Trial (a third optional trial) indicates the possibility of malingering." CPL Siddiqi had 34 correct out of 50 on Trial 1. He then obtained a score of 40 correct out of 50 on Trial 2, indicating that he malingered on cognitive measures of memory.

Another method of assessing response style in a structured manner was via administration of the MMPI-2. The MMPI-2 is a 567-item, true-false, objectively scored personality test. It is the most widely used personality inventory in North America. The MMPI-2 has multiple validity indices which assess the client's test-taking attitude. The MMPI-2 validity indices measure whether the client has endorsed the test items in some distorted manner. If the client has provided a consistent and accurate self-description when responding to the MMPI-2 items, the profile is considered to be valid.

The overall interpretation of the profile produced by CPL Siddiqi is that the profile is invalid. Scores on the Variable Response Inconsistency scale (VRIN), and True Response Inconsistency scale (TRIN) were above normal limits. These scales indicate that CPL Siddiqi did not respond in a consistent manner throughout the measure. Possible causes for inconsistent responding include reading difficulties, limited educational opportunities, and below average intelligence. It is possible that these factors were relevant given that CPL Siddiqi was born in Afghanistan and raised until age 12 in Pakistan. However, the remaining validity indices indicated that CPL Siddiqi produce extremely elevated validity indices on the Infrequency scale (F), Back Frequency scale (Fb), Infrequent Psychopathology (Fp), and the Fake Bad Scale (FBS). The elevation on these scales was far beyond that of clinical normative samples. This indicates that CPL Siddiqi either had severe psychopathology, was confused or was actively over reporting symptoms or some combination of the aforementioned. The Lie (L) scale includes items selected on a rational basis to identify persons who deliberately try to avoid answering the MMPI frankly and honestly. The L scale assesses attitudes and practices that are culturally laudable but actually found in only the most conscientious persons. CPL Siddiqi produced a borderline elevated score indicating a defensive response style in regards to admitting and denying minor social flaws. The K Correction (K) scale consists of items empirically selected to assist in identifying persons who displayed significant psychopathology yet had profiles within the normal range. CPL Siddiqi produced a low score indicating that he either fabricated or exaggerated his problems to create the impression of a severe emotional disturbance and/or has limited resources for coping with the demands of daily life. The Superlative (S) scale was developed to assess persons who present themselves in a superlative manner that is encountered frequently in individuals who are being screened in personnel settings. CPL Siddiqi produced scores indicating that he reported emotional distress and a number of unusual behaviors and symptoms. These individuals clearly have not underreported psychopathology, although they may have over reported psychopathology.

Cognitive/Neuropsychological:

The Booklet Category Test (BCT) is one component of a more comprehensive neuropsychological battery (the Halstead-Reitan Battery). The BCT requires a complex set of cognitive skills, including the ability to accurately perceive stimuli, form hypotheses about which patterns of stimuli are varying, incorporate and remember feedback from the examiner about their performance, and modify their hypotheses based on examiner feedback. Thus, it is a test of abstract concept formation which requires intact other lower-order cognitive functions. The BCT is an effective screen of gross neuropsychological dysfunction. Scores on this measure have the highest correlation with overall Halstead-Reitan impairment indices of any of its component measures. CPL Siddiqi had 68 errors on this test. This translates to a T score of 32. Adjusting for demographic factors, CPL Siddiqi's score reflected mild to moderate impairment, according to Heaton comprehensive normative data.

Trail Making Test

The Trail Making Test (TMT) is one of the most popular neuropsychological tests and is included in most test batteries. The TMT provides information on visual search, scanning, speed of processing, mental flexibility, and executive functions. The TMT consists of two parts. TMT-A requires an individual to draw lines sequentially connecting 25 encircled numbers distributed on a sheet of paper. Task requirements are similar for TMT-B except the person must alternate between numbers and letters (e.g., 1, A, 2, B, 3, C, etc.). The score on each part represents the amount of time required to complete the task. CPL Siddiqi's performance on both TMT-A and TMT-B indicated mild to moderate impairment. This may be an under representation of CPL Siddiqi's abilities as he completed the measure with a full cast on his left arm. This limited his ability to stabilize the paper, and limited his ability to scan the entire paper as he completed the measure.

Intelligence Measure

The Wechsler Adult Intelligence Scale – Third Edition (WAIS-III) is an individually administered clinical instrument for assessing the intellectual abilities of adults. The WAIS-III provides current normative data and updated test materials, test content, and administration procedures. The WAIS-III consists of several subtests, each measuring a different facet of intelligence. The WAIS-III contains a total of 14 subtests and provides two sets of summary scores. First, in addition to the global Full Scale, the WAIS-III subtests can be organized in the traditional manner into the Verbal scale and the Performance scale. The WAIS-III also provides another grouping of the subtests based on more refined domains of cognitive functioning. These index scales are Verbal Comprehension, Perceptual Organization, Working Memory, and Processing Speed. The Verbal scale, Performance scale, and Full Scale Intelligence Quotient (IQ) have a mean of 100 and a standard deviation of 15. A score of 100 on any of the three IQ scales or four indexes defines the average performance of the examinee on that scale or index.

CPL Siddiqi produced a Verbal IQ score of 78, a Performance IQ score of 73, and a Full Scale IQ score of 74. This indicates that CPL Siddiqi is in the low borderline range of intelligence and

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did not present with any significant differences between his Verbal IQ and Performance IQ. More significant are the cultural factors in this case. As previously stated, CPL Siddiqi was born in Afghanistan and raised in Pakistan until age 12. The only formal education he has obtained in the United States is from age 13 through 18. The WAIS-III normative data was developed on English speaking samples raised within the United States. This limits the generalizability of the intelligence quotients as they apply to CPL Siddiqi. The factors may under estimate CPL Siddiqi's true intelligence. Additionally, CPL Siddiqi's performance on a number of performance subtests was limited by the cast on his left hand. The performance subtests which required hand involvement included digit coding, block design, and picture arrangement. This may account for the difference between the verbal and performance intelligence quotients. As such, CPL Siddiqi's Performance IQ of 73 may be a minimization of his true abilities.

17. DIAGNOSTIC ASSESSMENT:

Psychiatric diagnosis is made along five dimensions: Axis I describes major clinical syndromes; Axis II described long-term personality functioning; Axis III describes medical conditions related to psychiatric functioning; Axis IV describes psychosocial stressors; and Axis V describes global assessment of functioning (GAF).

Axis I: Diagnosis at the time of the offense:

Axis I Diagnosis: Major Clinical Syndromes

CPL Siddiqi did not meet the criteria for any mental disorder at the time of the offense.

Axis II Diagnosis: Mental Retardation and Personality Disorders

According to the DSM-IV-TR, the essential feature of a Personality Disorder is an enduring pattern of inner experience and behavior that markedly deviates from the expectations of the individual's culture and is manifested in at least two of the following areas: cognition, affect, interpersonal functioning, or impulse control. This enduring pattern is inflexible and pervasive across a broad range of personal and social situations and leads to clinically significant distress or impairment. In addition, the pattern is stable and can be traced back to adolescence or early adulthood. There are no significant data to support a diagnosis of a personality disorder at the time of the offense.

Axis III Diagnosis: Psychiatrically Relevant Medical Conditions

CPL Siddiqi did not present with any psychiatrically significant medical conditions at the time of the offense.

Axis IV: Psychosocial Stressors

Psychosocial stressors at the time of the offense included the teasing that CPL Siddiqi received from other Marines as a result of his cultural/ethnic heritage.

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Axis V: Global Assessment of Functioning (GAF)

A GAF rating ranges from a low of 1 (persistent danger of hurting self or others) to a high of 100 (superior functioning). The GAF considers “psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness.”

GAF = 75 (At Time of the Offenses)

Axis I Diagnosis Presently:

CPL Siddiqi currently meets the criteria for Schizoaffective Disorder, Depressed Type, and Malingering. Descriptions of these disorders follow:

The essential features of schizoaffective disorder include: An uninterrupted period of illness during which, at some time, there is a Major Depressive Disorder, a Manic Episode, or a Mixed Episode concurrent with symptoms that meet criteria A for Schizophrenia; during this same period of illness, there have been delusions or hallucinations for at least 2 weeks in the absence of prominent mood symptoms; the symptoms that meet criteria for a mood disorder are present for a substantial portion of the total duration of the active and residual periods of the illness; the disturbance is not due to the direct physiological effects of a substance or a general medical condition; and the disorder is specified as either bipolar type or depressive type.

The clinical diagnostic criterion for Schizophrenia follows as it forms the core symptoms for Schizoaffective Disorder. The essential features of schizophrenia follow: Characteristic symptoms delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, or negative symptoms; the person experiences social and/or occupational dysfunction for significant portion of the time since the onset of the disturbance; the duration is persistent for at least 6 months; schizoaffective and mood disorders with psychotic features have been ruled out; the disturbance is not due to the direct physiological effects of a substance or a general medical condition; and if there is a history of autistic disorder or another pervasive developmental disorder, the additional diagnosis of schizophrenia is made only if prominent delusions or hallucinations are also present for at least 1 month.

Malingering is the intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives such as avoiding military duty, avoiding work, obtaining financial compensation, evading criminal prosecution, or obtaining drugs.

Axis II Diagnosis: Mental Retardation and Personality Disorders

According to the DSM-IV-TR, the essential feature of a Personality Disorder is an enduring pattern of inner experience and behavior that markedly deviates from the expectations of the individual’s culture and is manifested in at least two of the following areas: cognition, affect, interpersonal functioning, or impulse control. This enduring pattern is inflexible and pervasive across a broad range of personal and social situations and leads to clinically significant distress

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or impairment. In addition, the pattern is stable and can be traced back to adolescence or early adulthood.

There are no significant data to support a diagnosis of a personality disorder in this case.

Axis III Diagnosis: Psychiatrically Relevant Medical Conditions

CPL Siddiqi did not present with any current psychiatrically significant medical conditions.

Axis IV: Psychosocial Stressors

Current psychosocial stressors include the current court-martial proceedings, possible MEB, and his pending divorce.

Axis V: Global Assessment of Functioning (GAF)

A GAF rating ranges from a low of 1 (persistent danger of hurting self or others) to a high of 100 (superior functioning). The GAF considers "psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness."

GAF = 45 (Currently)

GAF = 75 (Highest in Past Year)

18. DIAGNOSIS (at the time of the offenses):

Axis I:	V71.09 No Diagnosis
Axis II:	V71.09 No Diagnosis
Axis III:	No Diagnosis
Axis IV:	Teasing by unit members as result of his cultural/ethnic background
Axis V:	75

19. CURRENT DIAGNOSIS (at the time of evaluation):

Axis I:	295.70 Schizoaffective Disorder, Depressive Type V65.2 Malingering
Axis II:	V71.09 No Diagnosis
Axis III:	No Diagnosis
Axis IV:	Problems related to interaction with the legal system (UCMJ) Pending Divorce
Axis V:	45

20. FORENSIC OPINION / COMPETENCY TO STAND TRIAL:

In the United States military, Rule for Courts Martial 909 states that no accused may be brought to trial by courts martial if that person is presently suffering from a mental disease or defect

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rendering him or her unable to understand the nature of the proceedings against them or to conduct or cooperate intelligently in the defense of their case.

On this basis, CPL Siddiqi was evaluated to have the capacity to stand trial at the time of this evaluation, based on an opinion that is being offered with a reasonable degree of psychological certainty. CPL Siddiqi understood the nature of the charges against him, the roles of various courtroom personnel, and the various plea options available. He understood that entering a guilty plea would result in a forfeiture of the right to trial, forfeit his right to confront accusers, and forfeit his right to an appeal. He understood that he had a right to testify or not at his own trial. He understood the different dispositions associated with findings of guilty, not guilty, and insanity or lack of mental responsibility. He trusts his attorney and believes that his attorney is doing their best for his welfare.

21. FORENSIC OPINION / LACK OF MENTAL RESPONSIBILITY:

According to Rules for Courts Martial 916 (K), a defendant lacks mental responsibility for a charged offense if, at the time of the offense, the accused suffered from a severe mental disease or defect and the severe mental disease or defect rendered the accused unable to appreciate the nature and quality or wrongfulness of his or her actions. Thus, there is a threshold criterion (whether the accused has a severe mental disease or defect), a linkage criterion (whether the mental disease or defect is linked to the offense), and a functional test derivative of the linkage (as a result of this severe mental disease or defect, and at the time of the offense, the person was unable to appreciate the nature and quality or wrongfulness of his or her behavior).

We do not believe that the accused, CPL Siddiqi suffered from a severe mental disease or defect, at the time of the offense, and was therefore able to appreciate the nature and quality or wrongfulness of his conduct at the time of the alleged offense.

CPL Siddiqi's evaluation resulted in several conclusions. First, CPL Siddiqi did not meet the criteria for any mental illness at the time of the offense. The data suggests that the offense was a result of immaturity, a reaction to anger (i.e., angered by the victim's responses while being questioned by CPL Siddiqi), and a reaction to teasing by fellow Marines as a result of his cultural heritage. Second, a theoretical hypothesis considered the scenario of CPL Siddiqi experiencing a severe mental disease or defect at the time of the offense. The fact that this action involved the concerted and coordinated efforts of several service members including the groups NCO leader makes it highly unlikely that this was the result of a severe mental disease or defect. Third, it is unlikely that a lower ranking Marine with a severe mental disease or defect could influence an NCO leading the patrol to commit a UCMJ offense. Fourth, none of the sworn statements from any of the patrol members allege any mental illness issues with regards to CPL Siddiqi or anyone else. This is true of both the initial sworn statements which denied any offense, and the final sworn statements in which all members acknowledged the offense. SSG Jones, as the patrol leader, acknowledged full responsibility for the offense as a result of poor leadership rather than mental illness on the part of any patrol member. Fifth, CPL Siddiqi, had other courses of action he could have chosen at the time of the offense. For example, he could have detained and transported the man for interrogation by U.S. military intelligence, or detained the man and transferred custody of the man to the Afghanistan National Army for questioning, or simply

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released the man. He did none of these things. The central issue here is that there is simply no evidence that CPL Siddiqi's actions at the time of the offense were the result of a severe mental disease or defect. And sixth, it is also theoretically possible that CPL Siddiqi was suffering from PTSD at the time of incident. The reader may review the relevant military performance section. This basis of this theory is that CPL Siddiqi was somehow experiencing a "flashback" or was in a state of increased arousal, as a result of PTSD, at the time of the offense. The essential features of Post-Traumatic Stress Disorder (PTSD) include the following: A. The person has been exposed to a traumatic event; the traumatic event is persistently re-experienced; the person persistently avoids stimuli associated with the trauma; the person persistently experiences symptoms of increased arousal; the duration of the disturbance is more than one month; and the disturbance causes clinically significant distress or impairment. If these threshold criteria were met, the severe mental disease or defect would then have to render CPL Siddiqi unable to appreciate the nature and quality or wrongfulness of the offense. CPL Siddiqi, however, did not report any symptoms which approached the criteria for PTSD. Therefore, the existence of this disorder at the time of the alleged offense was ruled out.

It was also considered whether CPL Siddiqi met the criteria for Conversion Disorder as a result of his seizures or pseudo-seizures which began in March 2008 and last occurred on 31 August 2009. The problem with this diagnosis is whether these were the result of a general medical condition or whether these were a result of psychogenic stressors. Medical records noted that the pseudo-seizure on 31 August 2009, while connected to an EEG, found that he was not experiencing a seizure during this event. However, this does not rule out a seizure disorder. In either case, there is no data to support seizure activity during the time of the alleged offense.

CPL Siddiqi actively malingered during the evaluation. More specifically, the results of the SIRS, the TOMM and the MMPI-II, taken together portray CPL Siddiqi as embellishing his actual symptoms with what he believes are psychotic symptoms and cognitive deficits. More specifically, the idea of "seeing holes in the floor of the hospital that lead to hell," his report of seeing "ghosts," his reports of talking to little people while being the "king of the little people" and his report "sensing the presence of a dead man" are inconsistent with psychotic symptoms. Taken together, these reported symptoms are melodramatic and not typically associated with genuine mental disorders. Further, the symptoms began in August 2009, well after CPL Siddiqi was informed of the court martial proceedings against him. While it is possible that the stress of the court martial proceedings and his pending divorce contributed to his first psychotic episode, the previously described symptoms are simply not believable.

The issue then becomes the validity of the diagnosis of Schizoaffective Disorder by the previous providers. The current evaluator examined CPL Siddiqi after he had been stabilized on psychotropic medication including a mood stabilizer and neuroleptic medication (i.e., anti-psychotic medication). As a result, his presentation was much improved from the time he was initially evaluated Camp LeJeune, Fairfax INOVA, and the NNMC. It is important to note that CPL Siddiqi was hospitalized to an inpatient psychiatric unit in November 2009 and again in January 2010. He presented both times with symptoms consistent with Schizoaffective Disorder. The current evaluator places weight on the professional opinions of the medical providers in addition to the results of this evaluation.

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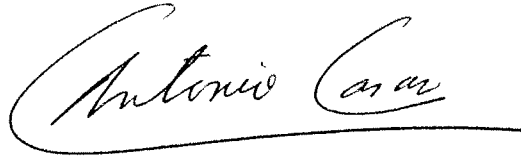
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Taking all known data into account, we are of the opinion that his ability to appreciate the nature, quality, and wrongfulness of his alleged conduct was unimpaired. Hence, it is our opinion, to a reasonable degree of psychological certainty, that CPL Siddiqi is mentally responsible for his actions.

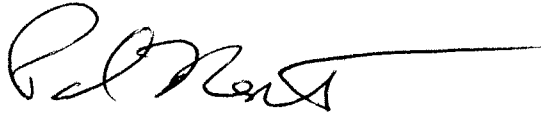
22. Questions regarding this case can be directed to LTC Antonio Casas at Walter Reed Army Medical Center, (202) 782-0065.

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A handwritten signature in cursive script that reads "Antonio Casas". The signature is written in black ink and is underlined with a single horizontal line.

PEDRO ANTONIO CASAS, Ph.D.
LTC, MS, USA
Forensic Psychology Fellow
Department of Psychology
Walter Reed Army Medical Center

A handwritten signature in cursive script that reads "Paul Montalbano". The signature is written in black ink and is underlined with a single horizontal line.

PAUL MONTALBANO, Ph.D, ABPP
Deputy Chief, Forensic Psychology Service &
Postdoctoral Forensic Psychology Program
Department of Psychology
Walter Reed Army Medical Center