



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
21<sup>ST</sup> MILITARY POLICE DETACHMENT (CID)  
10<sup>TH</sup> MILITARY POLICE BATTALION (CID)  
UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND  
Camp Bucca, Iraq APO AE 09375

CIRF-ZA-KW

27 Apr 2006

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION – FINAL/SSI - 0098-05-CID579-40031 - 5H9A

**DATES/TIMES/LOCATIONS OF OCCURRENCES:**

1. 05 OCT 2005/ 0415 – 5 OCT 2005/0450; COMPOUND 3A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, UMM QASR, IRAQ APO AE 09375 (CBI), GRID 38S MB 130840

DATE/TIME REPORTED: 05 OCT 2005, 0455

INVESTIGATED BY: SA (b)(2),(b)(6),(b)(7)(C) SA (b)(2),(b)(6),(b)(7)(C) SA (b)(2),(b)(6),(b)(7)(C)

SUBJECT: 1. NONE; [NATURAL DEATH].

VICTIM: 1. AL ZOBAIE, ELAWY DAKHEL/RAJAA (DECEASED), CIV/DETAINEE; INTERNMENT SERIAL NUMBER (ISN) (b)(6),(b)(7)(C) 1 JAN 1962; ABU GHRAIB, IRAQ; M; OTHER; COMPOUND 3A, TIF, CAMP BUCCA, UMM QASR, IRAQ; XZ; [NATURAL DEATH].

**INVESTIGATIVE SUMMARY:**

THIS IS AN "OPERATION IRAQI FREEDOM INVESTIGATION.

About 0455, 5 Oct 05, SGT (b)(6),(b)(7)(C) 344<sup>TH</sup> Task Force Medical (TFM), CBI, reported Detainee AL ZOBAIE died at Compound 3A, TIF, CBI.

Investigation determined the cause of death for Detainee AL ZOBAIE was cardiomegaly (enlarged heart) and the manner of death was natural.

**STATUTES:**

Not Applicable

**EXHIBITS/SUBSTANTIATION:**

Attached:

b(2), b(6), b(7)(C)

~~FOR OFFICIAL USE ONLY/LAW ENFORCEMENT SENSITIVE~~

1. Agent's Investigation Report (AIR) of SA (b)(6), (b)(7)(C) 9 Nov 05, documenting the basis for investigation, interviews of medical personnel who provided Detainee AL ZOBAIE care and detainees who knew Detainee AL ZOBAIE, inspection of Detainee AL ZOBAIE's personal belongings, receipt of medical records, confirmation of Detainee AL ZOBAIE's identity, viewing of his remains, and receipt of the autopsy report.
2. Death scene sketch, 5 Oct 05, prepared by SA [REDACTED]
3. Medical Records of Detainee AL ZOBAIE detailing no previous heart problems or other severe medical conditions.
4. Certificate of Death and Hospital Report of Death of Detainee AL ZOBAIE, 5 Oct 05, the manner of death as Natural.
5. AIR of SA [REDACTED] 21 Dec 05, documenting the receipt of the final autopsy report from the Armed Forces Institute of Pathology (AFIP).
6. Autopsy Examination Report ME 05-911; 19 Dec 05, which reflected the cause of death of Detainee AL ZOBAIE to be cardiomegaly (enlarged heart) and the manner of death as natural.
7. AIR of SA [REDACTED] 5 Oct 05, documenting the autopsy protocol and the collection of a photographic compact disc.
8. Compact disk 050098.579, containing the originals of all digital images exposed by USACIDC during this investigation. (USACRC, AFIP, and file copies only)
9. AIR of SA [REDACTED] 5 Apr 06, documenting the missing AFIP Compact Disc which was never received by this office.

Not Attached:

/

None.

:

The originals of Exhibits 1, 2, 5, 7, 8, and 9 are forwarded with the USACRC copy of this report. The originals of Exhibits 3 and 4 are retained in the files of the TIF Hospital, CBI. The original of Exhibit 6 is retained in the files of the Armed Forces Institute of Pathology (AFIP), Rockville, MD.

STATUS: This is a Final Report. Commander's Report of Disciplinary or Administrative Action Taken (DA Form 4833) is not required.

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

/

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ACLU DETAINEE DEATH 2 CID 164

~~FOR OFFICIAL USE ONLY/LAW ENFORCEMENT SENSITIVE~~

Report Prepared By:

Report Approved By:

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

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

Special Agent (b)(2)

Special Agent in Charge

## DISTRIBUTION:

USACRC, (ATTN: CICR-CR), Fort Belvoir, VA (original)  
 Thru: CDR, 10TH MP BN (CID)(ABN)(FWD), Camp Victory, Iraq  
 Thru: CDR, 3D MP Group USACIDC (ATTN: CIRC-OP), Forest Park, GA  
 To: CDR, USACIDC (ATTN: CIOP-CO), Fort Belvoir, VA  
 CDR, 43D MP BDE, Camp Victory, Iraq  
 CDR, SJA, 43D MP BDE, Camp Victory, Iraq  
 CDR, 21ST MP DET, Camp Arifjan, Kuwait  
 DIR, AFIP, ATTN: OAFME, Rockville, MD /  
 CDR, TIF, CBI  
 CDR, CBI  
 SJA, CBI  
 File

b(2), b(6), b(7)(C)

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# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0098-05-CID579-40031

PAGE 1 OF 4

## DETAILS

BASIS FOR INVESTIGATION: About 0455, 5 Oct 05, SGT **b(6), b(7)(C)** 344<sup>th</sup> Task Force Medical (TFM), Camp Bucca, Iraq APO AE 09375 (CBI) reported Detainee Elawy Dakhel/Rajaa AL ZOBAIE, Internment Serial Number (ISN) US**b(6), b(7)(C)** died at the Theater Internment Facility (TIF) Special Army Security Hospital (SASH), CBI.

About 0500, 5 Oct 05, SA **b(6), b(7)(C)** coordinated with MAJ **b(6), b(7)(C)** Assistant Officer in Charge (AOIC), Registered Nurse, SASH, TIF, CBI, who stated MAJ (Dr.) **b(6), b(7)(C)** 344<sup>th</sup> TFM, SASH, TIF, CBI, pronounced Detainee AL ZOBAIE dead at 0450.

About 0538, 5 Oct 05, SA **b(6), b(7)(C)** this office, exposed digital photographs of Detainee AL ZOBAIE in the SASH, TIF, CBI, using a Nikon Coolpix 4300 with automatic flash. No signs of trauma or external injuries were observed. (See compact disk)

About 0600, 5 Oct 05, SA **b(6), b(7)(C)** interviewed MAJ (Dr.) **b(6), b(7)(C)** who stated about 0415, 5 Oct 05, Detainee AL ZOBAIE was brought into the SASH Emergency Room (ER) in full cardiac arrest and had no cardiac rhythm. MAJ **b(6), b(7)(C)** stated Cardiopulmonary Resuscitation (CPR) was started by the medic at Compound 3. MAJ **b(6), b(7)(C)** stated he and his staff continued CPR and administered standard life saving techniques to include intubation and the administration of cardiac medications. MAJ **b(6), b(7)(C)** stated he reviewed Detainee AL ZOBAIE's medical records and found no significant medical history. MAJ **b(6), b(7)(C)** stated the only medical history was treatment for a possible exposure to Meningitis. MAJ **b(6), b(7)(C)** stated he did not observe any signs of trauma.

About 0606, 5 Oct 05, SA **b(6), b(7)(C)** conducted canvass interviews of the Compound 3A guards:

SSgt **b(6), b(7)(C)** Compound 3A, Non-commissioned Officer in Charge (NCOIC), 587<sup>th</sup> Expeditionary Security Forces Squadron (ESFS), CBI, said a group of detainees brought Detainee AL ZOBAIE, who was not breathing, from Building 1 to the access control point of the compound. SSgt **b(6), b(7)(C)** said he immediately called for a medic. SSgt **b(6), b(7)(C)** stated the detainees were given their breakfast at approximately 0330. Detainee AL ZOBAIE was brought to the access control point of the compound at approximately 0415. The Compound Mayor, Detainee **b(6), b(7)(C)** ISN US**b(6), b(7)(C)** helped carry Detainee AL ZOBAIE to the access control point of the compound. The detainees said Detainee AL ZOBAIE needed medical help and had fallen over while reading his Koran.

SSgt **b(6), b(7)(C)** 587<sup>th</sup> ESFS, CBI, stated he observed a group of detainees bring Detainee AL ZOBAIE to the access control point of the compound. The detainees said Detainee AL ZOBAIE needed medical help and fell over while reading his Koran.

SrA **b(6), b(7)(C)** 587<sup>th</sup> ESFS, CBI, stated she observed a group of detainees bring Detainee AL ZOBAIE, who was having difficulty breathing, to the access control point of the

TYPE AGENT'S NAME AND SEQUENCE NUMBER

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

380<sup>th</sup> MP DET (CID) (FWD)

Camp Bucca CID

Camp Bucca, IZ APO AE 09375

SIGN

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

D-L-0126

ACLU

DDI

CID

ROI

21072

(1-4)

9 Nov 05

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0098-05-CID579-40031

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## DETAILS

compound. The detainees said Detainee AL ZOBAIE needed medical help and fell over while reading his Koran.

About 0612, 5 Oct 05, SA **(b)(6), (b)(7)(C)** interviewed SGT **(b)(6), (b)(7)(C)**, Medic, 344th TFM, CBI, who stated he was on duty in the SASH ER when Detainee AL ZOBAIE was brought in. SGT **(b)(6), (b)(7)(C)** stated he assisted with airway management.

About 0618, 5 Oct 05, SA **(b)(6), (b)(7)(C)** interviewed SPC **(b)(6), (b)(7)(C)** Medic, 566<sup>th</sup> Area Support Medical Company (ASMC), CBI, who stated about 0415, 5 Oct 05, he was called on the radio and advised of a detainee in the sally port (access control point) area of Compound 3 who was unconscious and without a pulse. SPC **(b)(6), (b)(7)(C)** stated he responded from Compound 9 and arrived about 0418, 5 Oct 05. SPC **(b)(6), (b)(7)(C)** stated Detainee AL ZOBAIE was carried to the Compound 3 medical building where he was found to be without a pulse and breathless. SPC **(b)(6), (b)(7)(C)** stated he began CPR. SPC **(b)(6), (b)(7)(C)** stated he performed chest compressions for one minute before an automatic external defibrillator (AED) was used to administer one electric shock. SPC **(b)(6), (b)(7)(C)** stated he continued CPR and loaded Detainee AL ZOBAIE into an escort vehicle. SPC **(b)(6), (b)(7)(C)** stated he administered a second shock from the AED while enroute to the SASH. SPC **(b)(6), (b)(7)(C)** stated after he arrived at the ER he was relieved from performing CPR.

About 0628, 5 Oct 05, SA **(b)(6), (b)(7)(C)** interviewed MSG **(b)(6), (b)(7)(C)**, 344<sup>th</sup> TFM, CBI, who stated he relieved SPC **(b)(6), (b)(7)(C)** and performed CPR on Detainee AL ZOBAIE in the SASH ER.

About 0633, 5 Oct 05, SA **(b)(6), (b)(7)(C)** interviewed MAJ **(b)(6), (b)(7)(C)** who stated she was on duty in the SASH ER when Detainee AL ZOBAIE was brought in. She observed that his skin color was blue. MAJ **(b)(6), (b)(7)(C)** stated she made several attempts to start an intravenous line (IV) in Detainee AL ZOBAIE's right hand, but was unsuccessful. MAJ **(b)(6), (b)(7)(C)** stated she started an IV in his left hand and administered three ampules of epinephrine and one of atropine during CPR. MAJ **(b)(6), (b)(7)(C)** stated she inserted a nasal gastric (NG) tube into Detainee AL ZOBAIE's nose to relieve his distended stomach, which filled with air during CPR.

About 0635, 5 Oct 05, SA **(b)(6), (b)(7)(C)**, with assistance from Linguist Mr. **(b)(6), (b)(7)(C)** this office, conducted canvass interviews of the following detainees:

Compound 3A Mayor, Detainee **(b)(6), (b)(7)(C)** said he had been in custody with Detainee AL ZOBAIE for 1 year and 3 months. He said Detainee AL ZOBAIE had not complained of any pain or medical problems and had only been to the doctor a couple of times. Detainee **(b)(6), (b)(7)(C)** said he assisted other detainees carry Detainee AL ZOBAIE to the sally port for medical treatment. Detainee **(b)(6), (b)(7)(C)** said Detainee AL ZOBAIE complained of a headache about 2 days ago, but otherwise seemed normally engaged in his usual daily activities.

TYPE AGENT'S NAME AND SEQUENCE NUMBER

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

380<sup>th</sup> MP DET (CID) (FWD)

Camp Bucca CID

Camp Bucca, IZ APO AE 09375

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

L-0126 ACLU DDJL CID ROI 21073 (2-4)

9 NOV 05

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0098-05-CID579-40031

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## DETAILS

Detainee **b(6), b(7)(C)** ISN US **b(6), b(7)(C)** stated he was the brother of Detainee AL ZOBAIE, and slept next to him in the compound. He said Detainee AL ZOBAIE had breakfast about 0330 and was sitting and reading his Koran in Building 1, Compound 3A about 0415, when he suddenly fell to the floor. Detainee **b(6), b(7)(C)** immediately tried to see what was wrong with Detainee AL ZOBAIE, but he did not speak and was not breathing. The other detainees in the building helped him carry Detainee AL ZOBAIE to the sally port, where he was taken by the compound medic. He said his brother was healthy and had not complained of any pain or illness prior to falling over in the building that morning. He said Detainee AL ZOBAIE had not been sick and was not taking any medications. Detainee AL ZOBAIE had no previous history of medical problems. Detainee **b(6), b(7)(C)** said his brother had been depressed because he had been held for 1 year and 3 months and did not know how long he would have to stay at Camp Bucca and had not heard anything about his case. Detainee **b(6), b(7)(C)** said his brother had been going about his daily activities for the past several days.

Detainee **b(6), b(7)(C)** ISN US **b(6), b(7)(C)** stated he was in Building 1, Compound 3A, and observed Detainee AL ZOBAIE fall over and stop breathing. Detainee **b(6), b(7)(C)** said someone noticed Detainee AL ZOBAIE had a weak pulse. They immediately carried Detainee AL ZOBAIE to the sally port, where he was taken by the Compound medic. Detainee **b(6), b(7)(C)** said he lived in the same building as Detainee AL ZOBAIE since he arrived at Camp Bucca and had not heard him complain of any medical problems. Detainee **b(6), b(7)(C)** stated Detainee AL ZOBAIE had been depressed about being held for 1 year and 3 months with no word on how long he would be held. Detainee **b(6), b(7)(C)** said Detainee AL ZOBAIE had followed his usual activities over the past several days.

Detainee **b(6), b(7)(C)** ISN US **b(6), b(7)(C)** said he helped carry Detainee AL ZOBAIE out of the compound. He said he lived in the building with Detainee AL ZOBAIE and had not heard him complain of any medical problems. Detainee **b(6), b(7)(C)** had no other information pertinent to this investigation. He did not see Detainee AL ZOBAIE fall over.

Detainee **b(6), b(7)(C)** ISN **(b)(6)(b)(7)(C)** said he lived in Building 1, Compound 3A, and did not see what happened to Detainee AL ZOBAIE. He said he assisted the other detainees carry Detainee AL ZOBAIE to the sally port. Detainee **b(6), b(7)(C)** said he was not close to Detainee AL ZOBAIE and did not pay any attention to his daily routines.

About 0645, 5 Oct 05, SA **b(6), b(7)(C)** interviewed SGT **b(6), b(7)(C)** Respiratory Therapist, 344<sup>th</sup> TFM, CBI, who stated he maintained Detainee AL ZOBAIE's airway with suction, an oral pharyngeal airway, and a bag valve mask, and placed an Endo Tracheal (ET) tube in his airway while providing emergency treatment at the SASH ER.

TYPE AGENT'S NAME AND SEQUENCE NUMBER

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

380<sup>th</sup> MP DET (CID) (FWD)

Camp Bucca CID

Camp Bucca, IZ APO AE 09375

SIGNATURE

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

L-0126 ACLU

DATE

9 Nov 05

DDI CID ROI 21074

(3-4)

**AGENT'S INVESTIGATION REPORT**

CID Regulation 195-1

ROI NUMBER

0098-05-CID579-40031

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**DETAILS**

About 0655, 5 Oct 05, SA **(b)(6), (b)(7)(C)** prepared a death scene sketch of Compound 3A, TIF, CBI. Because of a lack of security within the Theater Internment Facility (TIF) compounds, a death scene examination was not conducted. Approximately 350 detainees, most of whom are detained for violent acts versus coalition forces, reside in the essentially autonomous compound. Security forces infrequently enter the compound, and much of the administration of daily happenings rests with detainee leaders. A security force of adequate size was not available to provide security. (See sketch)

About 0803, 5 Oct 05, SA **(b)(6), (b)(7)(C)** coordinated with SSG **(b)(6), (b)(7)(C)** NCOIC, Detainee Processing, 785<sup>th</sup> Military Police (MP) Battalion (BN), TIF, CBI. SSG **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** positively identified the deceased as Detainee AL ZOBAIE through the use of a Biometric Automated Tool Set (BATS) IRIS retinal scanner.

About 1040, 5 Oct 05, SA **(b)(6), (b)(7)(C)** obtained a copy of all of Detainee AL ZOBAIE's medical records from SSG **(b)(6), (b)(7)(C)** NCOIC, Patient Administration Division (PAD), SASH, TIF, CBI. On 26 Feb 05, Detainee AL ZOBAIE was seen for possible exposure to meningitis. Detainee AL ZOBAIE also informed medical personnel that he was told by an Iraqi doctor that he had a problem with his blood. (See medical records)

About 1050, 5 Oct 05, SA **(b)(6), (b)(7)(C)** searched Detainee AL ZOBAIE's personal belongings which were brought to the holding area of Compound 3A by Detainee **(b)(6), (b)(7)(C)**. Nothing of evidentiary value was identified.

About 1100, 31 Oct 05, SA **(b)(6), (b)(7)(C)** obtained a signed copy of Detainee AL ZOBAIE's Certificate of Death and Hospital Report of Death from SSG **(b)(6), (b)(7)(C)** (See Certificate of Death and Hospital Report of Death)

About 1455, 8 Nov 05, SA **(b)(6), (b)(7)(C)** re-interviewed SPC **(b)(6), (b)(7)(C)** who stated Detainee AL ZOBAIE did not vomit prior to SPC **(b)(6), (b)(7)(C)** beginning life saving measures. SPC **(b)(6), (b)(7)(C)** stated that Detainee AL ZOBAIE did not vomit while he was giving care at the compound, or in the vehicle while enroute to the hospital.

About 1329, 9 Nov 05, SA **(b)(6), (b)(7)(C)** re-interviewed MAJ **(b)(6), (b)(7)(C)** who said she did not see Detainee AL ZOBAIE vomit, but did have to suction him and insert a gastric tube upon his arrival at the SASH.  
///LAST ENTRY///

TYPE AGENT'S NAME AND SEQUENCE NUMBER

SA **(b)(6), (b)(7)(C), (b)(7)(F)**380<sup>th</sup> MP DET (CID) (FWD)

Camp Bucca CID

Camp Bucca, IZ APO AE 09375

SIGNATURE

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

-0126

ACLU

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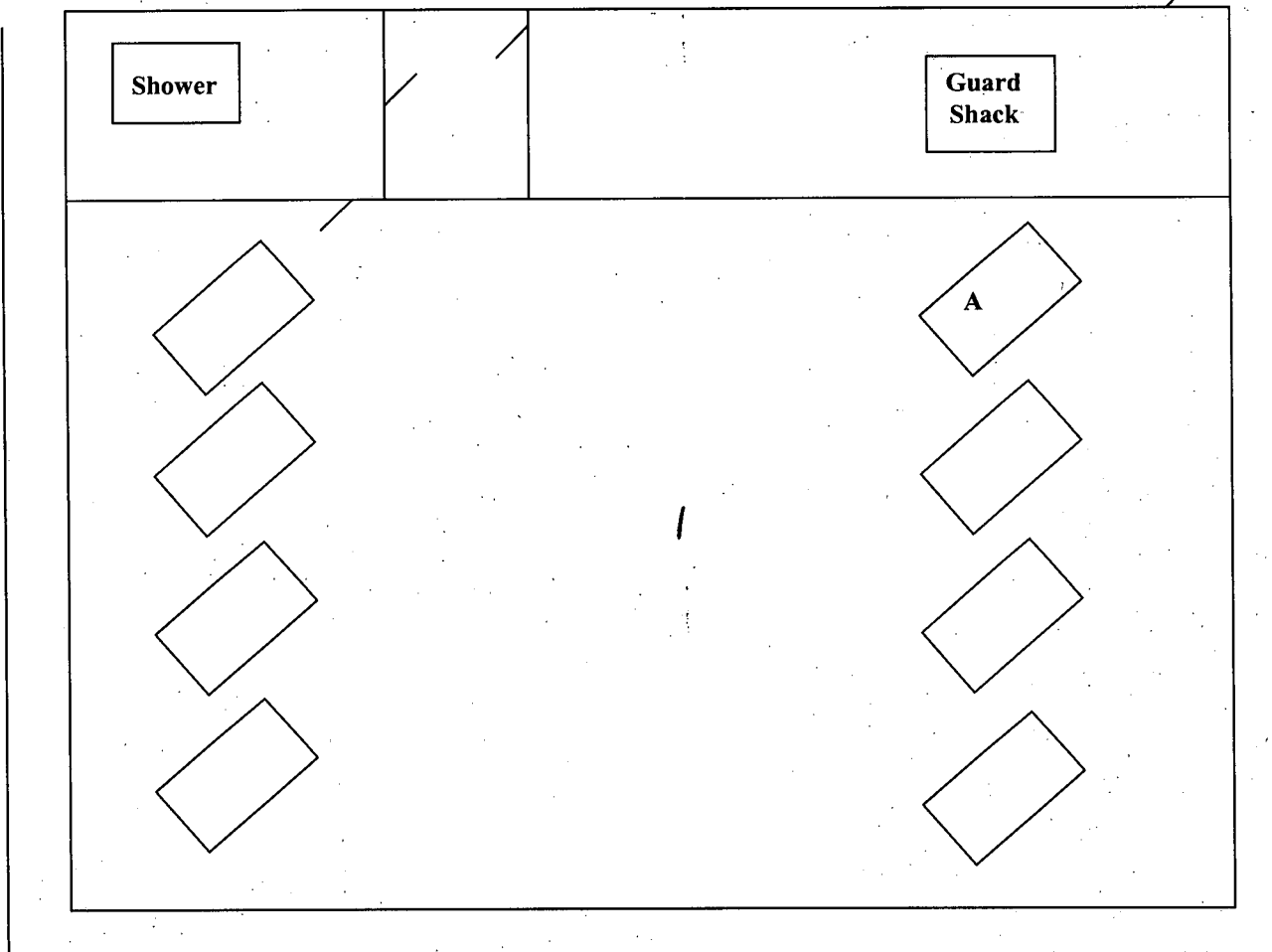
ROI

21075

4-4

9 NOV 05

**ROUGH DEATH SCENE SKETCH**



**LEGEND**

A: Location where Detainee collapsed

N



Not to Scale

**TITLE BLOCK**

CASE NUMBER: 0098-05-CID579-40031

OFFENSE: Undetermined Death

DEPICITING: Compound 3A

LOCATION: Camp Bucca, IZ APO AE 09375

VICTIM: DETAINEE AL ZOBAIE; ISN (b)(6)(b)(7)  
b(6), b(7)(C)

SKETCH BEGAN: 0655, 5 Oct 05

SKETCHED BY: SA b(6), b(7)(C)

VERIFIED BY: SA b(6), b(7)(C)



1. LAST NAME-FIRST NAME-MIDDLE INITIAL <b>AL ZOBAIE, ELAWY</b>				2. GRADE <b>DETAINEE</b>		
4. ORGANIZATION				3. SOCIAL SECURITY NO. <b>(b)(6)</b>		
				5. WARD		
6. DEATH OCCURRED			7. PLACE WHERE DEATH OCCURRED			
HOUR <b>0450</b>	DAY <b>(b)(6)</b>	MO. <b>05</b>	YEAR <b>05</b>	<b>CAMP BUCCA TIF</b>		
AUTHORIZED SIG <b>(b)(6)</b>						

DA FORM 1 AUG 72

3910

REPLACES DA FORM 8-219, 1 MAR 63, WHICH WILL BE USED.

For use of this form see, AR 40-400; the proponent agency is OTSG.

DEATH TAG

☆U.S.GPO: 2002-486-002

(b)(6)	(b)(6)	ID Particular	(b)(6)
AL ZOBAIE, ELAWY DAKHEL/RAJAA			
Grade	Geneva Cat.		
Height (in)	Weight (lb)	Hair	DOB 1962/01/01
Sex M	ICRC	BK	Eye BR
Issued By: BUCCA	UIC: (b)(6)	Blood Type	Date: 2004 (b)(6)

10-L-0126 ACLU DDII CID ROI 21078

MILITARY OPERATIONS  
RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL

1. DATE (YYYYMMDD)

2005 (b)(6)

2. PAGE

OF

## PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).

PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.

## 3. TENTATIVELY IDENTIFIED DECEDENT

a. NAME (Last, First, Middle Initial) (or Unidentified)

AL ZOBAIE, ELAWY

b. GRADE

—

c. SSN / ISN

(b)(6)

d. ORGANIZATION

DETAINEE

e. STATUS

f. DATE OF STATUS

(YYYYMMDD)

2005 (b)(6)

## 4. PLACE OF RECOVERY (Include grid coordinates)

CAMP BUCCA, IRAQ

(b)(6)

5. DATE OF RECOVERY

(YYYYMMDD)

2005 (b)(6)

6. EVACUATION NUMBERS

a. #1

b. #2

## 7. INVENTORY OF EFFECTS

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
1	IDENTIFICATION BAND #45912-161802CE AL ZOBAIE, ELAWY DAKHEL IRAQ			with Body
1	BLANKET			with Body
1	yellow shirt (TORN)		TORN	with Body
1	yellow PANTS (TORN)		TORN	with Body
1	PAIR Blue socks			

## 8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
—	NONE	—	—	—
—	—	—	—	—

## 9. EFFECTS INVENTORIED ABOVE REPRESENT (X as appropriate)

☐ ALL KNOWN EFFECTS☐ ALL KNOWN EFFECTS RECOVERED FROM UNIT☒ ALL KNOWN EFFECTS RECOVERED FROM REMAINS

## 10. PREPARING OFFICIAL

a. NAME (Last, First, Middle Initial)

(b)(6)

b. GRADE

E-6

c. ORGANIZATION

344<sup>th</sup> TASK FORCE Medical

e. DATE SIGNED

(YYYYMMDD)

20051005

## 11. RECEIVING OFFICIAL

a. NAME (Last, First, Middle Initial)

b. GRADE

c. ORGANIZATION

d. SIGNATURE

e. DATE SIGNED

(YYYYMMDD)

## 12. RECEIVING OFFICIAL

a. NAME (Last, First, Middle Initial)

b. GRADE

c. ORGANIZATION

d. SIGNATURE

e. DATE SIGNED

(YYYYMMDD)

10-L-0126 ACLU DDII CID R01 21079

## STATEMENT OF IDENTIFICATION

For use of this form, see AR 638-2: the proponent agency is ODCSPER

NAME OF DECEASED (Last, First, MI)	GRADE	SSN	BRANCH OF SERVICE	DATE OF INCIDENT
AL ZOBAIE, ELAWY	DETAINEE	(b)(6)	—	(b)(6) 2005

ORGANIZATION AND BASE

PLACE OF DEATH/INCIDENT

CAMP BUCCA, IRAQ

## CONDITION OF REMAINS (Describe briefly in Narrative below)

Recognizable	Not Recognizable	Commingled	Mutilated
Burned	Decomposed	Semi-Skeletal	Skeletal

## MEANS OF IDENTIFICATION (Check all appropriate boxes. Specify supporting data in Narrative below)

Fingerprint Comparison	Footprint Comparison	Dental Comparison	Anatomical Comparison
Skeletal Comparison	Personal Effects	Visual Recognition	Identification Tag(s)
Other (Explain in Narrative)			

## ENCLOSURES

DD Form 565	DD Form 890	DD Form 891	DD Form 892
DD Form 893	DD Form 894	DD Form 897	ID Card
DD Form 369	FD 258	AF Form 137	SF 603
Dental X-Rays	SF 88	SF 93	DD Form 2064
SF 601	Photo		

NARRATIVE AND SUMMARY (Continue on reverse or use additional sheets, if required)

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## AUTHORIZATION FOR AUTOPSY

In the event authorization for autopsy is obtained by letter, telegram, voice recorded or monitored telephone call, paragraphs 1, 2, and 3 shall be completed by medical facility authorities and the letter, telegram, voice recording or memorandum confirming telephone call of authorization attached to this form for permanent file.

1. NAME AND LOCATION OF MEDICAL FACILITY	DATE AND TIME
------------------------------------------	---------------

2. I(We) request and authorize the physicians in attendance at the above named medical facility to perform a complete autopsy on the remains of \_\_\_\_\_

I(We) understand that a complete autopsy may include, but not be limited to, examination of the head, eyes, spinal cord, chest, abdomen and extremities unless excluded under restrictions hereinunder, and I(We) authorize the removal and retention or use for diagnostic, scientific, or therapeutic purposes any parts, tissues, or organs as such physicians or their designees may deem proper, and the final disposal thereof in such manner as may be prescribed by competent authority (Commanding Officer, Medical Director, etc.) in this facility.

This authority is granted subject to the following restrictions: \_\_\_\_\_

(If No Restrictions, Write "None")

The following special examinations are requested: \_\_\_\_\_

3. I(We) represent that I am (we are) the \_\_\_\_\_

(Relationship/Authority)

the deceased and entitled by law to control the disposition of the remains.

Signed \_\_\_\_\_

Signed \_\_\_\_\_

WITNESSES (medical facility staff members):

Signed \_\_\_\_\_  
(Name and Title)

Signed \_\_\_\_\_  
(Name and Title)

## FOR ADMINISTRATIVE USE ONLY

Case falls within jurisdiction of Medical Examiner/Coroner . . . . .

☐ YES ☐ NO

Medical Examiner/Coroner released remains from his jurisdiction to this authority . . . . .

☐ YES ☐ NO

SIGNATURE

TITLE

DATE

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

REGISTER NO.

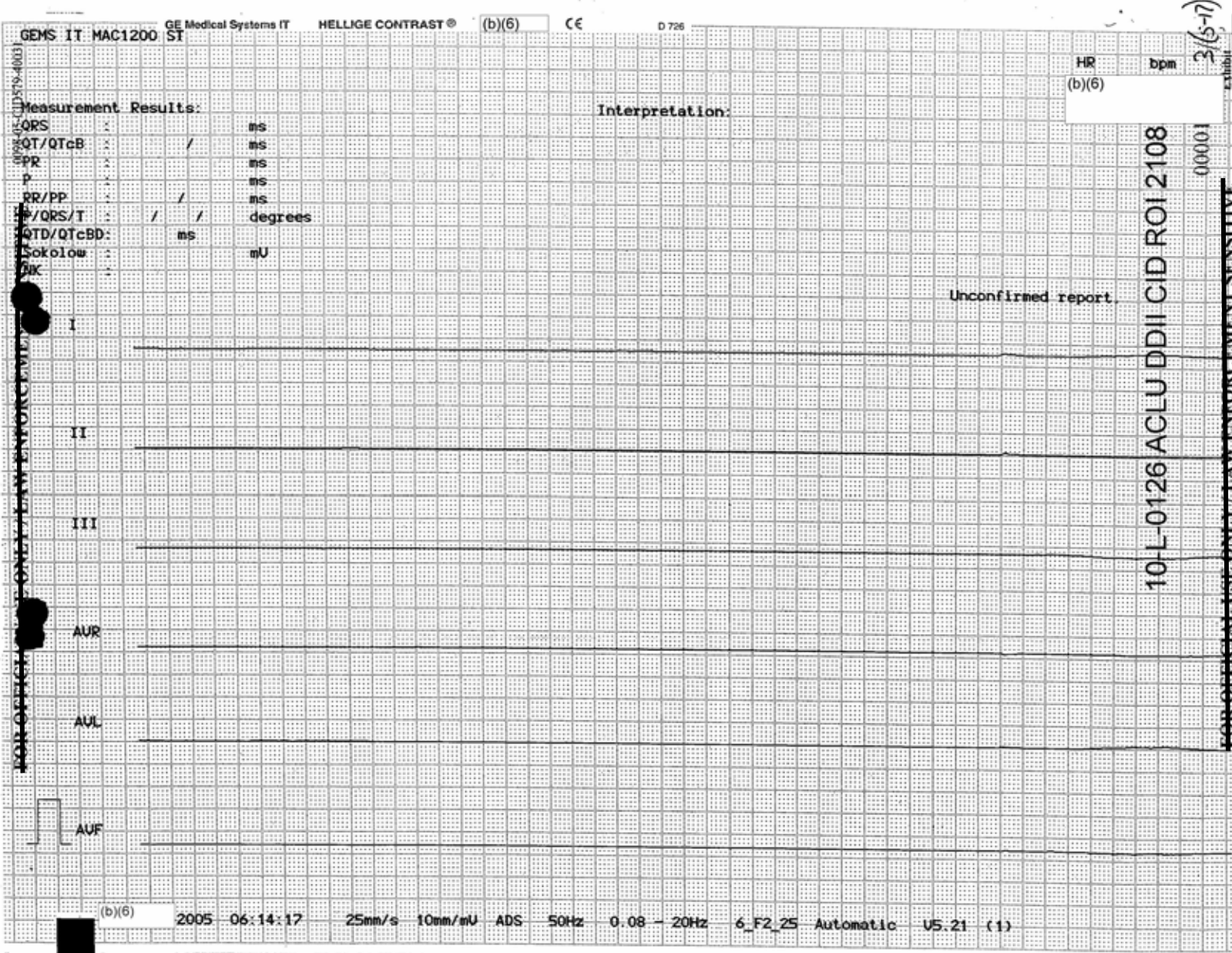
WARD NO.

AUTHORIZATION FOR AUTOPSY  
Medical Record

10-L-0126 ACLU DDII CID ROI 21081

STANDARD FORM 523 (REV. 12-93)  
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

ACLU-RDI 5495 p.12





GEMS IT MAC1200 ST

GE Medical Systems IT

HELLIGE CONTRAST®

(b)(6) CE

D726

HR bpm

Interpretation:

Unconfirmed report.

U1

U2

U3

U4

U5

U6

10-L-0126 ACLU DDII CID ROI 21083

000014 360-17 Exhibit

(b)(6) 2005 06:14:17 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 6\_F2\_25 Automatic V5.21 (1)

Patient: BUCCA, B161802  
Facility: (b)(6)

Date: 05 Oct 2005 0537 AST  
Clinic: 344TH MED

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

AutoCites Refreshed by (b)(6) (b)(6) 2005 0612 AST

**Problems**

No Problems Found.

**Active Medications**

No Active Medications Found.

**Allergies**

No Allergies Found.

Screening Written by (b)(6) @ (b)(6) 2005 0612 AST

Appointment Reason For Visit: CARDIAC ARREST.

Selected Reason(s) For Visit:

CARDIAC ARREST (New) Comments:

Vitals

Vitals Written by (b)(6) @ (b)(6) 2005 0425 AST

O2: 88.

Comments: Detainee into ER on litter with ambu bagging and CPR in progress. AED on detainee. Note color cyanotic, white food particle note in and around mouth, pupils fixed and dilated. No rhythm noted on AED. Several attempts to get IV unsuccessful to right arm.

0432 Note abdomen distended nasogastric tube # 18FR inserted to left nare. 0435 IV sol'n 0.9 % NS started to left hand with # 20 angiocath. No bloods drawn. 0440 IV Epinephrine 1:10,000 Bristojet 10cc given IVP as ordered by (b)(6) 0443 IV Epinephrine 1:10,000 Bristojet 10 cc #2 given as ordered by (b)(6) 0445 After several attempts pt was intubated with # 7.0 endotracheal. 0446 Epinephrine 1:10,000 Bristojet 10cc # 3 and Atropine 1 mg/10 cc given as ordered. 0450 Detainee expired. Pronounced by (b)(6)

SO Note Written by (b)(6) @ (b)(6) 2005 0618 AST

History of present illness

The Patient is a 42 year old male.

\* Encounter Background Information: S: history, per medic, in cmpd, found unresponsive, CPR begun, AED recommended shock times 2, no 3rd shock recommended, brought to ETF in full cardiopulmonary arrest O: no spontaneous pulse, BP or respirations present on arrival, cpr in progress. CPR effort documented, remained without rhythm throughout CPR. Expired 0450.

A/P Written by (b)(6) @ (b)(6) 2005 0619 AST

**1. ACUTE MYOCARDIAL INFARCTION**

Comments: probable

**2. AIRWAY ASPIRATION**

Comments: possible

Disposition Written by (b)(6) @ (b)(6) 2005 0620 AST

Expired

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

Appointment Class: Outpatient

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

Signed By @ (b)(6) 2005 0620  
(b)(6)

Name: (b)(6)  
FMP/SSN: (b)(6)  
DOB: 31 Dec 1962  
PCat: K66 PERSONS IN MILITARY CUSTODY  
MC Status:  
Insurance: No

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

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

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (P.L. 93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

10-L-0126 ACLU DDJ CID RDI 21084

<b>HEALTH RECORD</b>	<b>CHRONOLOGICAL RECORD OF MEDICAL CARE</b>		
05 Oct 2005 0537	Facility: WSCCY2	Clinic: 344TH MED	Provider: (b)(6)

## CHANGE HISTORY

The following Vitals Entry Was Overwritten by (b)(6) @ (b)(6) 2005 0710 AST:

Vitals Written by (b)(6) @ (b)(6) 2005 0425 AST

O2: 88,

Comments: Detainee into ER on litter. Detainee ambu bagged with CPR in progress. AED on detainee. Note color cyanotic, white food particle note in and around mouth, pupils fixed and dilated. No rhythm noted on AED. Several attempt to get IV unsuccessful to right arm.

0432 Note abdomen distended nasogastric tube# 18 inserted to left nare. 0435 IV sol'n 0.9 % NS started to left hand with # 20 angiocath. No bloods drawn. 0437 IV Epinephrine 1:10,000 Bristojet given IVP.

The following Vitals Entry Was Overwritten by (b)(6) @ (b)(6) 2005 0649 AST:

Vitals Written by (b)(6) @ 05 Oct 2005 0425 AST

O2: 88,

Comments: Detainee into ER on litter. Detainee ambu bagged with CPR in progress. AED on detainee. Note color cyanotic, white food particle note in and around mouth, pupils fixed and dilated. No rhythm noted on AED. Several attempt to get IV unsuccessful to right arm.

0435 IV sol'n 0.9 % NS started to left hand with # 20 angiocath. No bloods drawn. 0437 IV Epi

The following Vitals Entry Was Overwritten by (b)(6) @ (b)(6) 2005 0628 AST:

Vitals Written by (b)(6) @ (b)(6) 2005 0425 AST

O2: 88,

Comments: Detainee into ER on litter. CPR in progress with AED on detainee. Note color cyanotic, white food particle note in and around mouth, pupils fixed and dilated. Detainee ambu bagged. No rhythm noted

The following Vitals Entry Was Overwritten by (b)(6) @ (b)(6) 2005 0616 AST:

Vitals Written by (b)(6) @ (b)(6) 2005 0425 AST

Comments: Detainee into ER on litter with CPR in progress. Note color cyanotic

The following Screening Note Was Overwritten by (b)(6) @ (b)(6) 2005 0612 AST:

Screening Written by (b)(6) @ (b)(6) 2005 0537 AST

Appointment Reason For Visit: CARDIAC ARREST:

Selected Reason(s) For Visit:

CARDIAC ARREST (New) Comments:

Name: (b)(6)	Sex: M	Sponsor: (b)(6)
FMP/SSN: (b)(6)	Tel H:	Rank:
DOB: 31 Dec 1962	Tel W:	Unit:
PCat: K66 PERSONS IN MILITARY CUSTODY	CS:	Outpt Rec. Rm:
MC Status:	WS:	PCM:
Insurance: No		Tel. PCM:

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)

Prescribed by GSA and ICMR

FIRM (41 CFR) 201-45.505

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL 93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.



PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

DETAINEE HEALTH AND MEDICAL RECORD OF SCREENING EXAMINATION  
(SF600 OVERPRINT, VER 1.3, IAW AR 190-8)

ALLERGY: FOOD, MEDICINES, INSECTS, PLANTS - No

GENERAL INFORMATION (CHECK ALL THAT APPLY IN THE DETAINEE HEALTH HISTORY):

SURGERIES ( ) NoCONVULSIONS/SEIZURES ( ) NoHEMOPHILIA ( ) NoMALARIA ( ) NoASTHMA ( ) NoDIABETES ( ) NoHIGH BLOOD PRESSURE ( ) NoCANCER/LEUKEMIA ( ) NoHEART TROUBLE ( ) NoKIDNEY DISEASE ( ) NoVISUAL IMPAIRMENT ( ) NoHIV/AIDS ( ) NoSTD ( ) NoIMMUNIZATION GIVEN AT INTAKE? ( ) NoTB/BLOOD IN SPUTUM/NIGHT SWEATS ( ) NoLIST ALL MEDICATIONS TAKEN  
IN THE 30 DAYS PRIOR TO TODAY:AspirinTOBACCO USE Y ( ) No PP DAY X YRSETOH: No

CASE NO.

RANK

T

BP

122

/

84

PULSE

80

BICEPS CIRC

28

cm

HEIGHT

67"

WEIGHT

12.9

BMI

25

(u)

( ) DETAINEE HAS AN OVERALL ( ) GOOD ( ) FAIR ( ) POOR  
STATE OF NUTRITION Cloudy Vision GO

VISION: Cloudy Vision GOGLASSES: Hypertensive Rx needed

HEARING: NORMAL ( ) ABNORMAL EXPLAIN

DENTAL

GO

OVERALL APPEARANCE

HEENT

neck supraExam Ithroat - clearTHIS - possibleHERNIA

SKIN/SCARS/BRUISING

ScarsbruisesGENITALWNL

CARDIOPULMONARY SYSTEM

nen mles 152NEUROBEHAVIORAL GO

MUSCULOSKELETAL

Flexion - 120

DETAILS ON REVERSE SIDE

HOSPITAL OR MEDICAL FACILITY

SPONSOR'S NAME

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

ISN

(b)(6)

CAMP

C-1

NAME

ABU SAID, GLAWY

DOB

AGE 42

SEX

M

PROVIDER

AN

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1

10-L-0126 ACLU DDH CID ROI 21086

7540-01-075-3786

558-104

<b>MEDICAL RECORD</b>		<b>EMERGENCY CARE AND TREATMENT (Patient)</b>		LOG NUMBER <b>15</b>	TREATMENT FACILITY <b>BACFH</b>
PATIENT'S HOME ADDRESS OR DUTY STATION				ARRIVAL	
STREET ADDRESS <b>CONGAR, 1</b>				DATE (Day, Month, Year) <b>9 Sep 04</b>	TIME <b>1835</b>
CITY <b>Abu Ghraib</b>	STATE <b>AE</b>	ZIP CODE <b>09342</b>	TRANSPORTATION TO FACILITY <b>MP Transport</b>		
SEX <b>M</b>	DUTY/LOCAL PHONE AREA CODE NUMBER	MILITARY STATUS ITEM YES NO N/A	THIRD PARTY INSURANCE ITEM YES NO		
AGE <b>34</b>	HOME PHONE AREA CODE NUMBER	FLYING STATUS	ADDITIONAL INSURANCE DD 2568 IN CHART		
CURRENT MEDICATIONS <b>Ø</b>		INJURY OR OCCUPATIONAL ILLNESS ITEM YES NO WHEN (Date)		EMERGENCY ROOM VISIT DATE LAST VISIT 24 HOUR RETURN <input type="checkbox"/> YES <input type="checkbox"/> NO	
ALLERGIES <b>NKDA</b>		IS THIS AN INJURY? INJURY/SAFETY FORMS HOW		TETANUS DATE LAST SHOT COMPLETED INITIAL SERIES <input type="checkbox"/> YES <input type="checkbox"/> NO	
CHIEF COMPLAINT <b>Screen after needle stick incident</b>					
CATEGORY OF TREATMENT <input type="checkbox"/> EMERGENT <input type="checkbox"/> URGENT <input checked="" type="checkbox"/> NON-URGENT			VITAL SIGNS		
TIME <b>1835</b>			TIME <b>1840</b>		
INITIALS <b>CP</b>			BP <b>111/76</b>		
			PULSE <b>103</b>		
			RESP <b>24</b>		
			TEMP <b>100.8</b>		
			WT		
LAB ORDERS CBC/DIFF ABG PT/PTT BHC/G/URINE/BLOOD/QUANT URINE C&S UA MSCC/CATH CHEM: BLOOD C&S X <b>Hepatitis</b> <b>Rapid HIV</b>			X-RAY ORDERS CXR PA & LAT/PORTABLE C-SPINE ACUTE ABDOMEN LS SPINE SINUS HEAD CT ANKLE R/L		
ORDERS <input type="checkbox"/> PULSE OX <input type="checkbox"/> MONITOR <input type="checkbox"/> ECG					
TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE
<b>1845</b>	<b>1g Tylenol PO NOW</b>	<b>(b)(6)</b>	<b>(b)(6)</b>	<b>1850</b>	
DISPOSITION <input checked="" type="checkbox"/> RTC <input type="checkbox"/> HOME <input type="checkbox"/> FULL DUTY <input type="checkbox"/> 24 HRS. <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 78 HRS.					
MODIFIED DUTY UNTIL RETURN TO DUTY					
CONDITION UPON RELEASE <input type="checkbox"/> IMPROVED <input checked="" type="checkbox"/> UNCHANGED <input type="checkbox"/> DETERIORATED		ADMIT TO UNIT/SERVICE TIME OF RELEASE <b>1920</b>		PATIENT/DISCHARGE INSTRUCTIONS REFERRED  TO WHEN I have received and understand these instructions. PATIENT'S SIGNATURE	
PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID no. (ISSN or other); hospital or medical facility) <b>(b)(6)</b>					

EMERGENCY CARE AND TREATMENT (Patient)  
Medical RecordSTANDARD FORM 558 (REV. 9-96)  
Prescribed by GSA/ICMR  
FPMR (41 CFR) 101-11.203(h)(10)Abu Said, Elawy Date 10-1-04 0126 ACLU DDH CID ROI 21087  
ACLU-RDI 5495 p.18

000018

Exhibit

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

Date: 26 Feb 05 42 y/o ♂ possible exposure to meningitis from fellow detainee (test 2)

P 65 No complaints from detainee

R 20 0) WJ, WN, NAD, AXXS, OVI pt presents in good health.

B/P 102/84 A) examine

T 98.2 0) 1 cipro 500mg

SPO2 98 RTZ it up A

(b)(6)

Meds 0

All NKDA

Tob 0

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION:

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

REGISTER NO.

WARD NO.

SN:

Compound #

(b)(6)

0-L-0126 ACLU-DOJ-CID-ROI-21088

Medical Record

STANDARD FORM 600 (REV 6-97)  
Prescribed by GSA/ICMR

000019

USAPA V3 Exhibit

ACLU-RDI 5495 p.19

IN 7540-01-165-7294

U.S. GOVERNMENT PRINTING OFFICE: 1984-450-337

519-301

**RADIOLOGIC CONSULTATION REQUEST/REPORT**  
(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED  Screening CXR 12 Sept 04	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

CLINIC REASON(S) FOR REQUEST (Complaints and findings)

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
RADIOLOGIC REPORT		

(b)(6)

IDENTIFICATION (For typed or written entries give:  
Last, first, middle, Medical Facility)

LOCATION OF MEDICAL RECORDS

10-L-0126 ACLU DDII CID ROI 21089

LOCATION OF RADIOLOGIC FACILITY

ACLU-RDI 5495 p.20

000020

## Task Force OASIS

## Baghdad Central Detention Facility Hospital

LABORATORY RESULTS FORM  
(Subject to Privacy Act of 1974)

LAST, FIRST, MI:

(b)(6)

Physician  
Drawn by

Ward:

Bed: 9M

STAT  
Routine

SSN or ISN:

(b)(6)

Specimen Date and Time:

9/5/04 1840

Signs and Symptoms:

NEED STICK

Reported by:

(8) 9 Sep 04 1920

Date and Time:

Chemistry (I-STAT) / Green Top / Syringe

Chemistry (Piccolo Analyz

green (b)(6)

Hematology / Purple Top

CBC Malaria H/H

Blood Gas 6+ 7+ 8+ Glu Crea

Chem 12 MetLyte8 Chem 7

green (b)(6)

X TEST RESULT REF. RANGE

X TEST RESULT REF. RANGE

X TEST RESULT REF. RANGE

X TEST RESULT REF. RANGE

Na 128-145 mmol/L

ALB 3.3-5.5 g/dL

WBC 4.8-10.8 x10(3)/uL

RBC 4.2-6.1 x10(6)/uL

K 3.3-4.7 mmol/L

ALP 26-84 U/L

Hgb 12.0-18.0 g/dL

Hct 35.0-60.0%

Cl 98-108 mmol/L

ALT 10-47 U/L

MCV 80.0-99.0 fL

MCH 27.0-31.0 pg

pH 7.35-7.45

AMY 14-97 U/L

MCHC 33.0-37.0 g/dL

Plt 130-400 x10(3)/uL

PCO2 35-45 mmHg

AST 11-38 U/L

LY% 15.0-50.0%

LY# 0.7-4.3 x10(3)/uL

PO2 80-90 mmHg

Tbil 0.2-1.6 mg/dL

Differential

Segs Mono

TCO2 18-33 mmol/L

Ca 8.0-10.3 mg/dL

Bands Eos

Lymph Baso

HCO3 22-28 mmol/L

Chol 100-200 mg/dL

Atyp Ly Immature cells

RBC Morph:

sO2 95-99%

CK 39-380 U/L

Plt verify:

Spun Crit 35-60%

BEecf (-2) - (+3)

CL 98-108 mmol/L

Malaria / Purple

Thin No Plasmodium Seen

AGap 8-16 mmol/L

TCO2 18-33 mmol/L

Thick No Plasmodium Seen

Sed Rate / Purple Top

iCa 0.11-1.23 mmol/L

Creat 0.6-1.2 mg/dL

Sed Rate 1hr = 0-20 mm

Coagulation (waiting for analyzer)

BUN 7-22 mg/dL

GGT 5-65 U/L

D Dimer Negative

Urine Negative

Glu 73-118 mg/dL

Glu 73-118 mg/dL

Serum Negative

Blood Bank/ Purple and Red Top

Creat 0.6-1.2 mg/dL

K 3.3-4.7 mmol/L

ABO/Rh

T/C

Hct 35.0-60.0%

TProtein 6.4-8.1 g/dL

Other lab request to be sent out:

Hepatitis

Hgb 12.0-18.0 g/dL

Na 128-145 mmol/L

ACLU DDH CID BOI A1090

Rapid

Lactate 0.90-1.70 mmol/L

Misc. Chemistry

HIV NEG

Hepatitis

Urinalysis

Color Straw/Yellow

RPR Negative

HIV NEG

Clarity Clear

Glucose Negative

Meningitis Presumptive Negative

Legionella Presumptive Negative

Glucose Negative

Bilirubin Negative

Troponin I &lt; 0.5 ng/mL

Myoglobin &lt; 80 ng/mL

Bilirubin Negative

Ketone Negative

H.pylori Negative

Protein Negative-Trace

SG 1.010-1.025

Urobili Negative

Nitrite Negative

Leuko Negative

Blood Negative

pH 5.0-8.0

WetPrep Negative

KOH No Fungal Elements

pH 5.0-8.0

Protein Negative-Trace

OccBld Negative

O&amp;P No Ova/Parasite

Protein Negative-Trace

Urobili Negative

Chlamydia Presumptive Negative

Strep A Negative

Clarity Clear

Glucose Negative

Leishmania Presumptive Negative

Other lab request to be sent out:

Glucose Negative

Bilirubin Negative

ACLU DDH CID BOI A1090

Rapid

Ketone Negative

SG 1.010-1.025

HIV NEG

Hepatitis

SG 1.010-1.025

Blood Negative

pH 5.0-8.0

WetPrep Negative

pH 5.0-8.0

Protein Negative-Trace

OccBld Negative

O&amp;P No Ova/Parasite

Protein Negative-Trace

Urobili Negative

Chlamydia Presumptive Negative

Strep A Negative

Clarity Clear

Glucose Negative

Leishmania Presumptive Negative

Other lab request to be sent out:

Glucose Negative

Bilirubin Negative

ACLU DDH CID BOI A1090

Rapid

Ketone Negative

SG 1.010-1.025

HIV NEG

Hepatitis

SG 1.010-1.025

Blood Negative

pH 5.0-8.0

WetPrep Negative

pH 5.0-8.0

Protein Negative-Trace

OccBld Negative

O&amp;P No Ova/Parasite

Protein Negative-Trace

Urobili Negative

Chlamydia Presumptive Negative

Strep A Negative

Clarity Clear

Glucose Negative

Leishmania Presumptive Negative

Other lab request to be sent out:

Glucose Negative

Bilirubin Negative

ACLU DDH CID BOI A1090

Rapid

Ketone Negative

SG 1.010-1.025

HIV NEG

Hepatitis

SG 1.010-1.025

Blood Negative

pH 5.0-8.0

WetPrep Negative

pH 5.0-8.0

Protein Negative-Trace

OccBld Negative

O&amp;P No Ova/Parasite

Protein Negative-Trace

Urobili Negative

Chlamydia Presumptive Negative

Strep A Negative

Clarity Clear

Glucose Negative

Leishmania Presumptive Negative

Other lab request to be sent out:

Glucose Negative

Bilirubin Negative

ACLU DDH CID BOI A1090

Rapid

Ketone Negative

SG 1.010-1.025

HIV NEG

Hepatitis

SG 1.010-1.025

Blood Negative

pH 5.0-8.0

WetPrep Negative

pH 5.0-8.0

Protein Negative-Trace

OccBld Negative

O&amp;P No Ova/Parasite

Protein Negative-Trace

Urobili Negative

Chlamydia Presumptive Negative

Strep A Negative

Clarity Clear

Glucose Negative

Leishmania Presumptive Negative

Other lab request to be sent out:

Glucose Negative

Bilirubin Negative

ACLU DDH CID BOI A1090

Rapid

Ketone Negative

SG 1.010-1.025

HIV NEG

Hepatitis

## History and Physical Exam Form

Name: ABU Said, Clancy DakhelDate: 9 July 04ISN: (b)(6)VS: BP: 112/76Pulse: 92DOB: (b)(6)AGE: 42Resp: 16Temp: —Height: 5'7"Weight: 72 kgGender: Male FemaleComplaint: Acute: —Chronic: —

PMH: DM HTN STD TB

Hosp: —Surg: —Medications: —Allergies: —

SocHx: Tobacco Y/N

PPDx — yrs

EtOH

ROS: HEENT:

CV:

PULM:

GI:

GU:

OB/GYN:

MS:

NEURO:

DERM:

ENDO:

PSYCH:

CXR: Normal / Abnormal  
Findings:

PPD: Date placed: / /

Date read: / /

mm

Immunizations: (given at this time)

MMR Td Typhoid Polio

Influenza Meningococcal

Physical Exam:

HEENT:

CV:

PULM:

GI:

GU:

OB/GYN:

MS:

NEURO:

DERM:

ENDO:

PSYCH:

Normal / Abnormal  
 Normal / Abnormal  
 Normal / Abnormal  
 Normal / Abnormal  
 Normal / Abnormal  
 Normal / Abnormal / NA  
 Normal / Abnormal  
 Normal / Abnormal  
 Normal / Abnormal  
 Normal / Abnormal  
 Normal / Abnormal  
 Normal / Abnormal

Photograph

Comments / Findings:

Impression: normal examPlan: Routine careProvider Signature: A /

(b)(6)

10-L-0126 / ACU ID IL CID ROL 21091

(b)(6)



(b)(6)

MENTAL HEALTH SCREEN

ISN (b)(6)

Date 5 NOV 04

1. Do you presently have thoughts of killing yourself?
2. Have you ever tried to kill yourself?
3. Are you presently taking a prescribed medication for a mental illness or psychological problem?
4. Do you have any psychological problems right now?
5. Are you currently being treated for a psychological problem?
6. Have you ever been a patient in a psychological hospital?
7. Do you have a history of treatment for illegal drug abuse?
8. Have you been treated for a psychological problem ~~\_\_\_\_\_~~ Abu Ghraib?

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

OBSERVATION

- General appearance adequate
- Behavior adequate
- Evidence of abuse
- Evidence of trauma
- Auditory or Visual Hallucinations
- Appears anxious
- Appears depressed
- Aggressive

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

DISPOSITION

- X If detainee answers no to all of the above questions no psych consult needed.
- If detainee answers yes to questions 2, 4, 6, 7, or 8 fill out consult form for psych and bring to morning meeting.
- If detainee answers yes to questions 1, 3, or 5 contact mental health care services ASAP.

INTERPRET (b)(6)

10-L-0126 ACLU DDII CID ROI 21092

ACLU-ROI 154950.23  
FO

IVE 000023

3(15-17)  
Exhibit

STANDARD FORM 600 (REV. 6-97) BACK

**Exhibit**



<div> <div>WBC</div> <div>H/H</div> <div>PLT</div> </div>				<div> <div>PT</div> <div>APTT</div> </div>				<div> <div>BHCG</div> <div>ETOH</div> <div>GLU</div> </div>				<div> <div>ABG/PULSE QX</div> <div> <div>SUP O2</div> <div>PH</div> <div>PO2</div> </div> <div> <div>PCO2</div> <div>SAT</div> <div>OTHER</div> </div> <div> <div>DIP</div> <div>U/A MICRO</div> </div> </div>				<div> <div>RADIOLOGY</div> <div>Check if read by radiologist <input type="checkbox"/></div> </div>		<div>RESULTS</div>		<div>EKG INTERPRETATION</div>	
-----------------------------------------------------------	--	--	--	--------------------------------------------	--	--	--	-------------------------------------------------------------	--	--	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	----------------------------------------------------------------------------------------------------	--	--------------------	--	-------------------------------	--

## PROVIDER HISTORY/PHYSICAL

34,0 ♂ who was receiving a shot of m. phenazone  
when Thomsen stuck herself. pt here to  
have HIV/HepB drawn.

Labs drawn & pt returned to comp.

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
			<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;">(b)(6)</div> </div>
DIAGNOSIS			
Needle Stick Inj.			

**PATIENT'S IDENTIFICATION** (For typed or written entries, give: Name — last, first, middle; ID no. (SSN or other); hospital or medical facility)

**EMERGENCY CARE AND TREATMENT (Doctor)**  
Medical Record

**STANDARD FORM 558 (REV. 9-96)**  
Prescribed by GSA/ICMR  
FPMR (41 CFR) 101-11.203(b)(10)  
USAPA V1.00

10-L-0126 ACLU DDII CID ROI 21094

CERTIFICATE OF DEATH (OVERSEAS)  
Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) <b>AL ZOBAIE, ELAWY</b>		GRADE Grade —	BRANCH OF SERVICE Arme —	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)
ORGANIZATION Organisation <b>Detainee</b>		NATION (e.g., United States) Pays —	DATE OF BIRTH Date de naissance <b>1962</b>	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
CAUCASOID Caucasique		SINGLE Célibataire		PROTESTANT Protestant
NEGROID Négróide		MARRIED Marié		CATHOLIC Catholique
OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf		JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicile à (Rue)		CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		

MEDICAL STATEMENT<sup>1</sup> Déclaration médicale

CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort.		<b>Probable Myocardial Infarction 45 Min</b>
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	<b>Possible Aspiration 7 45 min</b>
UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle		
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste	
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature	DATE Date
		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (Hour, day, month, year) Date de décès (Heure, le jour, le mois, l'année) <b>0450 (b)(6) 05</b>	PLACE OF DEATH Lieu de décès <b>Camp Bucca Ira Q</b>	

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.  
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci dessus

NAME OF MEDIC (b)(6) <b>X</b>	licin sanitaire	TITLE OR DEGREE Titre ou diplôme <b>X MD</b>
GRADE (b)(6) <b>X</b>	INSTALLATION OR ADDRESS Installation ou adresse <b>CAMP BUCCA THE HOSPITAL</b>	
DATE (b)(6) <b>05</b>	SIGNATURE (b)(6) <b>X</b>	

<sup>1</sup> State disease, injury or complication which caused death, but not mode of death.<sup>2</sup> State conditions contributing to the death, but not related to the disease or condition causing death.<sup>3</sup> Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du cœur, etc.<sup>4</sup> Préciser les conditions contribuant à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.

ACLU RDI 5495 0-26

000026

## HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AIR 40400. THE PROPOSING AGENCY IS OFFICE OF THE SURGEON GENERAL.

NAME AND LOCATION OF HOSPITAL

Instructions - Medical Officer in attendance will:

Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.

## SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

## PERSONAL DATA

1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)

2. TIME OF DEATH (Hour-day-month-year)

3. MEDICAL EXAMINER/  
CORONER'S CASE

AL Zobaie, ELAWY

0450

(b)(6)

05

☐ YES ☒ NO

4. RELIGION

5. CHAPLAIN NOTIFIED

☐ YES ☒ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

Patient's name (Last, first, middle initial) Grade,  
Social Security Account No., Register Number and Ward Number

## CAUSE OF DEATH

APPROXIMATE INTERVAL BETWEEN  
ONSET  
AND DEATH7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not  
mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the  
disease, injury, or complication which caused death)

DUE TO (or as a consequence of)

Probable Myocardial Infarction

45 min

7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above  
cause, stating the underlying condition last)

DUE TO (or as a consequence of)

(1) Possible Aspiration

&gt; 45 min

8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT  
NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

a.

b.

9. DATE

(b)(6)

05

10. NAME AND GRADE OF MEDICAL DESIGER IN ATTENDANCE

(b)(6)

11. SIGNATURE

(b)(6)

## SECTION B - ADMINISTRATIVE ACTION

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER (Specify)					
19.					

## SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED (If yes, give date and place)

☐ YES☒ NO

21. AUTOPSY ORDERED BY (Signature)

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE

24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY

25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY

26. DATE

27. TYPED NAME AND GRADE OF REGISTRAR

28. SIGNATURE OF REGISTRAR

10-L-0126 ACLU DDH CID ROI 21096

USAPA V2.01

**AGENT'S INVESTIGATION REPORT**

CID Regulation 195-1

ROI NUMBER

0098-05-CID579-40031

PAGE 1 OF 1

**DETAILS**

At 0930, 21 Dec 05, SA **b(6), b(7)(C)** received the Armed Forces Institute of Pathology (AFIP) Final Autopsy Examination Report which reflected Detainee AL ZOBAIE died of cardiomegaly. The report reflected the manner of death was natural. (See AFIP Autopsy Examination Report for details)

///-----LAST ENTRY-----///

TYPE AGENT'S NAME AND SEQUENCE NUMBER

SA **b(6), b(7)(C), b(7)(F)**21<sup>st</sup> MP DET (CID) (FWD)

Camp Bucca CID

Camp Bucca, IZ APO AE 09375

SIG

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

0126

DATE

21 Dec 05

ACLU DDII CID RFI 21097

5

~~FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE~~**ARMED FORCES INSTITUTE OF PATHOLOGY****Office of the Armed Forces Medical Examiner**

1413 Research Blvd., Bldg. 102

Rockville, MD 20850

1-800-774-8427

**AUTOPSY EXAMINATION REPORT**

Name: BTB Al Zobaie, Elawy D.

ISN: (b)(6)

Date of Birth: (b)(6)

Date of Death: (b)(6)

Date of Autopsy: 15 OCT 2005

Date of Report: 19 DEC 2005

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Not Applicable

Place of Death: Camp Bucca, Iraq

Place of Autopsy: Port Mortuary,

Dover Air Force Base, Dover, DE

**Circumstances of Death:** According to witnesses this detainee was reading when he fell over and stopped breathing. Despite life saving measures he died about 30 minutes after being brought to medical attention.

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

**Identification:** Presumptive identification is established by internment service number. Positive identification is pending adequate exemplars.

**CAUSE OF DEATH:**        **Cardiomegaly**

**MANNER OF DEATH:**    **Natural**

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10-E-0126 ACLU DDII CID ROI 21099

EXHIBIT (1-7)

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2

AUTOPSY REPORT (b)(6)  
BTB AL ZOBAIE, Elawy D.**FINAL AUTOPSY DIAGNOSES:**

- I. Cardiomegaly (heart weight 480 g; expected weight 340 g)**
- II. No evidence of trauma**
- III. Evidence of medical intervention includes a naso-gastric tube, a cut endotracheal tube, cardiac monitor leads on the chest and both arms, and an intravenous catheter in the left hand**
- IV. Post mortem changes consist of mild decomposition**
- V. Toxicology**
  - A. Volatiles (heart blood and vitreous fluid): no ethanol detected**
  - B. Screened drugs of abuse and medications (heart blood): none detected**

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**AUTOPSY REPORT** (b)(6)  
**BTB AL ZOBAIE, Elawy D.**

3

**EXTERNAL EXAMINATION**

The body is that of a well-developed, well-nourished appearing, muscular, 66 inch tall, 168 pounds male whose appearance is consistent with the reported age of 43 years. Lividity is present and fixed on the posterior surface and rigor is absent.

The scalp is covered with brown, straight, short hair in a normal distribution. Facial hair consists of a beard and moustache. The irides are brown, the corneae are hazy, both conjunctivae have scattered petechial hemorrhages, the sclerae are white and the pupils are round and equal in diameter. The external auditory canals are clear and the ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in good condition.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is flat. The genitalia are those of a normal adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. A 1" scar is on the back of the left hand extending to the little finger.

**CLOTHING AND PERSONAL EFFECTS**

The following clothing items and personal effects are present on the body at the time of autopsy:

- yellow shorts
- cut yellow jumpsuit (2 pieces)
- black socks
- patterned blue blanket

**MEDICAL INTERVENTION**

Evidence of medical intervention consists of:

- nasogastric tube
- cut endotracheal tube
- cardiac monitor leads on the left side of the chest and both arms
- an intravenous catheter in the left hand

**RADIOGRAPHS**

A complete set of postmortem radiographs is obtained and demonstrates the following:

- No skeletal, soft tissue, or internal organ injuries

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10-L-0126 ACLU DDII CID ROI 21101

EXHIBIT (3-7)

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**AUTOPSY REPORT** (b)(6)  
**BTB AL ZOBAIE, Elawy D.**

4

### EVIDENCE OF INJURY

There is no evidence of injury. Dissection into both wrists and the back reveal no soft tissue evidence of trauma.

### INTERNAL EXAMINATION

#### HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1340 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and gray matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

#### NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

#### BODY CAVITIES:

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

#### RESPIRATORY SYSTEM:

The right and left lungs weigh 700 and 640 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

#### CARDIOVASCULAR SYSTEM:

The 480 gm heart is contained in an intact pericardial sac. See Consultation Report from Cardiovascular Pathology, Armed forces Institute of Pathology (CVPPath), Washington, D.C. below.

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10-L-0126 ACLU DDII CID ROI 21102

EXHIBIT

6(4-7)  
000032



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**AUTOPSY REPORT** (b)(6)  
**BTB AL ZOBAIE, Elawy D.**

5

**Consultation Report:**

Diagnosis: A05-911 Heart, post mortem examination: Morphologically normal heart.  
See comment.

Heart weight: 480 grams; normal epicardial fat; probe-patent foramen ovale; left ventricular cavity diameter 45 m; left ventricular free wall thickness 13 mm; ventricular septum thickness 14 mm; right ventricle thickness 4 mm; right ventricle slightly dilated; left atrium mildly dilated with slightly thickened endocardium; valves grossly unremarkable, mitral valve shows minimal myxoid changes; no gross myocardial necrosis or fibrosis; histologic sections show focal autolytic changes.

Coronary arteries: Normal ostia; right dominance; no gross coronary atherosclerosis.

Comment: While the contributor reports an expected heart weight of 340 grams, without a body weight we cannot make a determination regarding the presence of cardiomegaly. As no other cardiac cause of death was identified, it would be important to accurately assess cardiomegaly, as this may be the only pathologic finding in some cases of sudden death.

Signed: (b)(6)

**LIVER & BILIARY SYSTEM:**

The 1850 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains neither bile nor stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**SPLEEN:**

The 250 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

**PANCREAS:**

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

**ADRENALS:**

The right and left adrenal glands are symmetric, with bright yellow cortices and red-brown medullae. No masses or areas of hemorrhage are identified.

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10-L-0126 ACLU DDII CID ROI 21103

EXHIBIT (5-7)

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**AUTOPSY REPORT** (b)(6)  
**BTB AL ZOBAIE, Elawy D.**

6

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 190 and 180 gm, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelvis are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 50 cc of clear urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 250 ml of brown viscous fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

**ADDITIONAL PROCEDURES**

1. Documentary photographs are taken by OAFME staff.
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicologic testing and/or DNA identification are: vitreous, urine, blood, psoas, adipose, brain, lung, liver, spleen, kidney, and gastric contents.
4. The dissected organs are forwarded with body.
5. Identifying marks include a 1" scar on the back of the left hand extending to the little finger.

**MICROSCOPIC EXAMINATION**

Brain: No significant pathology  
Heart: No significant pathology  
Lungs: Congestion and polymicrobial overgrowth; no significant pathology  
Liver: Mild steatosis; no significant pathology  
Pancreas: Autolysis; no significant pathology  
Spleen: Congested; no significant pathology  
Kidney: Autolysis; no significant pathology  
Thyroid: No significant pathology

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10-L-0126 ACLU DDII CID ROI 21104

EXHIBIT 6(6-2)

000034

~~FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE~~**AUTOPSY REPORT** (b)(6)

7

**BTB AL ZOBAIE, Elawy D.****OPINION**

This Iraqi detainee, Elawy D. Al Zobaie, died of cardiomegaly. His heart weighed 480 grams and the expected heart weight for his size (168 pounds) is 340 grams with a range of 300 to 380 grams. He did not have a clinical history of hypertension and no other pathology was identified at autopsy, however, a large heart is an electrically unstable heart and is susceptible to fatal arrhythmias. No traumatic injuries were identified at autopsy. Petechial hemorrhages noted in the conjunctivae are likely to be peri-mortem in nature and related to the developing cardiac failure. Toxicology tests for ethanol and screened drugs of abuse and medications are negative. The manner of death is natural.

(b)(6)

(b)(6)

Medical Examiner

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10-L-0126 ACLU DDIP CID ROT 21105

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0178-05-CID112

PAGE 1 OF 1 PAGE

## DETAILS

**BASIS FOR INVESTIGATION:** On 13 Oct 05, this office was notified by CW3 b(6), b(7)(C) Special Agent in Charge, Aberdeen Resident Agency, Aberdeen Proving Ground, MD, Detainee ELAWY DAKHEL/RAJAA AL ZOBAIE, Internment Serial Number (ISN) (b)(6)(b)(7)(C) Baghdad Central Confinement Facility (BCCF), Grid 38S MB130840, Abu Ghraib, Iraq (AGI), were in route to Dover Air Force Base (DAFB), DE 19902, and an autopsy would be conducted the morning of 15 Oct 05.

About 0900, 15 Oct 05, SA b(6), b(7)(C) attended the autopsy of Detainee AL ZOBAIE (ME-05-0911), which was conducted by Dr. (LCDR) b(6), b(7)(C) Office of the Armed Forces Medical Examiner (OAFME), Armed Forces Institute of Pathology (AFIP), Rockville, MD 20850 (RMD). The preliminary cause and manner of death were listed as Undetermined pending toxicology and cardiac pathology examination. No evidence was identified or collected. Photographers from AFIP exposed digital photographs of the autopsy and prepared a compact disk containing all images exposed. (See CD-Rom for details.)

**AGENT'S COMMENT:** The official results of the autopsy will be documented in the Final Autopsy Report, which will be posted when completed, to the Army Knowledge Online (AKO).

No further investigative activity anticipated by this office.

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

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

Fort Meade Resident Agency (CID)  
Fort Meade, MD 20755

DATE

15 Oct 05

EXHIBIT

7

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

10-1-0126 ACLU DDH CID ROI 21106

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ACLU-RDI 5495 p.36

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# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0098-05-CID579-40031

PAGE 1 OF 1

## DETAILS

On 8 Mar 06, this office obtained the Final Information Report from the Aberdeen Proving Grounds (APG) Resident Agency (CID); however, the AFIP Compact Disc depicting the images exposed during the autopsy was not included. This office coordinated between 8 Mar 06 – 25 Apr 06 on numerous occasions with the APG Resident Agency to obtain a copy of this compact disc via U.S. Mail and email; however, it was never received. This information has been recorded to document the missing AFIP Compact Disc which contains the images exposed during the autopsy.

///-----LAST ENTRY-----///

TYPE AGENT'S NAME AND SEQUENCE NUMBER

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

21<sup>st</sup> MP DET (CID) (FWD)

Camp Bucca CID

Camp Bucca, IZ APO AE 09375

SIGN

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

10-L-0126 ACLEU DDII CID ROI 21133

25 Apr 06

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