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~~Law Enforcement Sensitive~~

DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Camp Bucca CID Office
3rd MP Group (CID), Camp Bucca, Iraq, APO, APO AE 09375

22 Nov 2008

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL (C)/SSI - 0042-2008-CID579-53606 -
5H1D / 5X1 / 9G2F

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 27 JUN 2008, 0400 - 27 JUN 2008, 1740; TENT 11B, COMPOUND 24, THEATER
INTERNMENT FACILITY, CAMP BUCCA, IZ, APO, AE 09375

DATE/TIME REPORTED: 27 JUN 2008, 1925

INVESTIGATED BY:

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

SUBJECT:

1 (b)(6),(b)(7)(C) FRCIV; IRAQ; (DOB);
(POB); MALE; OTHER; INTERNMENT SERIAL NUMBER (b)(6),(b)(7)(C) COMPOUND
24B, THEATER INTERNMENT FACILITY, CAMP BUCCA, IZ, APO, ARMED FORCES
AFRICA, CANADA, EUROPE & MIDDLE EAST 09375; XZ ; AKA: ABU KARAISH, ;
[MURDER], [CONSPIRACY]

1 (b)(6),(b)(7)(C) IRAQ; (DOB); (POB); MALE; OTHER;
INTERNMENT SERIAL NUMBER (b)(6),(b)(7)(C) COMPOUND 24B, THEATER
INTERNMENT FACILITY, CAMP BUCCA, IZ, APO, ARMED FORCES AFRICA,
CANADA, EUROPE & MIDDLE EAST 09375; XZ ; [MURDER], [CONSPIRACY]

1

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3 (b)(6),(b)(7)(C) FRCIV: IRAQ; (DOB); (POB); MALE; OTHER;
INTERMENT SERIAL NUMBER (b)(6),(b)(7)(C) COMPOUND 24B, THEATER
INTERMENT FACILITY, CAMP BUCCA, IZ, APO, ARMED FORCES AFRICA,
CANADA, EUROPE & MIDDLE EAST 09375; XZ ; [MURDER], [CONSPIRACY]

4 (b)(6),(b)(7)(C) FRCIV: IRAQ; (DOB); (POB); MALE; OTHER;
INTERMENT SERIAL NUMBER (b)(6) COMPOUND 24B, THEATER
INTERMENT FACILITY, CAMP BUCCA, IZ, APO, ARMED FORCES AFRICA,
CANADA, EUROPE & MIDDLE EAST 09375; XZ ; [MURDER], [CONSPIRACY]

5 (b)(6),(b)(7)(C) FRCIV: IRAQ; (DOB); (POB); MALE; OTHER;
INTERMENT SERIAL NUMBER (b)(6),(b)(7)(C) COMPOUND 24B, THEATER
INTERMENT FACILITY, CAMP BUCCA, IZ, APO, ARMED FORCES AFRICA,
CANADA, EUROPE & MIDDLE EAST 09375; XZ ; [MURDER], [CONSPIRACY]

(b)(6) IRAQ; (DOB); (POB); MALE; OTHER;
INTERMENT SERIAL NUMBER (b)(6),(b)(7)(C) COMPOUND 24B, THEATER
INTERMENT FACILITY, CAMP BUCCA, IZ, APO, ARMED FORCES AFRICA,
CANADA, EUROPE & MIDDLE EAST 09375; XZ ; [MURDER], [CONSPIRACY]

(b)(6),(b)(7)(C) IRAQ; (DOB); (POB); MALE; OTHER; INTERMENT
SERIAL NUMBER (b)(6),(b)(7)(C) COMPOUND 24B, THEATER INTERMENT
FACILITY, CAMP BUCCA, IZ, APO, ARMED FORCES AFRICA, CANADA, EUROPE &
MIDDLE EAST 09375; XZ ; [MURDER], [CONSPIRACY]

(b)(6),(b)(7)(C) FRCIV: IRAQ; (DOB); (POB); MALE; OTHER;
INTERMENT SERIAL NUMBER (b)(6),(b)(7)(C) COMPOUND 24B, THEATER
INTERMENT FACILITY, CAMP BUCCA, IZ, APO, ARMED FORCES AFRICA,
CANADA, EUROPE & MIDDLE EAST 09375; XZ ; [MURDER], [CONSPIRACY]

(b)(6),(b)(7)(C) FRCIV: IRAQ; (DOB); (POB); MALE;
OTHER; INTERMENT SERIAL NUMBER (b)(6),(b)(7)(C) COMPOUND 24B,
THEATER INTERMENT FACILITY, CAMP BUCCA, IZ, APO, ARMED FORCES
AFRICA, CANADA, EUROPE & MIDDLE EAST 09375; XZ ; [MURDER], [CONSPIRACY]

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10 (b)(6),(b)(7)(C) FRCIV; IRAQ; (DOB); (POB); MALE; OTHER;
INTERNMENT SERIAL NUMBER (b)(6),(b)(7)(C) COMPOUND 24B, THEATER
INTERNMENT FACILITY, CAMP BUCCA, IZ, APO, ARMED FORCES AFRICA,
CANADA, EUROPE & MIDDLE EAST 09375; XZ ; [MURDER], [CONSPIRACY]

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INTERNMENT SERIAL NUMBER (b)(6),(b)(7)(C) COMPOUND 24B, THEATER
INTERNMENT FACILITY, CAMO BUCCA, IZ, APO, ARMED FORCES AFRICA,
CANADA, EUROPE & MIDDLE EAST 09375; XZ ; [MURDER], [CONSPIRACY]

1 (b)(6),(b)(7)(C) FRCIV; IRAQ; (DOB); (POB); MALE; OTHER;
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CANADA, EUROPE & MIDDLE EAST 09375; XZ ; [MURDER], [CONSPIRACY]

(b)(6),(b)(7)(C) FRCIV; IRAQ; (DOB); (POB); MALE;
OTHER; INTERNMENT SERIAL NUMBER (b)(6),(b)(7)(C) COMPOUND 24B,
THEATER INTERNMENT FACILITY, CAMP BUCCA, IZ, APO, ARMED FORCES
AFRICA, CANADA, EUROPE & MIDDLE EAST 09375; XZ ; [MURDER], [CONSPIRACY]

VICTIM:

1. KAZIM, HUSAYN UWAYYID HUSAYN (DECEASED); FRCIV; IRAQ; (DOB);
(POB); MALE; WHITE; INTERNMENT SERIAL NUMBER (b)(6),(b)(7)(C) THEATER
INTERNMENT FACILITY, CAMP BUCCA, IZ, APO, ARMED FORCES AFRICA,
CANADA, EUROPE & MIDDLE EAST 09375; FC ; [MURDER], [CONSPIRACY]

INVESTIGATIVE SUMMARY:

THIS IS AN OPERATION IRAQI FREEDOM INVESTIGATION.

The CSH, Theater Internment Facility (TIF) reported that Detainee KAZIM died after being
found with multiple injuries.

Investigation determined Detainee (b)(6),(b)(7)(C)
(b)(6),(b)(7)(C)

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

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actively conspired to murder Detainee KAZIM and then inflicted numerous blunt force injuries and strangled him resulting in his death

An autopsy examination determined the cause of death was strangulation with complications from multiple blunt force injuries and the manner of death was homicide. Results of this investigation are consistent with this opinion.

STATUTES:

PARAGRAPH 55, IRAQI PENAL CODE: PARTIES TO A CRIME (CONSPIRACY)
PARAGRAPH 406, IRAQI PENAL CODE: MURDER

EXHIBITS:

ATTACHED:

1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)
(C) 7 Jul 08.
2. Photographic Packet. (Victim)
3. CD containing all original photographic images associated with Exhibit 2. (USACIDC only)
4. Medical Records of Detainee KAZIM.
5. MP Investigator's Packet.
6. Statement of PFC (b)(6),(b)(7)
(C) 28 Jun 08.
7. Statement of SGT (b)(6),(b)(7)(C) 28 Jun 08.
8. Statement of SPC (b)(6),(b)(7)(C) 28 Jun 08.
9. Statement of Detainee (b)
(6),
(b) 29 Jun 08. (USACIDC only)
10. English translation of Detainee (b)
(6),
(b)
(7)(29 Jun 08 statement, translated by (b)(6),(b)(7)(C)

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11. Death Certificate pertaining to Detainee KAZIM.
12. Statement of SGT (b)(6),(b)(7)(C) 2 Jul 08.
13. Canvass Interview Worksheet, 2 Jul 08.
14. Statement of SGT (b)(6),(b)(7)(C) 2 Jul 08.
15. Statement of SPC (b)(6),(b)(7)(C) 2 Jul 08.
16. Statement of SGT (b)(6),(b)(7)(C) 7 Jul 08.
17. Crime Scene AIR of SA (b)(6),(b)(7)(C) 26 Jun 08.
18. Photographic Packet. (Crime Scene)
19. CD containing original images of Exhibits 18. (USACIDC only)
20. Crime Scene Sketches prepared by SA (b)(6),(b)(7)(C) 27 Jun 08.
21. AIR of SA (b)(6),(b)(7)(C) 26 Jul 08.
22. Statement of Detainee (b)(6),(b)(7)(C) 15 Jul 08. (USACIDC only)
23. English translation of Detainee (b)(6),(b)(7)(C) 5 Jul 08 statement, translated by (b)(6),(b)(7)(C)
24. Statement of Detainee (b)(6),(b)(7)(C) 18 Jul 08. (USACIDC only)
25. English translation of Detainee (b)(6),(b)(7)(C) 18 Jul 08 statement, translated by (b)(6),(b)(7)(C)
26. Statement of Detainee (b)(6),(b)(7)(C) 8 Jul 08. (USACIDC only)
27. English translation of Detainee (b)(6),(b)(7)(C) 8 Jul 08 statement, translated by (b)(6),(b)(7)(C)

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

28. Statement of Detainee (b)(6), (b)(7)(C) 19 Jul 08. (USACIDC only)

29. English translation of Detainee (b)(6), (b)(7)(C) 19 Jul 08 statement, translated by (b)(6),(b)(7)(C)

30. Sketch prepared by Detainee (b)(6), (b)(7)(C) 19 Jul 08. (USACIDC only)

31. English translation of Detainee (b)(6), (b)(7)(C) 19 Jul 08 sketch, translated by (b)(6),(b)(7)(C)

32. Statement of Detainee (b)(6),(b)(7)(C) 21 Jul 08. (USACIDC only)

33. English translation of Detainee (b)(6), (b)(7)(C) 21 Jul 08 statement, translated by (b)(6),(b)(7)(C)

34. Statement of Detainee (b)(6),(b)(7)(C) 21 Jul 08. (USACIDC only)

35. English translation of Detainee (b)(6),(b)(7)(C) 21 Jul 08 statement, translated by (b)(6),(b)(7)(C)

36. Sketch prepared by Detainee (b)(6),(b)(7)(C) 21 Jul 08. (USACIDC only)

37. English translation of Detainee (b)(6),(b)(7)(C) 21 Jul 08 sketch, translated by (b)(6),(b)(7)(C)

38. Detainee Notification of Rights of Detainee (b)(6),(b)(7)(C) 26 Jul 08.

39. Detainee Notification of Rights of Detainee (b)(6), (b)(7)(C) 26 Jul 08.

40. Detainee Notification of Rights of Detainee (b)(6),(b)(7)(C) 26 Jul 08.

41. Detainee Notification of Rights of Detainee (b)(6),(b)(7)(C) 26 Jul 08.

42. Detainee Notification of Rights of Detainee (b)(6), (b)(7)(C) 26 Jul 08.

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

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43. Detainee Notification of Rights of Detainee (b)(6), (b)(7)(C) 26 Jul 08.
44. Detainee Notification of Rights of Detainee (b)(6), (b)(7)(C) 26 Jul 08.
45. Detainee Notification of Rights of Detainee (b)(6), (b)(7)(C) 26 Jul 08.
46. Detainee Notification of Rights of Detainee (b)(6), (b)(7)(C) 26 Jul 08.
47. Detainee Notification of Rights of Detainee (b)(6), (b)(7)(C) 26 Jul 08.
48. Detainee Notification of Rights of Detainee (b)(6), (b)(7)(C) 26 Jul 08.
49. Detainee Notification of Rights of Detainee (b)(6), (b)(7)(C) 26 Jul 08.
50. Detainee Notification of Rights of Detainee (b)(6), (b)(7)(C) 26 Jul 08.
51. AIR of SA (b)(6), (b)(7)(C) 6 Aug 08.
52. AIR of SA (b)(6), (b)(7)(C) 7 Jul 08.
53. Photograph CD. (Autopsy) (USACIDC only)
54. USACIL Examination Request, 8 Aug 08. (USACIDC only)
55. Photographic CD. (Detainee Face Book) (USACIDC only)
56. Autopsy Report, 25 Aug 08, pertaining to Detainee KAZIM.
57. Death Certificate pertaining to Detainee KAZIM.
58. Toxicology Report, 11 Jul 08, pertaining to Detainee KAZIM.
59. Death Scene AIR of SA (b)(6), (b)(7)(C) 15 Oct 08.
60. Photographic Packet. (Death Scene) (USACIDC only)

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61. Death Scene Sketch prepared by SA (b)(6),(b)(7)
(C) 5 Oct 08.

62. Evidence/Property Custody Documents, Vouchers (VO) 95 and 101 through 113-08.
(USACIDC only)

NOT ATTACHED:

None.

The original of Exhibits 1, 2, 4-10, 12-53, 55, and 59-61, are forwarded with the USACRC copy of this report. The originals of Exhibits 3 and 11 are retained in the files of the CSH, TIF, Camp Bucca. The original of Exhibit 62 is retained in the files of the Evidence Depository, Camp Arifjan, Kuwait. The original of Exhibit 54 is retained in the files of the USACIL, Forest Park, GA. The original of Exhibits 56-58 are retained in the files of the Armed Forces Institute of Pathology (AFIP), Rockville, MD.

STATUS: This is a Final C Report. Commanders Report of Disciplinary or Administrative Action is not required. Commanders Report of Disciplinary Action Taken is forwarded to SJA, CCC-I.

CID Reports of Investigation may be subject to a Quality Assurance Review by CID Higher Headquarters.

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Report Prepared By:

Report Approved By:

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

Special Agent

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

Special Agent in Charge

DISTRIBUTION:

1- USACRC (original)

1- CCCI Liaison Officer, TF 134, MNF-I, ATTN: CPT (b)(6),(b)(7)(C)

1- THRU 10th MP BN (CID)(OPERATIONS)

TO CDR, 3D MP GROUP (CID)(OPERATIONS)

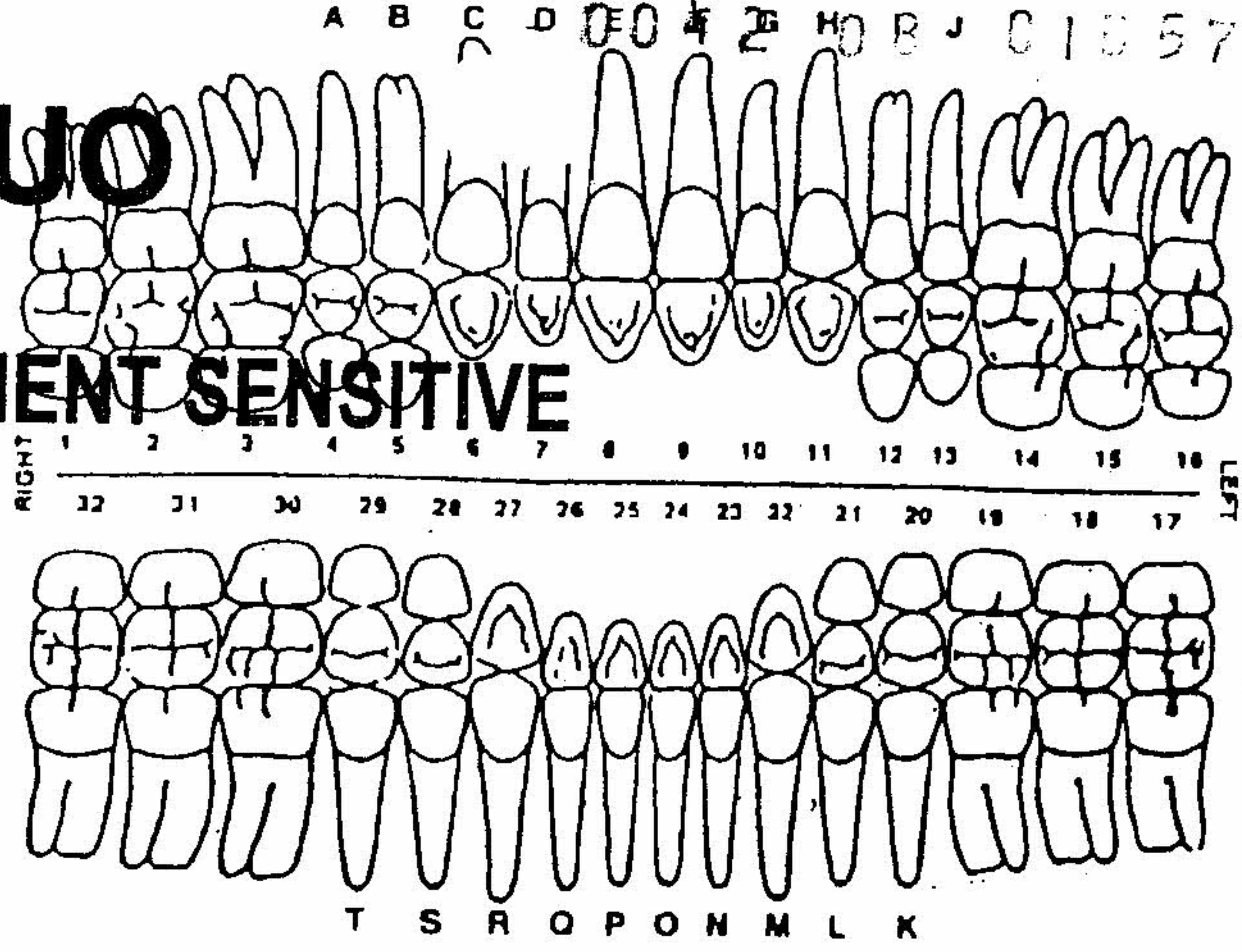
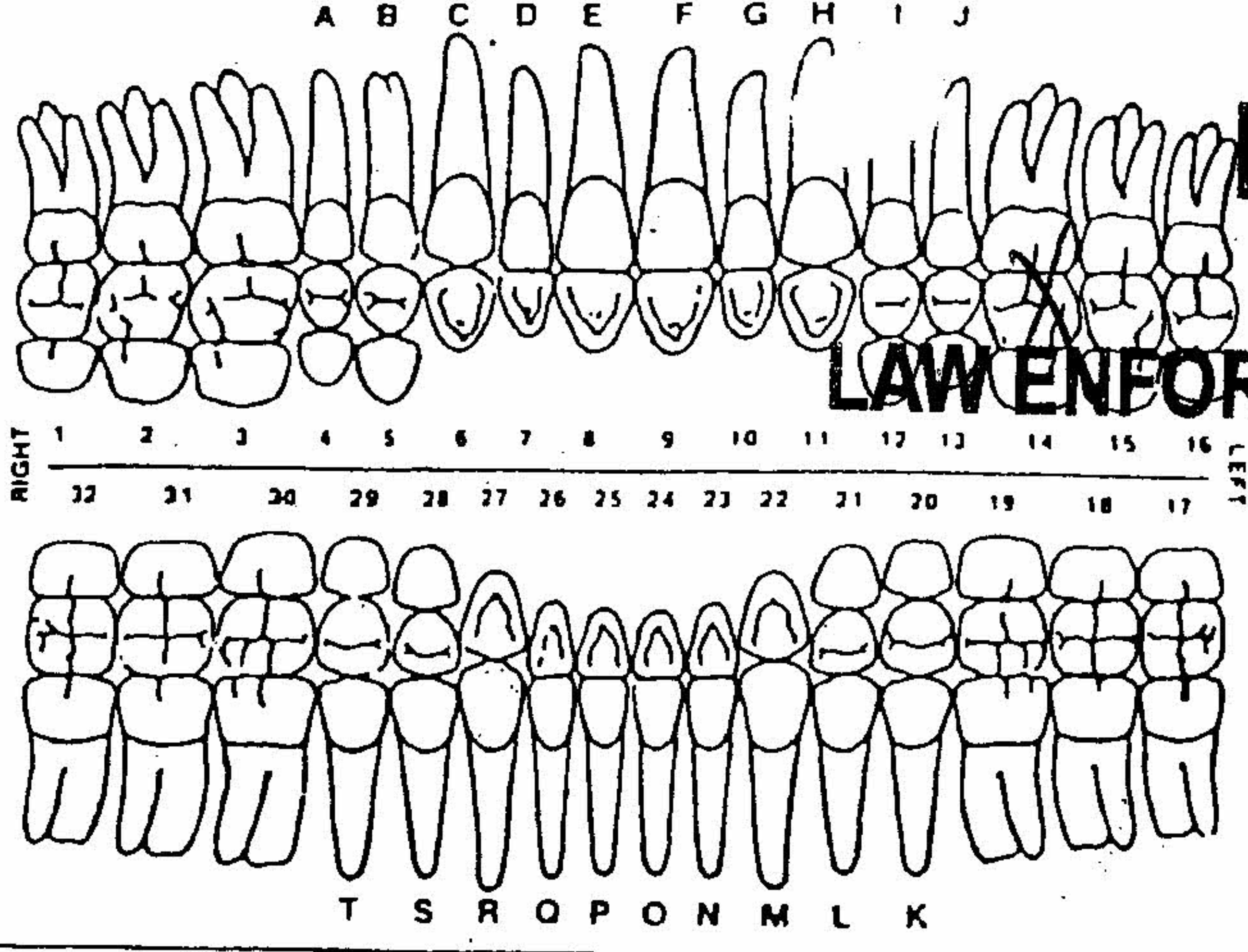
1- CDR, TF-Bucca, Camp Bucca, APO AE 09375

1- FILE

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



FOUO
LAW ENFORCEMENT SENSITIVE

REMARKS

REMARKS

10. SERVICES PROVIDED		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)	CLASS
13 May 08	EXT: 14500 BP: 141/91 DX: Necrotic #14	
	Reviewed medical history with translator including current medications and allergies. 1 PA taken.	
	LA: <u>2</u> Carpules 2% Lidocaine w/ 1:100k epi <u>2</u> Carpules 3% Mepivacaine w/o epi <u>2</u> Carpules 4% Articaine w/ 1:100k epi Other:	
	Removed tooth with suitable instruments. Curretted socket and irrigated with sterile water. Placed Alvogyl in socket.	
	Surgical Narrative (if applicable): Section of root broken tooth #14	
	Post-op instructions given through translator. Patient ambulatory and bleeding controlled.	
	Medications: <u>X</u> Amoxicillin 500 DISP: 21 tabs SIG: 1 tab TID <u> </u> Augmentin 875 DISP: 20 tabs SIG: 1 tab BID <u> </u> Clindamycin 150 DISP: 28 tabs SIG: 1 tab QID <u> </u> Naproxen 500 DISP: 20 tabs SIG: 1 tab BID <u> </u> Tramadol 50 DISP: 10 tabs SIG: 1 tab QID Other: 800mg morphine TID	
		(b)(6)

PATIENT'S NAME: _____ SSN: 318843

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROIS 40350

EXHIBIT 4

FOUO
CAMP BUCCA PERIODONTAL CONSULT

Is this an ASAT request? ~~LAW ENFORCEMENT SENSITIVE~~ YES ~~NO~~

Trouble opening? _____ Trouble Breathing/Swallowing? _____
Severe Pain? _____ Swelling? _____

Patient requests: X Extraction
X Evaluation of Infection

Compound: 24 Quad: B Date: 03 May 08

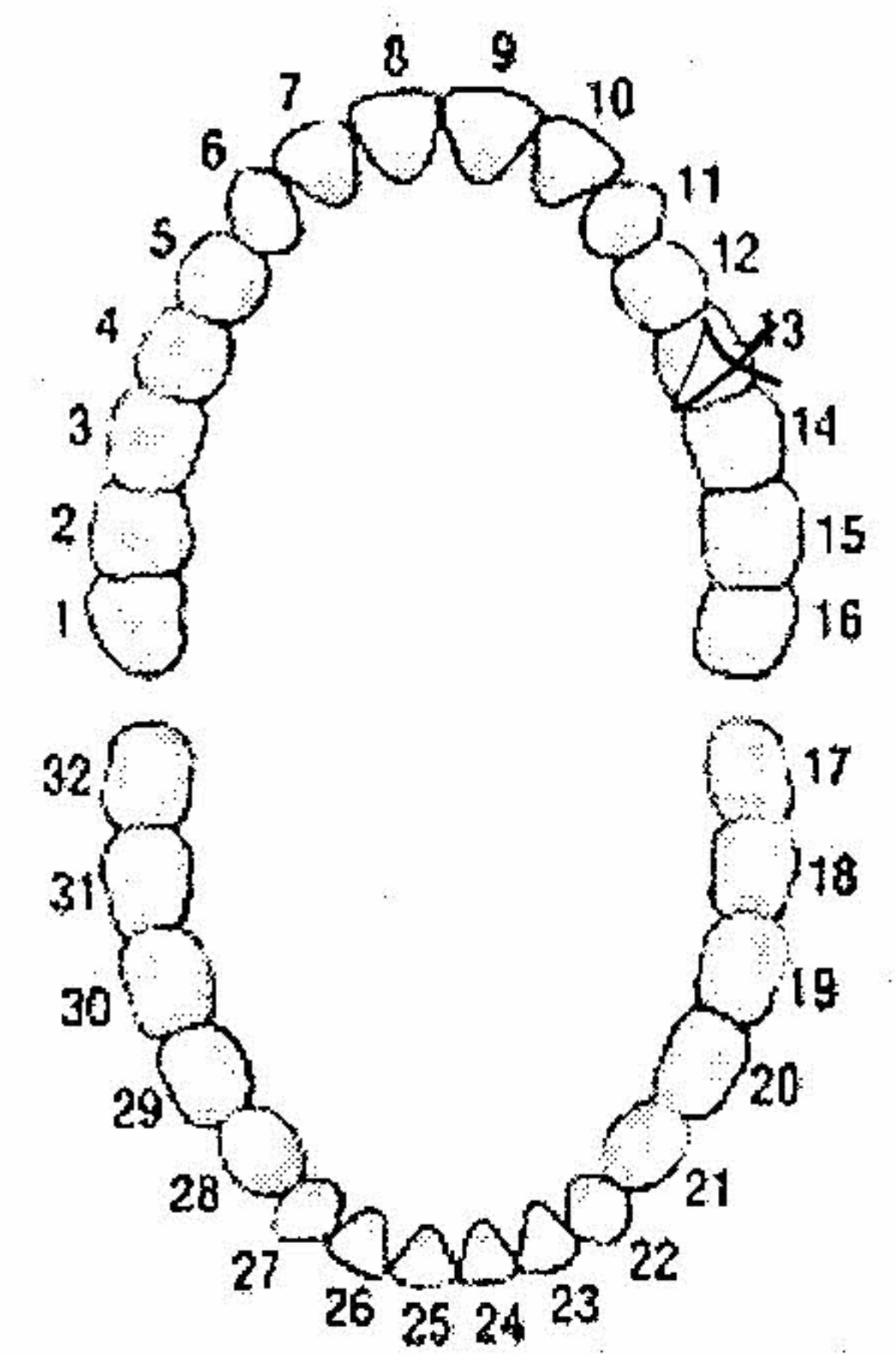
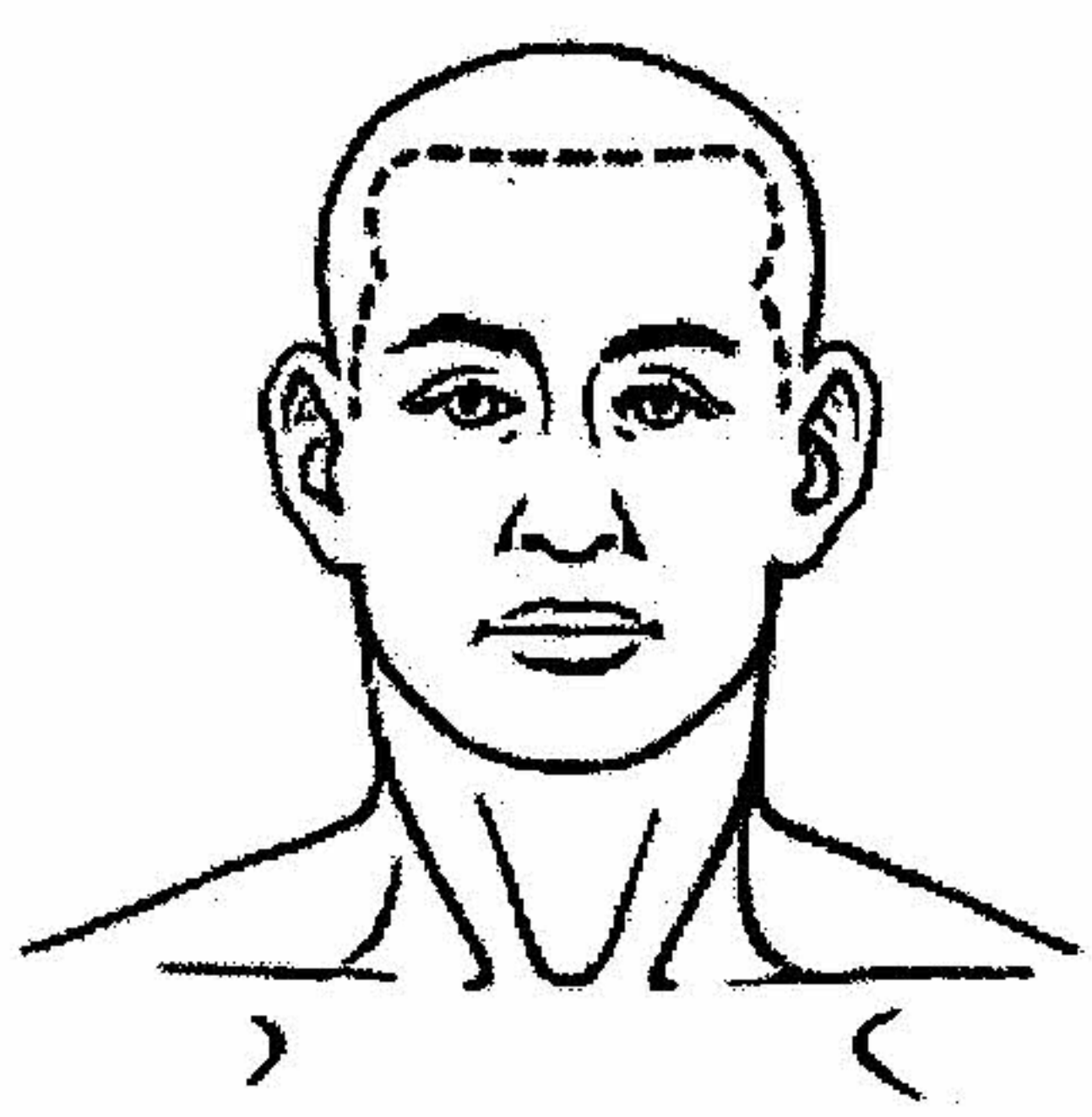
ISN: 318843 Medic: (b)(6)

BP: WNL Temp: WNL

Medical Problems: ∅ Allergies: NKDA

Current medications: ∅

Location of problem and/or swelling:



Problem Description: Pt states pñ on ① upper side of mouth x 2 mos. Root (?) appears to be exposed. Pn↑ w/ chewing and sens to h/c.

FOUO

ACLU DDII CID ROIS 40351

FOUO

LAW ENFORCEMENT SENSITIVE

RADIOLOGY REPORT

PATIENT NAME 318843
DATE OF BIRTH
PATIENT NUMBER 318843
REFERRING PHYSICIAN
MODALITY TYPE CR
INSTITUTION NAME Initial Hospital Name
EXAM DATE 20070806
EXAM TYPE Chest

STUDY COMMENTS

HISTORY

COMPARISON EXAMINATIONS

None.

FINDINGS AND IMPRESSION

NAD.

(b)(6)

2007-08-6 15:16

Cropper Medweb 1

DIGITAL SIGNATURE

Signer name: (b)(6)
 Organization: Cropper Medweb 1
 Signed: 2007/08/06.15:16:31

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU-DBI CID ROIS 40352
EXHIBIT 4

FOUO

TOMETRY CONSULTATION 9 1
Department of Optometry
Camp Bucca Hospital

0042 08 CID579 53606

LAW ENFORCEMENT SENSITIVE

DATE OF REQUEST: 22 Feb 08

FROM: Medic: (b)(6)

Provider: (b)(6)

ISN: 318843 CMPD: 24/B AGE: 30

RECORD SCREENING:

- Pt record unavailable (date) _____
- No documentation of previous Optometry exam found in record (date) 22 Feb 08
- Pt was seen in Optometry Clinic on (date) _____

REASON FOR CONSULTATION:

1. **URGENT** (needs to be seen 72 hrs or less, i.e. trauma, red eye). Specify:

2. **Needs Glasses Reordered** (please circle correct response) - * If broken or scratched, glasses must be returned with consult for repair / reordering. If lost or taken, pt will only be allowed 1 reorder every 12 months. Pt glasses have been:
 Taken in search
 Lost
 Scratched
 Broken (return glasses with consult for repair, include ALL pieces)

3. **Needs Optometry Exam** -- If patient has had an exam within the last 24 months patient does not need another exam. Pt will only get glasses reordered. Go to #2.
 Pt requests glasses for (circle one): distance / reading / both
 Pt having problems with current prescription on glasses
 Pt needs exam for (circle all that apply) HTN DM Other _____

Visual Acuity (circle one): with glasses / without glasses

Distance Right Eye: 20/ 60 Left Eye: 20/ 40

Near Both Eyes: 20/ 25

4. **Other** (please explain): _____ **FOUO** (b)(6) 22 Feb 08

***** Please note: All incomplete consults will be returned to the provider*****

LAW ENFORCEMENT SENSITIVE ROIS 40353 EXHIBIT 4

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

FOUO

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
22 Feb 08	5) 30 y/o LAW ENFORCEMENT SENSITIVE
BP: 108/76 HR: 69 SPO ₂ : 98 Temp: 98.4 R: 14	<p>(S) pt with (R) ear pain with drainage fr last week. pt with no other except difficulty seeing. pt with no other etc</p> <p>(C) USS Ecamp A&O NAD</p> <p>HCOENT from PERLAS</p>
NRDA	<p>(R) TM red (R) ear canal inflamed (L) TM/canal = nl Throat - nl @ lymph @ oral</p>
Hx	<p>HPPR - @ m lung dx</p>
Pmt @	<p>pen str bwd cecum</p>
	<p>(R) (R) OS, (R) OM, myopia (P) - ophthalmology referral - Par - Amoxicillin ^{Septra DS B100} - ceftriaxone ^{1000mg susp qd} (R) canal TIOX)</p>
	<p>- P/o pm</p>

(b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS		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.

318843
24/B

FOUO

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

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROIS 40354

EXHIBIT 4

MEDICAL RECORD

LAW ENFORCEMENT SENSITIVE MEDICAL CARE

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

AUG 06 2007

DETAINEE HEALTH AND MEDICAL RECORD OF SCREENING EXAMINATION (SF600 OVERPRINT, VER 13, IAW AR 190-8)

ALLERGY: FOOD - MEDICINES - INSECTS - PLANTS

NKA

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

SURGERIES () CONVULSIONS/SEIZURES ()

TRANSLATOR PRESENT

HEMOPHILIA () MALARIA ()

IMMUNIZATION GIVEN AT INTAKE? TB/BLOOD IN SPUTUM/NIGHT SWEATS ()

ASTHMA () DIABETES ()

LIST ALL MEDICATIONS TAKEN IN THE 30 DAYS PRIOR TO TODAY:

HIGH BLOOD PRESSURE () CANCER/LEUKEMIA ()

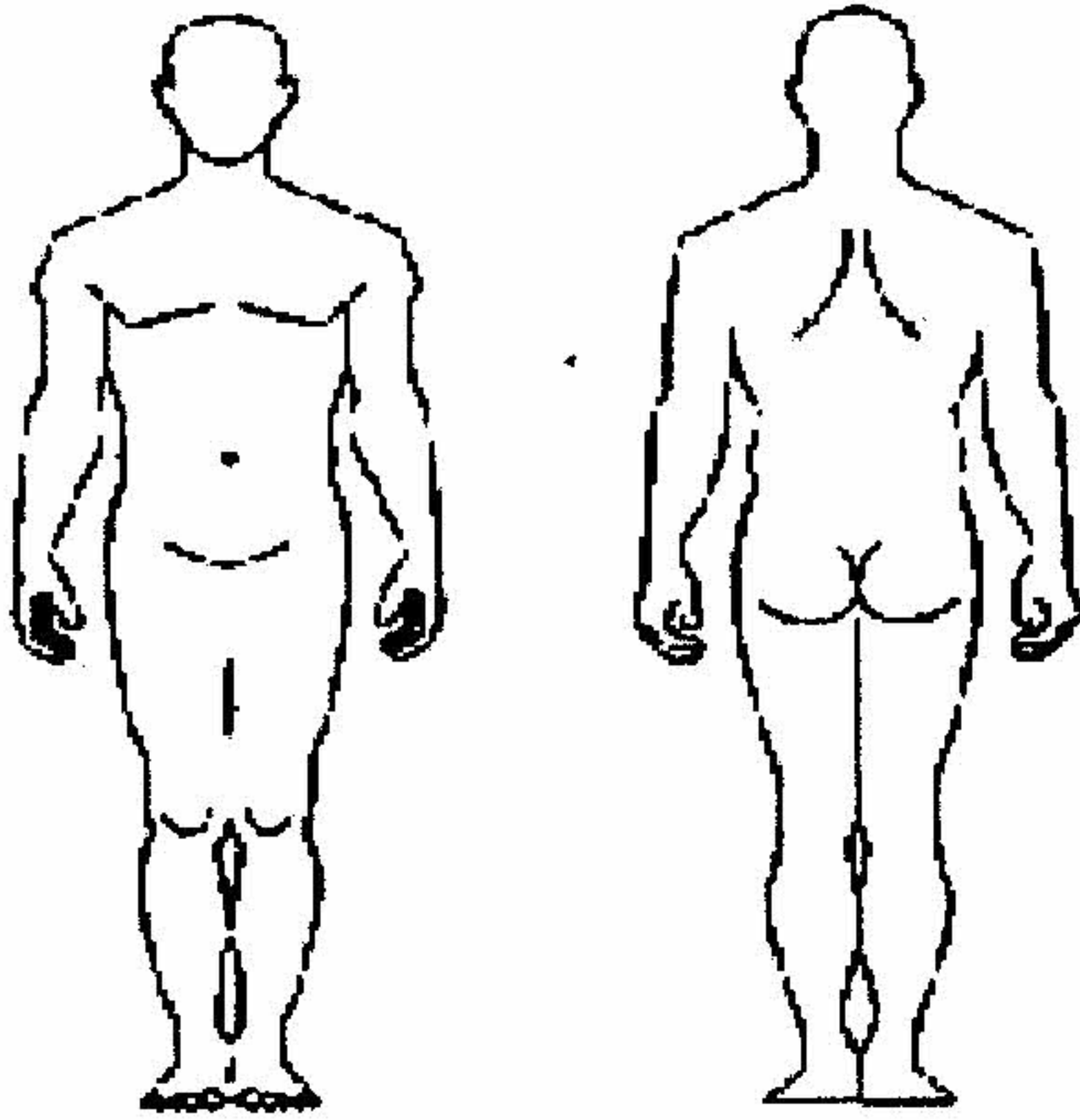
None

HEART TROUBLE () KIDNEY DISEASE ()

VISUAL IMPAIRMENT () HIV/AIDS ()

TOBACCO USE Y / N PP DAY X YRS ETOH: None

STD ()

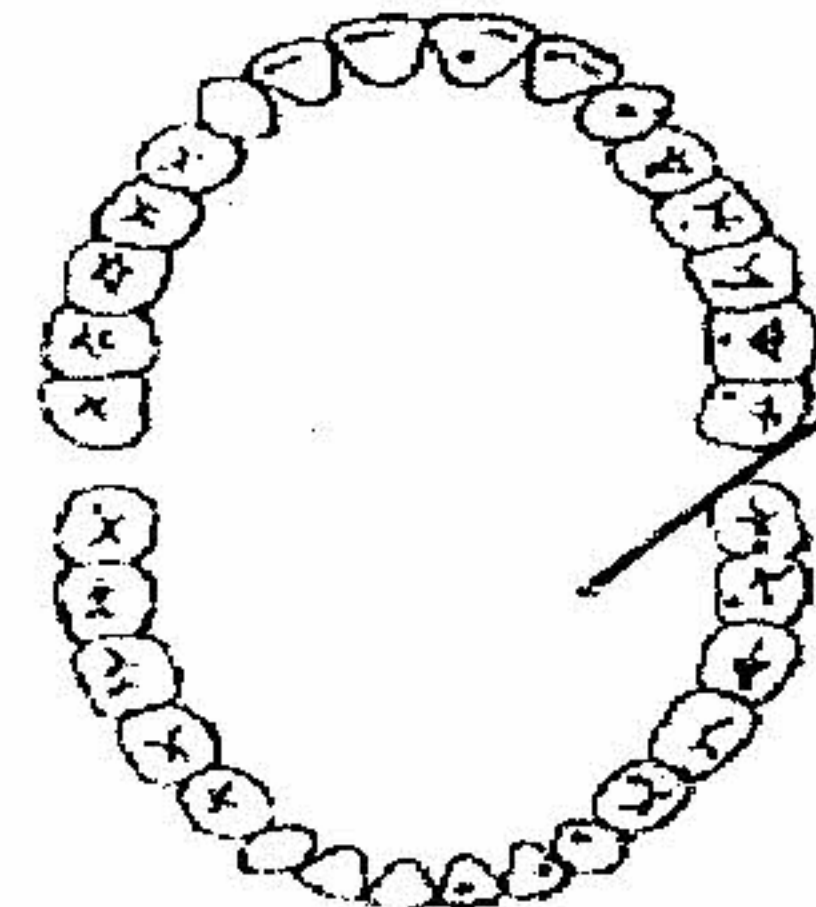


T BP 121 / 85 PULSE 110 BICEPS CIRC HEIGHT WEIGHT BMI

() DETAINEE HAS OVERALL STATE OF NUTRITION (X) GOOD () FAIR () POOR

VISION: NORMAL (X) GLASSES () HEARING: NORMAL (X) ABNORMAL () EXPLAIN:

DENTAL



Handwritten signature: Fred J. J. J.

OVERALL APPEARANCE

HEENT

Handwritten: None

HERNIA

Handwritten: Defered

SKIN/SCARS/BRUISING

GENITAL

CARDIOPULMONARY SYSTEM

NEUROBEHAVIORAL

Handwritten: RA

MUSCULOSKELETAL

DETAILS ON REVERSE SIDE

Table with 4 columns: 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.

ISN 318843 CAMP

NAME

DOB (b)(6) AGE 29 SEX M

PROVIDER (b)(6)

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

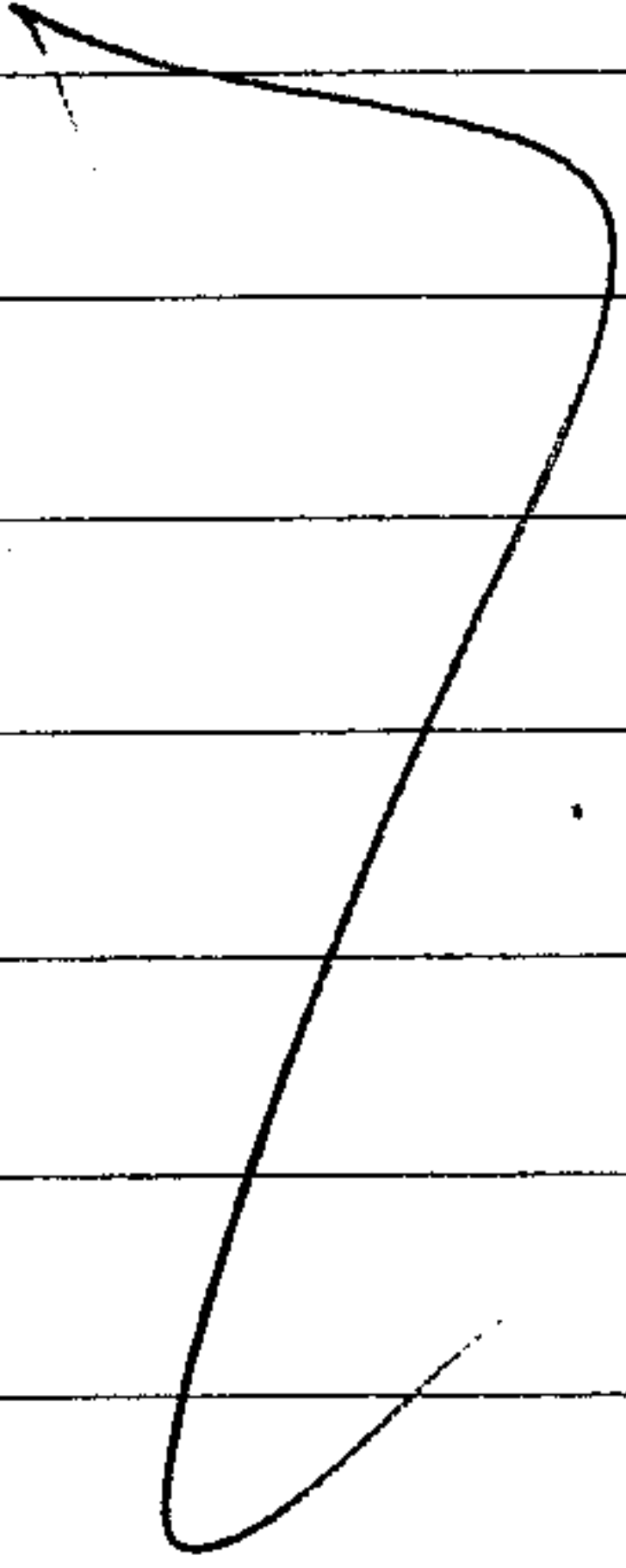
FIRMR (41 CFR) 201-9.202-1

USAPA V2.00

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROIS 40355

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>
	DETAINEE HEALTH AND MEDICAL RECORD OF SCREENING EXAMINATION (SF600 OVERPRINT, VER 13, IAW AR 190-8)
	CONTINUATION:
	
	IMMUNIZATION GIVEN TODAY (CIRCLE):
	MMR POLIO HEPA HEPB TYPHOID OTHER: _____
	LABS(CIRCLE): CBC CHEM 7 UA PPD OTHER: _____
	CHEST XRAY: NAD ()
	LIMITATIONS:
	ACTIVITY RESTRICTIONS:
	DIET RESTRICTIONS:
	OTHER RESTRICTIONS:
	TRAVEL: <u>GO</u> / NO-GO (IF NO-GO LIST REASONS)
	ISN _____ CAMP _____
	NAME _____
	DOB _____ AGE _____ SEX _____
	PROVIDER _____

LAW ENFORCEMENT SENSITIVE
Eye Health Questionnaire

- ① هل عندك أى مشكلة في نظرك؟ نعم No
1. Are you having any problems with your vision? Yes No
- ② هل تلبس نظارات؟ نعم لا
2. Do you wear glasses? Yes No
- لو كانت الإجابة بنعم
- If yes: ③ تستطيع أن ترى أفضل من بعيد من قريب
- A. To see better at Distance Near
- ب هل معك نظارتك الآن؟ نعم لا
- B. Do you have your glasses with you? Yes No
- ③ هل عندك ألم شديد في عيونك؟ نعم لا
3. Are you having any significant eye pain? Yes No
- ④ هل حدث لك أى إصابة أو عملية جراحية في العين قريباً؟ نعم لا
4. Have you had any recent injury/surgery to your eyes? Yes No
- ⑤ هل حدث لك فجأة قصور أو نقصان في النظر؟ نعم لا
5. Have you had a recent sudden decrease in your vision? Yes No
- ⑥ هل تأخذ أى أدوية لعيونك؟ نعم لا
6. Do you take any medicine for your eyes? Yes No
- لو كانت إجابتك بنعم أجب على السؤالين ⑦ و ⑧
- If yes: ⑦ هل معك هذا الدواء الآن؟ نعم لا
- A. Do you have it here with you? Yes No
- ⑧ هل تعرف اسم هذا الدواء أو لماذا تأخذه؟ نعم لا
- B. Do you know what it is called or for? Yes No

ARABIC EYE CHART

VA	00	20'
	05	20'
	04	20'

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LAW ENFORCEMENT SENSITIVE

ACLU DDH CID ROIS 40357 4
EXHIBIT 4

MEDICAL RECORD

~~LAW ENFORCEMENT SENSITIVE~~ MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
DETAINEE HEALTH AND MEDICAL RECORD OF SCREENING EXAMINATION
(SF600 OVERPRINT, VER 13, IAW AR 190-8)

EXAMINATION PER AR 190-8 6-6	DATE	TRAVEL GO / NO-GO	CORRECTED TO GO	COMMENTS
MEDICAL EXAMINATION WAS COMPLETED				
DENTAL SCREENING WAS COMPLETED				
CHEST XRAY / TB SCREEN WAS COMPLETED				
NUTRITION SCREENING WAS COMPLETED				
BEHAVIORAL HEALTH SCREENING WAS COMPLETED				

LIMITATIONS:
ACTIVITY RESTRICTIONS:
DIET RESTRICTIONS: *None*
OTHER RESTRICTIONS:

TRAVEL: GO NO-GO
(IF NO-GO LIST REASONS)

PROVIDER SIGNATURE AND DATE

(b)(6)

*06 Aug 07
Need x-ray results follow-up.*

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.

ISN _____ CAMP _____
NAME _____
DOB _____ AGE _____ SEX _____
PROVIDER _____

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

LAW ENFORCEMENT SENSITIVE

Detainee Health Mental Screen

ISN _____

DATE _____

Everyone here is asked these questions. They are used to determine if you need to be seen for treatment and will not affect whether or not you stay here.

Current Concerns

- 1. Are you currently being treated for a psychological problem?
(if the answer is NO, skip question #2) Yes No
- 2. Are you presently taking a prescribed medication for a mental illness or a psychological problem? Yes No
- 3. Do you have psychological problems right now that need treatment? Yes No
- 4. Do you presently have thoughts of killing yourself? Yes No

Past Concerns

- 5. Have you ever been treated for a psychological problem in the past?
(if the answer is NO, skip question #6) Yes No
- 6. Have you ever been a patient in a psychological hospital? Yes No
- 7. Have you ever been treated for illegal drug abuse? Yes No
- 8. Have you ever tried to kill yourself? Yes No

Open-Ended(if time permits: vary as appropriate)

- 9. Do you have any other psychological concerns that you want to mention?

OBSERVATION

- General appearance unusual for setting Yes No
- Behavior unusual for setting Yes No
- Auditory or visual hallucinations reported or apparent Yes No
- Appears anxious Yes No
- Appears depressed Yes No
- Aggressive Yes No
- Behavior inconsistant with reported complaints Yes No
- Physical trauma evident during interview (wound,bruise,etc.) Yes No

DISPOSITION

- _____ If detainee answers no to all of the above questions, no psych consult is needed.
- _____ If detainee answers yes to questions 1,2,3 or 4 contact mental health team ASAP.
- _____ If detainee answers yes to questions 5,6,7 or 8 fill out consult form for psych.
- _____ If observations are inconsistant with responses and clinical concern exists, consult with mental health team.

SCREENER: _____

(b)(6)

FOUO
PRINT / SIGN)

(b)(6)

LAW ENFORCEMENT SENSITIVE ID ROIS 40359

AUG 06 2007

EXHIBIT A

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LAW ENFORCEMENT SENSITIVE

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

MAJOR PROBLEMS

PROBLEM NUMBER	DATE ONSET	DATE ENTERED	PROBLEM	DATE RESOLVED
1.				AUG 06 2007
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

TEMPORARY (MINOR) PROBLEMS

PROBLEM LETTER	PROBLEM	DATE OF OCCURENCES			
A.					
B.					
C.					
D.					
E.					
F.					
G.					
H.					

PATIENT'S IDENTIFICATION (Use mechanical imprint if available; or typed or written entries give: Name, SSN, Unit, Sex, Birthdate, and Duty Phone)

318843

SUMMARY OF PROBLEMS, ALLERGIES, MEDICATIONS, SURGERIES, AND TRAUMAS:

<u>PMH</u>	<u>PSH</u>	<u>MEDS</u>	<u>ALL</u>
hd eyes	⊙	tears drops eyes, htd	⊙
		1144	

NOTE: DO NOT DISCARD FROM CHART

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LAW ENFORCEMENT SENSITIVE

ACLU DDIFCID ROIS 40360

EXHIBIT 4

ROI 08-CID579-53606-5H

Exhibit(s): 11

Page(s): 000184 thru 000187

Referred to:

**Commander
U.S. Army Medical Command
Attn: FOIA Office, Stop 76
1216 Stanley Road 2D FL
Fort Sam Houston, Texas 78234-5049**

ACLU DDII CID ROIS 40398

HOSPITAL REPORT OF DEATH <small>FOR USE OF THIS FORM, SEE AR 40400: THE PROponent AGENCY IS OFFICE OF THE SURGEON GENERAL.</small>		NAME AND LOCATION OF HOSPITAL 115th CSH MED CAMP BUCCA, IRAQ				
<i>Instructions: Medical Officer in attendance will: Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.</i>						
SECTION A - ATTENDING MEDICAL OFFICER'S REPORT						
LAW ENFORCEMENT SENSITIVE						
1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available) KAZIM, HUSAYN UWAYYID HUSAYN DETAINEE/ ISN #318843 ER/ PATIENT COMPOUND 24B DOB: 1 JULY 1978 Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number		2. TIME OF DEATH (Hour-day-month-year) 190027JUN2008		3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input type="checkbox"/> NO		
		4. RELIGION ISLAM-SUNNI		5. CHAPLAIN NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
		6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH				
CAUSE OF DEATH					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)		DUE TO (or as a consequence of) BLUNT HEAD/ CHEST TRAUMA			UNKNOWN	
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) (2)				
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		a. b.				
9. DATE 27JUN2008		10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)		11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE (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) <input type="checkbox"/> YES <input type="checkbox"/> 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		SIGNATURE OF REGISTRAR		

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FOUO

0042 08 CID579 53606

CERTIFICATE OF DEATH (OVERSEAS)
LAW ENFORCEMENT SENSITIVE

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)
KAZIM HUSAYN UWAYYID HUSAYN
GRADE Grade SI
BRANCH OF SERVICE Arme DETAINÉE
SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale 318843
ORGANIZATION Organisation 115th CSH MED CAMP BUCCA IRAQ
NATION (e.g., United States) Pays IRAQI
DATE OF BIRTH Date de naissance 1 JULY 1978
SEX Sexe [X] MALE Masculin [] FEMALE Féminin
RACE Race CAUCASOID Caucasique
MARITAL STATUS État Civil SINGLE Célibataire
RELIGION Culte ISLAM SUNNI
NAME OF NEXT OF KIN Nom du plus proche parent
RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit
STREET ADDRESS Domicilé à (Rue)
CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)

MEDICAL STATEMENT Declaration 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 (attaque et le décès)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort

BLUNT HEAD/CHEST TRAUMA

UNKNOWN

ANTECEDENT CAUSES

MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE

Symptômes précurseurs de la mort

UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE

OTHER SIGNIFICANT CONDITIONS

MODE OF DEATH Condition de décès

AUTOPSY PERFORMED Autopsie effectuée [] YES Oui [] NO Non

CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES

NATURAL Mort naturelle

ACCIDENT Mort accidentelle

SUICIDE Suicide

NAME OF PATHOLOGIST Nom du pathologiste

HOMICIDE Homicide

SIGNATURE Signature

DATE Date

AVIATION ACCIDENT Accident à Avion

[] YES Oui [] NO Non

DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année)

1900.27.06.2008

PLACE OF DEATH Lieu de décès

CAMP BUCCA, IRAQ

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire

(b)(6)

TITLE OR DEGREE Titre ou diplômé

MD

GRADE Grade

INSTALLATION OR ADDRESS Installation ou adresse

FOUO

DATE Date

SIGNATURE Signature

ACLU DDII CID ROIS 40400

ACLU RDI 5581 p.23

LAW ENFORCEMENT SENSITIVE

EXHIBIT

000185

TAB

CERTIFICATE OF DEATH

For use of this form, see AR 190-8; the proponent agency is PMG.

INTERMENT SERIAL NUMBER

318843

FROM:

TF 115 MED CAMP BUCCA IRAQ APO AE 09375

TO:

FOUO

LAW ENFORCEMENT SENSITIVE

NAME (Last, first, MI) KAZIM HUSAYN UWAYYID HUSAYN		GRADE ST	SERVICE NUMBER
NATIONALITY IRAQI	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE	
PLACE OF BIRTH BALAD. SALAH AD DIN. IRAQ			DATE OF BIRTH 1 JULY 1978
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN			FIRST NAME OF FATHER
PLACE OF DEATH CAMP BUCCA IRAQ	DATE OF DEATH 27 JUNE 2008	CAUSE OF DEATH BLUNT HEAD / CHEST TRAUMA	
PLACE OF BURIAL			DATE OF BURIAL
IDENTIFICATION OF GRAVE			

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)

RETAINED BY DETAINING POWER

FORWARDED WITH DEATH CERTIFICATE TO (Specify)

FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).

29/YO patient brought to ER at 1845 Found to be pulseless/apneic at the time but with abd/head/chest trauma. Pt immediately intubated and CPR started. Continued for 15 minutes before code was called. No heart activity seen. Central IV lines were placed when the code was called.

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY	DATE 27 JUNE 2008	SIGNATURE OF MEDICAL OFFICER (b)(6)
	SIGNATURE OF COMMANDING OFFICER (b)(6)	OIC TF 115 BUCCA
WITNESSES		
SIGNATURE (b)(6)	ADDRESS TF 115 CAMP BUCCA IRAQ APO AE 09375	
SIGNATURE (b)(6)	ADDRESS TF 115 CAMP BUCCA IRAQ APO AE 09375	

U DDICID ROIS 40401

APD 9V1.000

EXHIBIT 11 000186

ACLU RPT 5581 p 24 LAW DA FORM 2869, DEC 2004

FOUO

0042 08 C10579 53606

STATEMENT OF IDENTIFICATION

For use of this form see AR 628-2; the proponent agency is ODCSPER

LAW ENFORCEMENT SENSITIVE

NAME OF DECEASED (Last, First, MI)	GRADE	SSN	BRANCH OF SERVICE	DATE OF INCIDENT
KAZIM, HUSAYN UWAYYID HUSAYN	SI	000-31-8843	DETAINEE	27 JUN 2008

ORGANIZATION AND BASE	PLACE OF DEATH/INCIDENT
115TH CSH MED CAMP BUCCA, IRAQ	ER/ CAMP BUCCA, IRAQ

CONDITION OF REMAINS (Describe briefly in Narrative below)

<input checked="" type="checkbox"/> Recognizable	<input type="checkbox"/> Not Recognizable	<input type="checkbox"/> Commingled	<input type="checkbox"/> Mutilated
<input type="checkbox"/> Burned	<input type="checkbox"/> Decomposed	<input type="checkbox"/> Semi-Skeletal	<input type="checkbox"/> Skeletal

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

<input type="checkbox"/> Fingerprint Comparison	<input type="checkbox"/> Footprint Comparison	<input type="checkbox"/> Dental Comparison	<input type="checkbox"/> Anatomical Comparison
<input type="checkbox"/> Skeletal Comparison	<input type="checkbox"/> Personal Effects	<input type="checkbox"/> Visual Recognition	<input type="checkbox"/> Identification Tag(s)
<input checked="" type="checkbox"/> Other (Explain in Narrative)			

ENCLOSURES

<input type="checkbox"/> DD Form 565	<input type="checkbox"/> DD Form 890	<input type="checkbox"/> DD Form 891	<input type="checkbox"/> DD Form 892
<input type="checkbox"/> DD Form 893	<input type="checkbox"/> DD Form 894	<input type="checkbox"/> DD Form 897	<input type="checkbox"/> ID Card
<input type="checkbox"/> DD Form 369	<input type="checkbox"/> FD 258	<input type="checkbox"/> AF Form 137	<input type="checkbox"/> SF 603
<input type="checkbox"/> Dental X-Rays	<input type="checkbox"/> SF 88	<input type="checkbox"/> SF 93	<input checked="" type="checkbox"/> DD Form 2064
<input type="checkbox"/> SF 601	<input type="checkbox"/> Photo	<input checked="" type="checkbox"/> SF 600, TMIP NOTE	<input checked="" type="checkbox"/> DA 3894, DA 2669

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

IDENTIFIED THROUGH IRIS SCAN AND PHOTOGRAPH.

FOUO

LAW ENFORCEMENT SENSITIVE

ROI 08-CID579-53606-5H

Exhibit(s): 56 thru 58

Page(s): 000788 thru 000798

Referred to:

**Commander
U.S. Army Medical Command
Attn: FOIA Office, Stop 76
1216 Stanley Road 2D FL
Fort Sam Houston, Texas 78234-5049**

ACLU DDII CID ROIS 41013



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850



(b)(6)

AUTOPSY EXAMINATION REPORT

Name: BTB Kazim, Husayn Uwayyid
 Husayn
 ISN: US9IZ-318843CI
 Date of Birth: BTB 01 July 1978
 Date of Death: 27 June 2008
 Date/Time of Autopsy: 07 July 2008 @
 1330 hrs.
 Date of Report: 25 August 2008

Autopsy No.: ME (b)(6)
 AFIP No.: (b)(6)
 Rank: Detainee
 Place of Death: Camp Bucca, Iraq
 Place of Autopsy: Port Mortuary, Dover
 AFB, DE

Circumstances of Death: This 39 year old detainee was reported missing following an internment serial number (ISN) headcount. A search of the compound found the decedent lying down in a tent. The decedent was removed from the tent and medical treatment started.

Authorization for Autopsy: Armed Forces Medical Examiner, per 10 U.S. Code 1471

Identification: Presumptive identification is made by internment serial number; psoas muscle is retained for DNA identification if needed for future identification.

CAUSE OF DEATH: Strangulation complicated by multiple blunt force injuries

MANNER OF DEATH: Homicide

FOUO**LAW ENFORCEMENT SENSITIVE**

FOR OFFICIAL USE ONLY and may be exempt from mandatory disclosure under FOIA. DoD 5400.7R, "DoD Freedom of Information Act Program", DoD Directive 5230.9, "Clearance of DoD Information for Public Release" and DoD Instruction 5230.29, "Security and Policy Review of DoD Information for Public Release" apply.

AUTOPSY REPORT ME ^{(b)(6)}
 KAZIM, Husayn Uwayyid Husayn

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EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished Male clad in the items listed below. The body weighs 210 pounds, measures 71 inches in length and appears consistent with the reported age of 39 years. Lividity is fixed on the posterior surface of the body except where exposed to pressure. Decomposition changes include green discoloration and marbling of the upper and lower extremities. Rigor is equal in all extremities. The body, which has been previously frozen, is cold.

Injuries to the head are described below in "Evidence of Injury." The head is normocephalic. The scalp is covered with short dark black hair with temporal graying in a normal distribution. The irides are hazel and the corneae are clear. The external auditory canals are free of fluid. The ears are unremarkable. The nares and the lips are unremarkable. The nose and maxillae are palpably intact. The teeth are natural. The neck is straight, and the trachea is midline and mobile.

Injuries to the torso are described below in "Evidence of Injury." The abdomen is soft. The genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair has been shaved close to the skin. The back is unremarkable. The buttocks and anus are unremarkable.

Injuries to the extremities are described below in "Evidence of Injury." The hands are not secured in paper bags. The fingernails are intact. Identification tags are affixed to each 2nd finger. There are no identifying marks to include tattoos.

CLOTHING AND PERSONAL EFFECTS

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

- Torn white briefs

MEDICAL INTERVENTION

Medical intervention present on the body at the time of autopsy includes:

- Endotracheal tube (appropriately placed)
- Electrocardiogram pickup on the left lateral torso

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the injuries described below.

EVIDENCE OF INJURY

The ordering of the following injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity.

INJURIES TO THE HEAD AND NECK:

There is an 8 x 5-inch confluent dark blue-purple contusion over the entire forehead and both periorbital regions. A 1 x 1-inch oval abraded contusion is located above the lateral left eye. Two oval abraded contusions are below the right eye, 1 x 1/2-inch and 3/4 x 3/4-inches respectively. A 3/4 x 3/4-inch oval abraded contusion is below the left eye. A 2 x 2-inch abraded contusion covers the

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ACLU DDII CID ROIS 41015

EXHIBIT 56

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LAW ENFORCEMENT SENSITIVE

AUTOPSY REPORT ME ^{(b)(6)}
 KAZIM, Husayn Uwayyid Husayn

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chin. The conjunctivae and sclerae are diffusely hemorrhagic. There is diffuse subgaleal hemorrhage and bilateral intramuscular hemorrhage of the temporalis musculature. There is intramuscular hemorrhage of the left proximal aspect of the medial body of the sternocleidomastoid muscle (1/2-inch), inferior aspect of the left sternohyoid muscle (1/4-inch) and proximal aspect of the right sternohyoid muscle (1/4-inch). The inferior right thyroid gland has focal (1/4-inch) intraparenchymal hemorrhage. There is hemorrhage into the soft tissue surrounding the right greater horn of the thyroid cartilage.

INJURIES TO THE TORSO:

There are multiple, grouped, oval contusions on the right side of the chest ranging from 1/4-inch to 1-1/2-inches in maximum dimension. Two oval contusions on the left side of the chest measure up to 1-1/2-inches in maximum diameter. The left lower quadrant of the abdomen has a 1 1/2 x 1 1/2-inch oval contusion. The entire back demonstrates multiple, grouped, oval contusions (right side greater than the left side) ranging from 1/4-inch to 1-inch in greatest dimension. There is soft tissue and intramuscular hemorrhage of the central upper back and right shoulder measuring 2 x 2-1/2 and 3 x 1-inches respectively. There is soft tissue and intramuscular hemorrhage of the central lower aspect of the back and lateral left aspect of the lower lateral back measuring 6 x 1-1/2 and 5 x 2-inches respectively. There are fractures of the anterior aspects of the 5th, 6th and 7th right ribs and lateral aspect of the 9th left rib. Lumbar transverse processes are fractured on the right side of the 3rd and 4th and on the left side of the 4th vertebrae. There is diffuse hemorrhage of the posterior mediastinum and surrounding the thoracic vertebrae at the costovertebral junctions. There is a contusion to the posterior wall of the left ventricle of the heart. There is a subdural hematoma surrounding the thoracic spinal cord and intraparenchymal hemorrhage of the spinal cord at the level of the 9th thoracic vertebra. There are bilateral hemothoraces, 50 milliliters on the right and 75 milliliters on the left. There is diffuse retroperitoneal hemorrhage, approximately 200 milliliters, and hemoperitoneum of 200 milliliters.

INJURIES TO THE EXTREMITIES:

The anterior aspect of the right arm demonstrates two oval contusions, 1/4-inch to 1-1/2-inches in maximum dimensions. The posterior aspect of the right arm has multiple oval contusions ranging from 1/4-inch to 1/2-inch in greatest dimension. The anterior aspect of the left arm has three oval contusions ranging from 1/4-inch to 1-1/2-inches in greatest dimension. The anterior aspect of the left forearm has an oval contusion measuring 2 x 2-inches. The posterior lateral aspect of the right thigh has multiple, grouped, oval contusions ranging from 1/4-inch to 1/2-inch in maximum dimension. Anterior aspect of the left leg has an oval contusion measuring 2 x 2-inches. There is subcutaneous and intramuscular hemorrhage to the anterior aspect of the right arm (6 x 2-inches), to the posterior aspect of the right upper arm (5 x 2-inches), to the distal lateral aspect of the right thigh (3 x 2-inches), to the posterior lateral aspect of the right thigh (8 x 2-inches), to the posterior lateral aspect of the left thigh (3 x 1-1/2-inches) and to the proximal anterior aspect of the left leg (2 x 2-inches).

INTERNAL EXAMINATION

BODY CAVITIES:

Injuries are described in "Evidence of Injury." The organs occupy their usual anatomic positions. The subcutaneous fat layer of the abdominal wall is unremarkable.

EXHIBIT 56

FOUO

ACLU DDII CID ROIS 41016

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000790

AUTOPSY REPORT ME (b)(6)
KAZIM, Husayn Uwayyid Husayn

4

HEAD AND CENTRAL NERVOUS SYSTEM:

Injuries are described above in "Evidence of Injury." There are no skull fractures. The dura mater is intact with no evidence of hemorrhage. The leptomeninges are thin and delicate. Cloudy light red cerebrospinal fluid surrounds the 1530 gram brain, which is softening and friable. The gyri and sulci are unremarkable. The cerebral hemispheres are symmetrical and the structures at the base of the brain, including the cranial nerves and blood vessels are intact. 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, and cerebellum are free of injury or other abnormalities. The atlanto-occipital joint is stable.

NECK:

Injuries are described above in "Evidence of Injury." The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric, without cystic or nodular change. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

RESPIRATORY SYSTEM:

The airways are clear of debris and foreign material and the mucosal surfaces are smooth, yellow-tan, and unremarkable. The right and left lungs weigh 530 and 560 grams, respectively. The external surfaces are smooth. No mass lesions or areas of consolidation are present. The pulmonary arteries are normally developed and patent. The diaphragm is intact.

CARDIOVASCULAR SYSTEM:

Injuries are described above in "Evidence of Injury." The 390 gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no stenosis. Where uninjured the myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1.1, 1.1, and 0.3-centimeters thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal, mesenteric, and iliac vessels as well as the venae cavae are unremarkable.

HEPATOBIILIARY SYSTEM:

The 1530 gram 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 10 milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

LYMPHORETICULAR SYSTEM:

The 200 gram spleen has a smooth, intact, red-purple capsule. The parenchyma is friable, maroon and congested, with indistinct Malpighian corpuscles. Lymph nodes in the hilar, periaortic, and iliac regions are unremarkable.

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AUTOPSY REPORT ME^{(b)(6)}
KAZIM, Husayn Uwayyid Husayn

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ENDOCRINE SYSTEM:

The pituitary gland is unremarkable. The thyroid gland has been described (see NECK, above). The right and left adrenal glands are symmetric, with bright yellow cortices and red-brown medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 120 and 90 grams, respectively. The external surfaces are intact and smooth. The cut surfaces are pale tan with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 120 milliliters of clear yellow 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, gray-white mucosa. The stomach contains approximately 350 milliliters of tan-brown partially digested food particles and viscous fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The appendix is present.

MUSCULOSKELETAL:

No non-traumatic abnormalities of the muscles or bones of the appendicular and axial skeletons are identified.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff photographer.
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicology testing and/or DNA identification are: vitreous, blood, bile, urine, gastric contents, brain, myocardium, lung, liver, spleen, kidney, adipose tissue and psoas muscle.
4. The dissected organs are forwarded with body.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin with the following tissue submitted for histological evaluation:

Slides 1, 2, and 5: Heart: Decomposition changes and possible extravascular red blood cells
Slide 3: Bladder: No significant pathologic change
Slide 4: Thyroid: Decomposition changes and possible extravascular red blood cells in the surrounding soft tissue

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000792

AUTOPSY REPORT ME (b)(6)
KAZIM, Husayn Uwayyid Husayn

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FINAL AUTOPSY DIAGNOSES:

I. Blunt force injuries:

A. Injuries to the head and neck

1. Multiple contusions and abraded contusions of the face.
2. Intramuscular hemorrhage of the anterior neck musculature.
3. Soft tissue hemorrhage surrounding the right greater horn of the thyroid cartilage
4. Hemorrhage of the right thyroid gland.

B. Injuries to the torso:

1. Multiple contusions to the chest and back
2. Multifocal areas of marked intramusculature hemorrhage of the back
3. Multiple rib fractures
4. Posterior mediastinal hemorrhage
5. Contusion of the heart
6. Perithoracic vertebral hemorrhage
7. Subdural hematoma of the thoracic spinal cord
8. Intraparenchymal hemorrhage of the thoracic spinal cord
9. Fractures of the lumbar transverse processes
10. Bilateral hemothoraces
11. Retroperitoneal hemorrhage
12. Hemoperitoneum

C. Injuries to the extremities:

1. Contusions of all four extremities
2. Marked intramusculature hemorrhage of the right upper, right lower and left lower extremities.

II. Evidence of medical therapy: As noted above

III. Post-mortem changes: As noted above

IV. Identifying marks: None identified

V. Natural disease and pre-existing conditions: None identified within the limitations of the examination

VI. Toxicology:

- A. Volatiles (Vitreous fluid): No ethanol detected
- B. Screened drugs of abuse and screened medications (Urine): None detected
- C. Carbon monoxide (Blood): Less than 1%
- D. Cyanide (Blood): None detected

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AUTOPSY REPORT ME (b)(6)
KAZIM, Husayn Uwayyid Husayn

OPINION

This 39-year-old detainee, Husayn Husayn Uwayyid Kazim, died from strangulation complicated by multiple blunt force injuries. The decedent showed evidence of strangulation and additional blunt force injuries of the head, torso and all extremities contributing to death. Toxicology analyses are negative for ethanol, screened medications and screened drugs of abuse. The manner of death is homicide.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

8/24/08

(b)(6) Medical Examiner

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000794

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Kazim, Husayn Uwayyid, Husayn		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g., United States) Pays Iraq	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social TME-P1-9408
RACE Race		MARITAL STATUS État Civil	RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Negroïde	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> DIVORCED Divorcé	<input checked="" type="checkbox"/> CATHOLIC Catholique
	<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicilé à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT 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 ¹ Maladie ou condition directement responsable de la mort.		Strangulation complicated by blunt force injuries	
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		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" 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 type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
<input type="checkbox"/> SUICIDE Suicide	SIGNATURE (b)(6)	DATE Date 7 July 2008	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
<input checked="" type="checkbox"/> HOMICIDE Homicide			
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) 27 June 2008	PLACE OF DEATH Lieu de décès Iraq		
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 MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)	TITLE OR DEGREE Titre ou diplôme (b)(6)		
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE		
DATE Date 9/3/2008	SIGNATURE (b)(6)		

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EXHIBIT 57

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00 02 08 CID 579 53606

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(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS 436 SVC/SVD 116 26th Street, Dover AFB DE 19902	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSTION		DATE OF DISPOSTION	

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

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LAW ENFORCEMENT SENSITIVE EXHIBIT 4



DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-8000

REPLY TO
ATTENTION OF

AFIP-CME-T

TO:

OFFICE OF THE ARMED FORCES MEDICAL
EXAMINER
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence
(b)(6) (b)(6)

Name
BTB KAZIM, HUSAYN UWAYYID H.

SSAN: Autopsy: ME (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: July 11, 2008

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 6/27/2008 Date Received: 7/9/2008

CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was less than 1% as determined by spectrophotometry with a limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.

VOLATILES: The **VITREOUS FLUID** was examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

CYANIDE: There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

DRUGS: The **URINE** was screened for acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, salicylates, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

None were found.

(b)(6)

Office of the Armed Forces Medical Examiner

*This document contains information EXEMPT FROM MANDATORY DISCLOSURE under the
FREEDOM OF INFORMATION ACT Exemption No. 6c,d Applies*

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DIVISION OF FORENSIC TOXICOLOGY - TOXICOLOGICAL ANALYSIS

TO: ARMED FORCES INSTITUTE OF PATHOLOGY ATTN: DIVISION OF FORENSIC TOXICOLOGY BUILDING 54 6825 16TH STREET, N.W. WASHINGTON, DC 20306-6000	FORWARD FINA	Dover AFB Port Mortuary  Incident : OIF Remains/Case #: (b)(6) Recovery/TC #: Process Date: 07 Jul 08 ME #: (b)(6)
--	---------------------	---

NAME OF PATIENT (Last, First, MI)	SOCIAL SECURITY #	AGE	SEX	RACE
KASIM HUSAYN	ISN 15922-21884351	UNK	M	

DATE OF INCIDENT/ACCIDENT	TIME AND DATE OF DEATH	AUTOPSY
27 JUN 08	15:00 27 JUN 08	ME (b)(6)

TESTS PERFORMED

TEST	RESULTS	TEST	RESULTS
1. Vitreous		5. Uterine	
2. Blood (clotted)		6. Lung	
3. Bile		7. Liver	
4. Gastric Contents		8. Spleen	
		9. Kidney	
		10. Adipose	
		11. Brain	
		12. Heart muscle	

INCIDENT/ACCIDENT DETAILS (include pertinent information regarding circumstances surrounding the incident)

Detainee

DFT#
(b)(6)

PRINTED NAME OF REQUESTER/TITLE (b)(6)	SIGNATURE (b)(6)	DATE 7 Jul 08
--	----------------------------	-------------------------

CHAIN OF CUSTODY

INITIALED BY	RECEIVED BY	DATE	REMARKS
(b)(6)	(b)(6)		
(b)(6)	(b)(6)	JUL 09 2008 @ 1334	Received From Courier
(b)(6)	(b)(6)	JUL 09 2008 @ 1334	Secured Storage
(b)(6)	(b)(6)		TOXICOLOGY TESTING SECURED STORAGE
(b)(6)	(b)(6)		
(b)(6)	(b)(6)		
(b)(6)	(b)(6)		

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EXHIBIT 58

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