DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Camp Cropper CID Office
24th/348th MP DET (CID), Camp Cropper, Iraq APO AE 09342

08 Jan 2009

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL/SSI - 0029-2008-CID789-53212 - 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:
1. 29 SEP 2008, 0400 - 30 SEP 2008, 2207; INTENSIVE CARE UNIT, 115TH COMBAT SUPPORT HOSPITAL, CAMP CROPPER, IRAQ APO, AE 09342

DATE/TIME REPORTED: 30 SEP 2008, 2315

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

SUBJECT:
1. NONE, ; [DEATH BY NATURAL CAUSES] (NFI)

VICTIM:
1. JABOUT, THABET KALIF (DECEASED); FRCIV; IRAQ; (DOB); (POB); MALE; OTHER; INTERNMENT SERIAL NUMBER (b)(6),(b)(7)(C) THEATER INTERNMENT FACILITY, CAMP CROPPER, IRAQ APO, ARMED FORCES AFRICA, CANADA, EUROPE & MIDDLE EAST 09342; XZ ; [DEATH BY NATURAL CAUSES]

INVESTIGATIVE SUMMARY:

This is an Operation Iraqi Freedom Investigation.

The MPI section, 744th Military Police Battalion, Camp Cropper, Iraq APO AE 09342, reported

the death of Detainee JABOUT.

Investigation determined Mr. MOHAMMAD died as a result of Sepsis and the manner of death was natural. The results of an autopsy conducted by the Armed Forces Medical Examiner were consistent with the findings of this investigation.

STATUTES:

N/A

EXHIBITS:

Attached:

1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) 30 Sep 08.

2. AIR of SA (b)(6),(b)(7)(C) 1 Oct 08.

3. Digital Photographic Packet (Remains Examination).

4. CD containing original photographs associated with Exhibit 3. (USACRC and file copy only)

5. Human Remains Examination, 1 Oct 08.

6. AIR of SA (b)(6),(b)(7)(C) 30 Oct 08.

7. Compact Disc containing medical records of Mr. JABOUT.

8. AIR of SA (b)(6),(b)(7)(C) Oct 08.

9. CD containing original photographs (Autopsy). (USACRC and file copy only)

10. AIR of SA (b)(6),(b)(7)(C) 7 Jan 09.

11. Autopsy Examination Report & Toxicological Report pertaining to Mr. JABOUT, 2 Dec 08.

12. Certificate of Death (Overseas), 29 Dec 08.

Not Attached:

None.

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

CID Reports of Investigation may be subject to a Quality Assurance Review by CID higher headquarters.

Report Prepared By:

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

Special Agent

Report Approved By:

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

Special Agent in Charge

DISTRIBUTION:
Dir, USACRC, Ft Belvoir, VA
Cdr, USACIDC, ATTN: CIOP-COP-CO, Fort Belvoir, VA 22060
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Cdr, 24th/348th MP DET (CID), Camp Slayer, Iraq APO AE 09342
Ops Officer, 34th/348th MP DET (CID), Camp Slayer, Iraq APO AE 09342
FOB Cdr, 1-114 FA, ATTN: LTC (b)(6),(b)(7)(C) Camp Cropper, Iraq APO AE 09
CJA, 11th MP BDE, ATTN: LTC Camp Cropper, Iraq APO AE 09342
PMO, Camp Victory, Iraq APO AE 09342
FILE

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER
0029-08-CID789-53212

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DETAILS

BASIS FOR INVESTIGATION: About 2315, 30 Sep 08, INV (b)(6), (b)(7)(C) MPI, Camp Cropper, Iraq (IZ) reported Mr. Thabet Kalif JABOUT, (b)(6), (b)(7)(C) Camp Cropper, IZ, died while under medical care at the 115th CSH, Camp Cropper.

About 2340, 30 Sep 08, SA (b)(6), (b)(7)(C) and SA (b)(6), (b)(7)(C) arrived at the 115th CSH and coordinated with INV (b)(6), (b)(7)(C) MPI, who stated he was notified by personnel in the Detainee Operations Center (DOC), Camp Cropper, that Mr. JABOUT died while in the ICU, 115th CSH. INV (b)(6), (b)(7)(C) stated Mr. JABOUT's identity was verified upon his death by a digital thumb print scan of the Biometrics Database conducted by SGT (b)(6), (b)(7)(C) 744th MP BN, Camp Cropper, IZ.

About 2349, 30 Sep 08, SA (b)(6), (b)(7)(C) interviewed CPT (b)(6), (b)(7)(C) Registered Nurse, ICU, 115th CSH, who stated Mr. JABOUT was brought into the ICU on 19 Aug 08, for chest pains. CPT (b)(6), (b)(7)(C) stated that while in the ICU, Mr. JABOUT received an unknown infection. His overall condition improved, and on 28 Sep 08, he was transferred to the Intermediate Care Ward (ICW). CPT (b)(6), (b)(7)(C) stated that once in the ICW, Mr. JABOUT's condition began to decline and his infection progressed. Mr JABOUT was moved back into the ICU on 29 Sep 08, after it was discovered he had developed another infection. Mr. JABOUT experienced respiratory distress, and as a result, was intebated at 0400, 30 Sep 08. Mr. JABOUT experienced Asystole Cardiac Arrest at 1300, 2100, and 2202, during which life saving measures were performed to include CPR and the use of a defibrillator. CPT (b)(6), (b)(7)(C) stated Mr. JABOUT did not recover from his last Cardiac Arrest and was pronounced deceased at 2207, 30 Sep 08, by DR (MAJ) (b)(6), (b)(7)(C) 115th CSH. ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER	ORGANIZATION
SA (b)(6), (b)(7)(C), (b)(7)(F)	24th/348th MP DET (CID) CAMP CROPPER, IRAQ, APO AE 09342
SIGNATURE (b)(6), (b)(7)(C)	DATE 30 Sep 08

EXHIBIT

AGENT'S INVESTIGATION REPORT

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DETAILS

EXAMINATION OF DECEASED: About 2358, 30 Sep 08, SA (b)(6), (b)(7)(C) conducted an examination of the decedent, Mr. JABOUT, at Bed 5, ICU, 115th CSH.

Characteristics of Decedent: The decedent was identified via digital thumb print scan as Mr. JABOUT. The decedent appeared to be a Middle Eastern male, approximately 5'6", and weighed approximately 150 pounds. The decedent had black/gray "peppered" hair and brown eyes. One tattoo of Arabic writing was visible on the decedent's left forearm. The decedent was not clothed, but covered with a bed sheet. Evidence of medical intervention included an intra-arterial lead in the left wrist, a catheter inserted into the penis, numerous leads around the chest and abdomen, defibrillation electrodes on the chest and back, a triple lumen catheter inserted into the carotid artery, an endotracheal tube and body temperature probe inserted through the mouth, a nasal gastric tube inserted through the left nostril, a Peritoneal drain tube inserted into the abdomen, and healing wounds in both arms, wrists, and groins of intravenous leads. The decedent was given medication prior to his death which caused restricted blood flow to his extremities, which according to CPT (b)(6), (b)(7)(C) caused severe bruising that began in his upper thighs and extended past his knees; began in his upper arms, and extended past his elbows and covered the posterior portion of his hands; and covered his abdomen and extended down both sides towards his back. The decedent had a pressure ulcer on his lower back, just above the buttock, which appeared to be in the early stages of healing.

Condition of Decedent: The decedent was cool to the touch with liver mortis beginning to settle in areas of the decedent's back which were void of contact with the surface of the hospital bed. Rigor mortis was present in the large and small joints. No signs of external trauma, except for signs of medical intervention, were observed. The decedent was not wearing any jewelry.

Environmental Conditions: At the time of the examination, the temperature inside the ICU was 73.3 degrees Fahrenheit. There were no odors out of the ordinary near the deceased during the time of the examination.

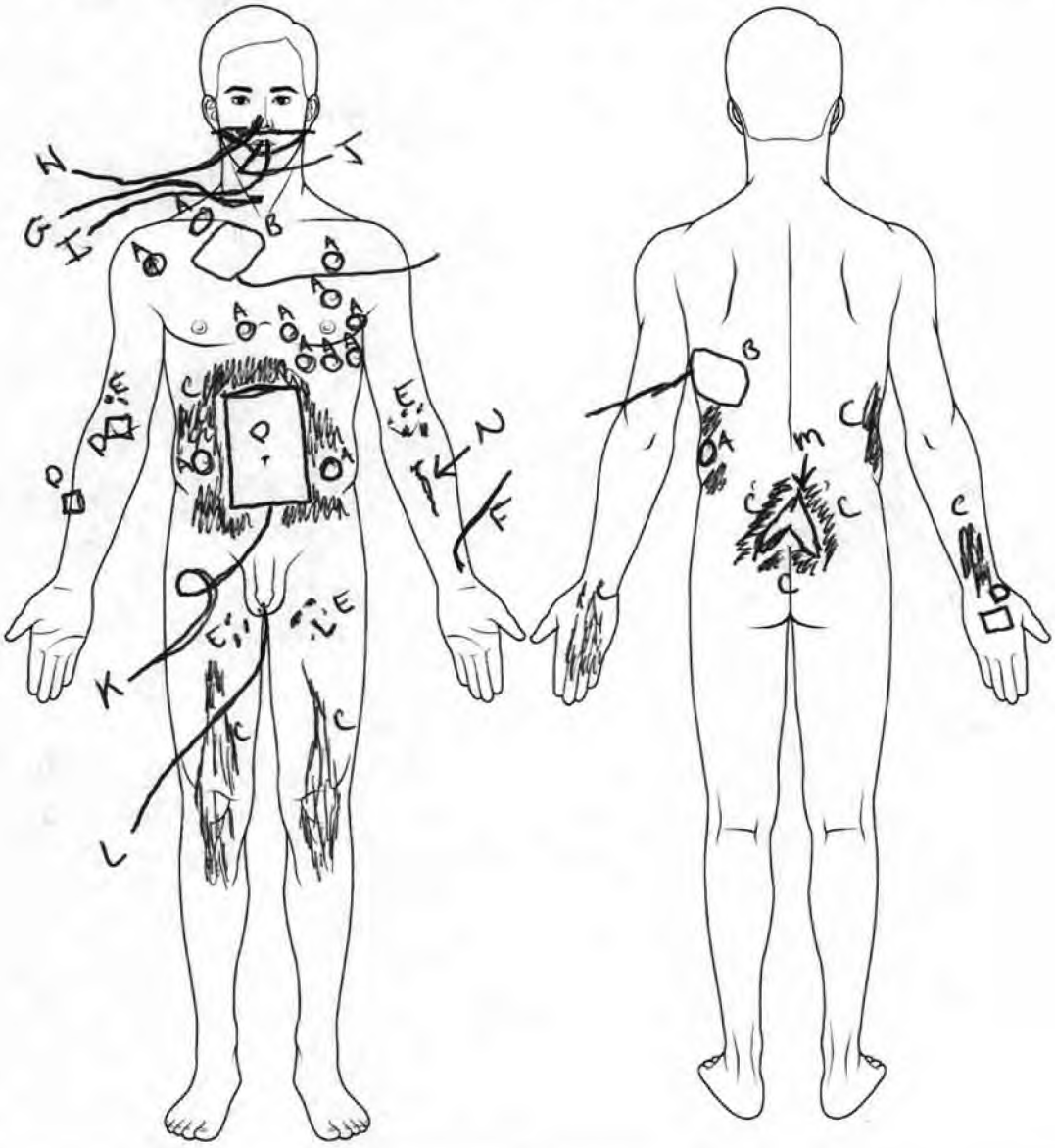
Documentation of Decedent: The deceased was documented by SA (b)(6), (b)(7)(C) utilizing a NIKON D80 Digital Camera with an external flash. Additionally, a human remains sketch was prepared by SA (b)(6), (b)(7)(C) and verified by CPT (b)(6), (b)(7)(C)

Collection of Evidence: A collection of evidence was not performed because the decedent was treated in the 115th CSH for approximately 41 days prior to his demise, and all clothing had been disposed of by hospital staff. ///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER	ORGANIZATION
SA (b)(6), (b)(7)(C), (b)(7)(F)	24th/348th MP DET (CID) Camp Cropper, Baghdad, Iraq APO AE 09342
SIGN (b)(6), (b)(7)(C)	DATE 1 Oct 08 / EXHIBIT J

CID FORM 94

Rough Sketch Depicting Human Remains



LEGEND	TITLE BLOCK:
A: Leads	Case#: 0089-08-CID789-53317
B: Defibrillation Electrodes	Offense: Undetermined DEATH
C: Bruising	Person Portrayed: Thabet Kalif JABOUT
D: Bandage (Gauze)	Location: Bed 5, 115th CSH, CCI7
E: IV sticks	Victim: M ISL (b)(6), (b)(7)(C)
F: IV (Arterial)	Date/Time: 0042 / 3 Oct 08
G: Triple Lumen Catheter	Sketched By: SA (b)(6), (b)(7)(C)
H: Nasal Gastric Tube	Verified By: CPT (b)(6), (b)(7)(C)
I: Body temp Probe	(b)(6), (b)(7)(C)

ACLU DDII CID ROI 28291

I: Endotracheal Tube
J: Drainage Drain Tube
L: Urine Catheter

M: Pressure Ulcer
N: Tattoo (Arabic Writing)

AGENT'S INVESTIGATION REPORT

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DETAILS

About 0025, 1 Oct 08, SA [redacted] interviewed Dr. (MAJ) [redacted] Attending Physician, ICU, 115th CSH, who related Mr. JABOUT's primary physician was Dr. (MAJ) [redacted] 115th CSH. Dr. [redacted] started his shift at 2000, 30 Sep 08, and began treating Mr. JABOUT at about 2100 for cardiac arrest. Dr. [redacted] conducted CPR and administered epinephrine, Atropine, Calcium and Sodium Bicarbonate to Mr. JABOUT. Mr. JABOUT was successfully revived, but was not in a good state. Dr. [redacted] stated that about 2200, Mr. JABOUT again experienced cardiac arrest and CPR was conducted, but the attempt was futile. Dr. [redacted] pronounced Mr. JABOUT deceased at 2207, 30 Sep 08.

About 0050, 1 Oct 08, SA [redacted] interviewed SPC [redacted] Medic, 115th CSH, who related that about 2100, she assisted Dr. [redacted] in life saving efforts of Mr. JABOUT by giving chest compressions and providing medication to Dr. [redacted]

About 0100, 1 Oct 08, SA [redacted] interviewed SPC [redacted] LPN, 115th CSH, who related that about 2100, she assisted Dr. [redacted] in life saving efforts of Mr. JABOUT by giving five sets of chest compressions.

About 0110, 1 Oct 08, SA [redacted] interviewed SGT [redacted] LPN, 115th CSH, who related that about 2100, he assisted Dr. [redacted] in life saving efforts of Mr. JABOUT by assisting with CPR and retrieving medicine.

About 0112, 1 Oct 08, SA [redacted] submitted a PADS request to SPC [redacted] Patient Administration Department (PADS), for all medical records pertaining to Mr. JABOUT since his date of capture. SPC [redacted] stated it would take approximately two days to gather all medical records from Camp Bucca, Iraq.

About 1550, 1 Oct 08, SA [redacted] dispatched a Request For Assistance to the Aberdeen Proving Ground CID Office to attend the autopsy of Mr. JABOUT.

About 1625, 1 Oct 08, SA [redacted] coordinated with SSG [redacted] 111th QM CO, Mortuary Affairs, Baghdad International Airport (BIAP), Camp Sather, Iraq, who stated the decedent was scheduled for a flight to Balad, Iraq, on 2 Oct 08, and should arrive at Dover, DE, on or about 4 Oct 08, depending on weather and flight cancellations.

About 0030, 7 Oct 08, SA [redacted] coordinated with the PAD, 115th CSH, and obtained the medical records of Mr. JABOUT.

About 2030, 30 Oct 08, SA [redacted] received the Final Information Report from the Fort Meyer CID Office, Fort Meyer, VA 22211, which included the Autopsy Photographs of Mr. JABOUT. ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER	ORGANIZATION
SA [redacted]	24th/348th MP DET (CID) CAMP CROPPER, IRAQ, APO AE 09342
SIGNATURE [redacted]	DATE 30 Oct 08

EXHIBIT 6

CID FORM 94
Automated

[redacted] USE ONLY

Exhibit 7

PAGE 000102

Disk Corrupted
Unable to Open

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Medical Records

EXHIBIT 7

AGENT'S INVESTIGATION REPORT	ROI NUMBER (0210-08-CID112) 0029-08-CID789-53212
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DETAILS

BASIS FOR INVESTIGATION: About 0900, 1 Oct 08, this office received a Request For Assistance (RFA) from the Camp Cropper CID Office, 24th/348th MP Det (CID), Unit 42232, Camp Cropper, Iraq, APO AE 09342-2232, to attend the autopsy of Detainee Thabet K. JABOUT, Camp Rembrance II, Theater Internment Facility, Camp Cropper, Iraq, APO AE 09342.

About 1030, 5 Oct 08, the autopsy of Mr JABOUT (ME# 08-0742), was attended by (b)(6), (b)(7)(C) Fort Myer CID Office. The autopsy was performed by Dr. (b)(6), (b)(7)(C) Office of the Armed Forces Medical Examiner (OAFME), Armed Forces Institute of Pathology (AFIP), 1413 Research Blvd., Bldg 102, Rockville, MD, 20850. The preliminary cause and manner of death was pending. Photographers from AFIP exposed all digital photographs of the autopsy and prepared a compact disc (CD) containing all images exposed. SA (b)(6), (b)(7)(C) obtained the fingerprints of Mr JABOUT from the FBI fingerprint examiner, and a copy of the CD containing all images taken during the autopsy of Mr JABOUT . (See fingerprints and CD for details.)

Agent's Comment: The official results of the autopsy will be documented in the Final Autopsy Report which will be provided upon completion.

STATUS: This investigation is closed in the files of this office. No further investigative activity is anticipated or requested. ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER	ORGANIZATION
(b)(6), (b)(7)(C), (b)(7)(F)	Fort Myer CID Office Fort Myer, VA 22211
SI (b)(6), (b)(7)(C)	DATE 5 Oct 08 / EXHIBIT 0

AGENT'S INVESTIGATION REPORT

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DETAILS

About 0908, 7 Jan 09, SA [(b)(6), (b)(7)(C)] received the Final Autopsy Examination Report, Certificate of Death (Overseas), and Report of Toxicological Examination pertaining to Mr. JABOUT. The Autopsy Report documented that Mr. JABOUT died a Natural Death as a result of Sepsis. ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER	ORGANIZATION
SA [(b)(6), (b)(7)(C), (b)(7)(F)]	24th/348th MP DET (CID) CAMP CROPPER, IRAQ, APO AE 09342
SIGNATURE [(b)(6), (b)(7)(C)]	DATE 7 Jan 09

EXHIBIT
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CID FORM 94
Automated

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Exhibit(s) 11 and 12

Page(s) 000160 thru 000172 referred to:

CDR U.S. Army Medical Command
Freedom of Information/Privacy Act Office
ATTN: MCFP Bldg 126 Stop 76
1216 Stanley Road 2nd Floor
Fort Sam Houston, TX 78234-5049

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 Jabout, Thabet Kalif
ISN: US9IZ-186416
Date of Birth: Unknown
Date of Death: 30 Sep 2008
Date/Time of Autopsy: 05 Oct 2008/1000-1200 hrs
Date of Report: 02 Dec 2008

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

Circumstances of Death: This middle-aged detainee was admitted to the 115th Combat Surgical Hospital, Camp Cropper, Iraq for chest pains. Medical authorities determined that he had an infection and admitted him to the Intensive Care Unit for treatment. Despite medical treatment, the deceased succumbed to his illness. The Hospital Report of Death (DA FORM 3894, OCT 72) indicates that the death was due to sepsis and that other significant conditions were renal and hepatic failure. A review of the hospital records indicates that the deceased had a past medical history significant for diabetes mellitus (Type 2), congestive heart failure, tricuspid heart valve regurgitation, pulmonary hypertention, atrial fibrillation, chronic obstructive pulmonary disease and chronic anemia. Further, he had blood cultures and urine cultures positive for bacteria.

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

Identification: The deceased is presumptively identified as Thabet Kalif Jabout by accompanying paper work. Postmortem fingerprints, dental charting, photographs, x-rays, and a specimen suitable for DNA analysis are obtained.

CAUSE OF DEATH: Sepsis

MANNER OF DEATH: Natural

EXTERNAL EXAMINATION

The body is that of an unclad well-developed, well-nourished male. The body weighs 180 pounds, is 65-1/2 inches in length and appears middle aged. The body is cold. Rigor has passed. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. The head is normocephalic, and the scalp hair is gray and black with male pattern balding. Facial hair consists of a gray and black mustache and stubble beard. The irides are brown. The corneae are cloudy. The conjunctivae are pale. The sclerae are muddy. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The earlobes are not pierced. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The teeth are natural and in good condition. Examination of the neck reveals no evidence of injury. There is a 10 inch vertical well healed surgical scar on the center of the chest overlying the sternum. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is distended. The external genitalia are those of an adult male. There is a 3 x 4 inch superficial decubitus ulcer overlying the sacrum. The extremities show focal skin slippage. The fingernails are intact. A tattoo is noted on the left forearm and is photographically documented. Generalized edema is noted. There are two 1/2 inch hypopigmented patches on the right upper back. There is a 1-1/2 x 1/2 inch healing ulceration, a 1/2 x 1/4 inch superficial ulceration and two 1/4 inch superficial ulcerations on the left side of the chest. Erythema is noted on the chest, lateral aspects of the abdomen and the anterior aspects of the thighs. Two hospital bands are affixed to the right wrist and a Dover tag (ME08-0742) is attached to the left ankle.

CLOTHING AND PERSONAL EFFECTS

The deceased is unclad, however, a green hospital sheet and white pad is present in the body transfer bag.

MEDICAL INTERVENTION

- Nasogastric tube right naris
- Endotracheal intubation
- Intravenous access
  - Right neck
  - Left wrist
- Foley catheter with attached catch bag inserted into the urethra
- Two automatic defibrillator pads attached to the chest and back
- Twelve EKG leads attached to the torso
- Puncture type incision of the central abdomen with a peritoneal drain inserted (the drain is sutured and there is a gauze dressing overlying the central abdomen)

RADIOGRAPHS

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

- Seven sternal wires
- Mechanical heart valve

EVIDENCE OF INJURY

No significant physical injury is discovered at autopsy.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The ribs, sternum, and vertebral bodies are visibly and palpably intact. The pericardial sac is adhesed to the chest wall. There are bilateral pleural effusions (700 ml on the right and 200 ml on the left). There is a 400 ml ascites. All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is 3/4 inch thick.

HEAD AND CENTRAL NERVOUS SYSTEM:

The scalp is reflected. The galeal and subgaleal soft tissues of the scalp are free of injury. There are no skull fractures. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels are intact. Clear cerebrospinal fluid surrounds the 1380 gram brain, which has unremarkable gyri and sulci. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brainstem and cerebellum are unremarkable. The atlanto-occipital joint is stable. The upper cervical spinal cord is unremarkable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. There is focal hemorrhage into the right sternocleidomastoid muscle associated with medical intervention which is described above. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The tongue is free of bite marks, hemorrhage, or other injuries. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

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CARDIOVASCULAR SYSTEM:

Please see Cardiovascular Pathology Consultation. The fresh, unfixed heart weighs 650 grams. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is diffusely congested and edematous, exuding copious amounts of fluid upon sectioning; no focal lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 1120 grams; the left 1400 grams.

HEPATOBILIARY SYSTEM:

The 1600 gram liver has an intact smooth capsule covering dark red-brown, moderately congested parenchyma with no focal lesions noted. The cut surface has a nutmeg appearance. The gallbladder contains 10 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

GASTROINTESTINAL SYSTEM:

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 200 ml of light brown fluid. The small and large bowels are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present.

GENITOURINARY SYSTEM:

The right kidney weighs 160 grams; the left 150 grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown mottled cortical surface. The cortex is sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The bladder contains scant amounts of yellow urine. The testes, prostate gland and seminal vesicles are without note.

LYMPHORETICULAR SYSTEM:

The 300 gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. Lymph nodes in the hilar region are enlarged (up to 2 cm in greatest dimension).

ENDOCRINE SYSTEM:

The pituitary gland is unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The right and left adrenal glands are autolyzed. No masses or areas of hemorrhage are identified.

MUSCULOSKELETAL SYSTEM:

No non-traumatic abnormalities of muscle or bone are identified.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by (b)(6) OAFME staff photographer.
2. (b)(6) OAFME staff autopsy assistant, assisted with the autopsy.
3. Specimens retained for toxicology testing and/or DNA identification are: brain, lung, liver,
4. spleen, kidney, skeletal muscle, adipose tissue, vitreous fluid, gastric contents, blood (heart), bile, and urine.
5. The dissected organs are forwarded with body.
6. A posterior neck dissection and posterior cut downs are performed. No evidence of any injury is discovered after this examination.

CARDIOVASCULAR PATHOLOGY CONSULTATION (AFIP)

DIAGNOSES: ME(b)(6) HEART, AUTOPSY:
-Cardiomegaly (650 grams) with four chamber dilation and biventricular hypertrophy
-Transmural replacement fibrosis, right ventricle and patchy replacement fibrosis, left ventricle
-Mitral valve replacement, St. Jude mechanical prosthesis, with paravalvular leak
-Moderate calcified coronary atherosclerosis

HISTORY: Middle-aged Iraqi male admitted to 115th Combat Surgical Hospital, Camp Cropper, Iraq for chest pain; admitted to ICU for treatment of infection; died 09/30/2008.

Heart: 650 gram (per contributor); Pericardial fibrous adhesions; sutures in the right atrium; suture noted in adventitia of ascending aorta consistent with aortotomy site; closed foramen ovale; four chamber dilation and biventricular hypertrophy; left ventricular (LV) cavity diameter 45 mm; LV free wall thickness 15 mm, ventricular septum thickness 14 mm, right ventricle thickness 3 mm; mitral valve replacement, St. Jude mechanical valve with freely movable discs and a paravalvular leak measuring 5 x 2 mm, no vegetations or thrombi; mildly redundant tricuspid valve, pulmonary and aortic valves appear normal; left atrial endocardial fibrosis with raised and calcified plaques; right ventricular dilation, pulmonary trunk diameter 29 mm; pulmonary artery lumen demonstrates raised fibro-atheromatous lesions; cut sections of heart show patchy fibrosis in the mid-posterior left ventricle, anterior LV, and in the interventricular septum and the right ventricle demonstrates fibrosis of the posterior and lateral walls, endocardial fibrosis of the LV around the mitral valve replacement; histologic sections demonstrate patchy replacement fibrosis in the LV free wall, focal transmural scarring in the lateral and posterior right ventricle, with sub-epicardial scarring and

patchy fat replacement; sparse scattered interstitial lymphocytic and inflammation in the left and right ventricles, marked atrial endocardial fibrosis with calcification and early ossification

Coronary Arteries: Normal ostia; right dominance; focal moderate calcified atherosclerosis

Left Main: No gross atherosclerosis

Left Anterior Descending (LAD): Proximal LAD 60% narrowed by calcified early fibroatheroma; no narrowing in mid or distal LAD

Left Circumflex (LCX): Proximal LCX 60% narrowed by fibroatheroma with focal calcifications; no narrowing in the mid or distal LCX

Right Coronary Artery (RCA): 50 to 60% narrowing of the proximal and mid-RCA fibroatheroma with calcification; no narrowing of distal RCA

COMMENT:

The biventricular dilation and patchy scarring may be indicative of non-specific cardiomyopathy, or may be secondary to the patient's valve disease prior to valve replacement. The small paravalvular leak appears to have been relatively insignificant hemodynamically. Left ventricular dysfunction not entirely explained by valve disease has been termed valvular cardiomyopathy; in this case clinical correlation is necessary. The right sided dilation and hypertrophy may have been related to the mitral valve disease. The valve was replaced without leaving residual cordal structures; therefore, the etiology of the valvular disorder is obscure. There is no evidence of significant pathologic changes in other valves to suggest a specific process.

(b)(6)

HEMATOPATHOLOGY CONSULTATION (AFIP)

Concerned about the lymph node looking atypical on H&E stained sections but after immunohistochemical studies there are primary follicles and the lymph node is benign. The spleen shows hemorrhage and red pulp congestion.

PULMONARY PATHOLOGY CONSULTATION (AFIP)

Diagnoses:

Chronic alveolar hemorrhage

Interstitial fibrosis

Anthracosilicotic dust deposition

There are conspicuous hemosiderin-laden macrophages (highlighted on iron stain sections) which suggest chronic alveolar hemorrhage. This finding correlates well with patient's cardiomegaly (650 grams), artificial mitral valve, and is likely secondary to the cardiac disease. Interstitial fibrosis resembles NSIT (nonspecific interstitial fibrous pattern) but the sectioning is too limited; there is anthracosilicotic dust deposition, the degree of which probably reflects geographic conditions.

RENAL PATHOLOGY CONSULTATION (AFIP)

Focal glomerulosclerosis

Moderate arteriolar and arterial sclerosis

Renal tissue shows extensive autolysis, mainly in the tubules. Viable glomeruli in general appear to show no specific abnormality, however, on one slide focal glomerulosclerosis is seen suggestive of a remote ischemic event. Arteries and arterioles show moderate sclerosis.

MICROSCOPIC EXAMINATION

- Lung (Slides 11 and 13) Please see pulmonary pathology consultation
- Lymph Node (Slide 6) Please see hematopathology consultation
- Spleen (Slide 5) Please see hepatopathology consultation
- Pancreas (Slide 7) Extensively autolyzed; otherwise no significant patholologic changes
- Kidney (Slides 8 and 9) Please see renal pathology consultation
- Adrenal Glands (Slide 8 and 9) Extensively autolyzed; otherwise no significant patholologic changes
- Brain (Slide 1) No significant patholologic changes
- Liver (Slide 2) Congestion (most prominent in the centrolobular areas) and bile stasis
- Thyroid Gland (Slide 10) No significant patholologic changes

FINAL AUTOPSY DIAGNOSES:

I. Clinical history of sepsis with hepatic and renal failure

II. Pulmonary System:

A. Interstitial fibrosis (consistent with a nonspecific interstitial fibrous pattern)

B. Anthracosilicotic dust deposition

C. Chronic alveolar hemorrhage

D. Pulmonary congestion and edema (lung weights: right 1120; left 1400)

E. Bilateral pleural effusions (right 700 ml; left 200 ml)

III. Hepatobiliary System: Congestion of the liver with bile stasis

IV. Lymphoreticular System:

A. Splenomegaly (spleen weight 300 grams) and red pulp congestion;

B. Lymph nodes with reactive changes

V. Renal System:

A. Moderate arteriolar and arterial sclerosis

B. Focal glomerular sclerosis

VI. Cardiovascular System:

A. Cardiomegaly (heart weight 650 grams) with four chamber dilation and biventricular hypertrophy

B. Mitral valve replacement, St. Jude mechanical prosthesis, with paravalvular leak

C. Mild calcified coronary atherosclerosis

D. Patchy replacement fibrosis, left ventricle

E. Transmural replacement fibrosis, right ventricle

F. Generalized edema and ascites (400 ml)

VII. Dermatologic System:

A. Decubitus ulcer overlying the sacrum

B. Superficial ulcerations and healing ulcer of the left side of the chest

VIII. Major Traumatic Diagnosis: No significant physical injury is identified at autopsy

IX. Medical Therapy: As described above

X. Postmortem Changes: As described above

XI. Identifying Marks: As described above

XII. Toxicology (AFIP):

A. CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood is 1%

B. CYANIDE: No cyanide is detected in the blood

C. VOLATILES: No ethanol is detected in the blood and vitreous fluid

D. DRUGS:

1. **Verapamil is detected in the urine and blood (1.8 mg/L)[1]**
2. **Metaclopramide is detected in the urine and blood (0.44 mg/L)**
3. **Diphenhydramine is detected in the urine and blood (0.17 mg/L)**

[1] The concentration of verapamil in the heart blood is most likely due to post-mortem redistribution.

OPINION

This middle-aged male, BTB Thabet Kalif Jabout, died of sepsis. The deceased was admitted to the 115th Combat Surgical Hospital, Camp Cropper, Iraq, for chest pain. Medical authorities determined that he had an infection and admitted him to the Intensive Care Unit where he died despite treatment. The Hospital Report of Death (DA FORM 3894, OCT 72) indicates that the death was due to sepsis and that other significant conditions were renal and hepatic failure. There was no significant physical injury discovered at autopsy. The toxicology screen is positive for verapamil, metaclopramide and diphenhydramine. The carboxyhemoglobin saturation in the blood was not elevated. The manner of death is natural.

(b)(6)

(b)(6)

(b)(6) MEDICAL EXAMINER

EXHIBIT \\

DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

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 (b)(6) Sequence (b)(6)
Name
JABOUT, THABET KALIF

SSN: Autopsy: ME (b)(6)
Toxicology Accession #: (b)(6)
Date Report Generated: October 14, 2008

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD
Date of Incident: 9/30/2008 **Date Received:** 10/7/2008

CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was 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 **BLOOD AND VITREOUS FLUID** were 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:

Positive Antihistamine: Diphenhydramine was detected in the urine by gas chromatography and confirmed by gas chromatography/mass spectrometry. The blood contained 0.17 mg/L of diphenhydramine as quantitated by gas chromatography/mass spectrometry.

DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

REPLY TO
ATTENTION OF

REPORT OF TOXICOLOGICAL EXAMINATION (CONT. (b)(6) JABOUT, THABET KALIF):

Positive Metoclopramide: Metoclopramide was detected in the urine by gas chromatography and confirmed by gas chromatography/mass spectrometry. The blood contained 0.44 mg/L of metoclopramide as quantitated by gas chromatography/mass spectrometry.

Positive Verapamil: Verapamil was detected in the urine by gas chromatography and confirmed by gas chromatography/mass spectrometry. The blood contained 1.8 mg/L of verapamil as quantitated by gas chromatography/mass spectrometry.

(b)(6)

Office of the Armed Forces Medical Examiner

ACLU DDII CID ROI 28365

EXHIBIT \\

CERTIFICATE OF DEATH *(OVERSEAS)*

Acte dé décès (D'Outre-Mer)

NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms)	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social
BTB Jabout, Thabet, Kalif		Civilian	TMEP186416
ORGANIZATION Organisation	**NATION** *(e.g. United States)* Pays: Iraq	**DATE OF BIRTH** Date de naissance	**SEX** Sexe ☐ MALE ☐ FEMALE

RACE Race		MARITAL STATUS État Civil				RELIGION Culte		
X	CAUCASOID Caucasique		SINGLE Célibataire		DIVORCED Divorcé		PROTESTANT Protestant	OTHER (Specify) Autre (Spécifier)
	NEGROID Negroïde		MARRIED Marié		SEPARATED Séparé		CATHOLIC Catholique X	
	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 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 CONDITON DIRECTLY LEADING TO DEATH [1] Maladie ou condition directement responsable de la mort.	Sepsis	
ANTECEDENT CAUSES — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE *Condition morbide, s'il y a lieu, menant à la cause primaire*		
Symptômes précurseurs de la mort — 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 ☒ YES Oui ☐ NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
X NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
ACCIDENT Mort accidentelle		
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	
HOMICIDE Homicide	SIGNATURE (b)(6) / DATE Date 5 October 2008	AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☒ NO Non

DATE OF DEATH *(day, month, year)* Date de décès (le jour, le mois, l'année)	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 dé funtet 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 médicin militaire ou du médicin sanitaire	TITLE OR DEGREE Titre ou diplôme
(b)(6)	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE
DATE Date 12/29/2008	SIGNATURE Signature (b)(6)

[1] State disease, injury or complication which caused death, but not mode of dying, such as heart failure, asphyxia, anemia, etc.
[2] State conditions contributing to the death, but not related to the disease or condition causing death.
[1] Préciser la nature de la maladie, de la blessure ou de la complication qui a constitué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.
[2] Préciser les conditions qui ont contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

DD FORM 1 APR 77 2064 REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PA... SEP 75, WHICH ARE OBSOLETE.

EXHIBIT 19