



DEPARTMENT OF THE ARMY
UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND
31st MILITARY POLICE DETACHMENT (CID)
3RD MILITARY POLICE GROUP (CID)
LSA DIAMONDBACK, MOSUL, IRAQ
APO, AE 09334

CIRC-CRC (195-2)

15 DEC 05

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION – FINAL(C)/SSI – 0159-05-CID389-36770-5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 11 SEP 2005/1800 – 11 SEP 05/1830; GRID KF 718 271, 2/3rd ARMORED CAVALRY REGIMENT (ACR), FORWARD OPERATING BASES (FOB) SYKES, TAL 'AFAR, IRAQ

DATE/TIME REPORTED: 11 SEP 05, 1945

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

SUBJECT: 1. NONE; [DEATH BY NATURAL CAUSES]

VICTIM: 1. QADER, TAHSEEN, ABDAL (DECEASED); CIV: (b)(6),(b)(7)(C)
MALE; OTHER; TAL 'AFAR, IRAQ; XZ; (NFI) [DEATH BY NATURAL CAUSES]

INVESTIGATIVE SUMMARY:

"This is an Operation Iraqi Freedom investigation 2004-2006."

This investigation was initiated upon notification by CPT (b)(7)(C) Provost Marshal's Office (PMO), Task Force Freedom (TFF), FOB Courage, Mosul, Iraq of a Detainee Death.

Investigation established probable cause to believe Mr. QADER died of an Acute Myocardial Infraction, likely due to a health condition brought on prior to his capture. Immediately after being captured Mr. QADER became sick and vomited once, while in the holding area. He was examined by medical personnel and given bread to help settle his stomach and water to keep him hydrated. Over then next several hours Mr. QADER was woken up every 15 to 30 minutes and given food and something to drink. On the last check-up Mr. QADER was found to be non-responsive. Medical personnel were immediately summoned and found him to be breathless and without pulse, at which time, MAJ (DR) (b)(6),(b)(7)(C) (b)(6),(b)(7)(C) 3rd ACR, FOB Sykes, Tal 'Afar, Iraq, pronounced him dead.

An autopsy was performed on Mr. QADER by the Armed Force Institute of Pathology (AFIP), 1412 Research Blvd, Bldg 102, Rockville, MD 20850, which revealed the Cause of Death as an Acute Myocardial Infraction, and the Manner of Death as Natural.

STATUTES:

Not Applicable

EXHIBITS/SUBSTANTIATION:

ATTACHED:

1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) Dec 05, detailing the Basis for Investigation, Office of the Staff Judge Advocate coordination, Armed Force Institute of Pathology coordination, Support Operations coordination, coordination with SFC (b)(6),(b)(7) to obtain statements, interview of SG (b)(6),(b)(7)(C) CPT (b)(6),(b)(7)(C) CPL (b)(6),(b)(7)(C) SPC (b)(6),(b)(7)(C) and SFC (b)(6),(b)(7)(C) and the receipt of the final autopsy report.
2. AIR of SA (b)(6),(b)(7)(C) 20 Sep 05, detailing the attendance of Mr. QADER's autopsy, and collection of evidence.
3. Sworn Statement of Mr. (b)(6),(b)(7)(C) 12 Sep 05, detailing the events around Mr. QADER's death.
4. Sworn Statement of CPL (b)(6),(b)(7)(C) 30 Oct 05, detailing the events in the holding area.
5. Sworn Statement of SPC (b)(6),(b)(7)(C) 30 Oct 05, detailing the medical evaluation given to Mr. QADER at FOB Sykes, Tal 'Afar, Iraq.
6. Sworn Statement of SPC (b)(6),(b)(7)(C) 30 Oct 05, detailing the events in the holding area.
7. Death Certificate, 12 Sep 05, of Mr. QADER.
8. Autopsy report, 11 Nov 05, detailing that Mr. QADER died from nature causes.
9. Photographic Packet comprised of 67 photographs. (Autopsy)
10. Compact Disc, ME 05-0856, containing photographs of Mr. QADER's autopsy.
11. DA Form 4137, Evidence/Property Custody Document, Voucher 0086-05.

NOT ATTACHED:

Retained in the files of the evidence depository, Aberdeen Proving Grounds Resident Agency, Aberdeen Proving Grounds (APG), Maryland (MD) 21005.

12. Brown bag, VO 0086-05

13. White pants, VO 0086-05
14. Yellow T-shirt, VO 0086-05
15. White gown, VO 0086-05

The original of Exhibits 1 thru 6 and 8 thru 10 are attached to the USACRC copy of this report. The original of Exhibit 7 is retained in the medical files of the FOB Sykes Mortuary Affairs Office. The original of Exhibit 11 is retained in the evidence depository, Aberdeen Proving Grounds Resident Agency, APG, MD 21005.

STATUS: This is a Final (C) Report. This investigation is being terminated IAW CIDR 195-1, chapter 4-17a(6), in that the Special Agent in Charge (SAC) of this office has determined that the furtherance of this investigation would be of little or no value and the leads remaining to be developed are not significant. Leads remaining include interview of Mr. QADER's family members, whose whereabouts are unknown. Commander's Report of Disciplinary Action Taken (DA Form 4833) is not required.

Report Prepared By:

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

Special Agent, (b)(2)

Report Approved

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

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

Special Agent in Charge

DISTRIBUTION:

- 1 - Director, U.S. Army Crime Records Center, USACIDC, Attn: CICR-CR, 6010 6th Street, Fort Belvoir, VA 22060-5506 (Original)
- 1 - THRU: Commander, 11th MP Battalion (CID) (FWD), Attn: Operations Officer, (CID) (FWD), Baghdad, Iraq
- THRU: Commander, 3d Military Police Group (CID), Fort Gillem, GA
- TO: Commander, HQ USACIDC, CIOP-ZA, Fort Belvoir. VA
- 1 - Chief of Staff, TFF (Email Only)
- 1 - Staff Judge Advocate, TFF (Email Only)
- 1 - Staff Judge Advocate, 3D ACR
- 1 - Provost Marshal's Office, TFF (Email Only)
- 1 - Director, OAFME, AFIP, Rockville, MD 20850 (Email Only)
- 1 - CID LNO, MNC-1, Camp Victory, Iraq (Email Only)
- 1 - File

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

DRAFT

CERTIFICATE OF DEATH (OVERSEAS) Acte de 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 Sociale	
Detainee #ODA 5					
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe	
		Iraq		<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE Race		MARITAL STATUS État Civil		RELIGION Culte	
CAUCASOID Caucasique		SINGLE Célibataire		PROTESTANT Protestant	
NEGROID Négréide		MARRIED Marié		CATHOLIC Catholique	
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf		JEWISH Juif	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit			
STREET ADDRESS Domicile à (Rue)		CITY OF TOWN AND STATE (include ZIP Code) Ville (Code postal compris)			
MEDICAL STATEMENT 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 Maladie ou condition directement responsable de la mort				Unknown - No Obvious Injuries 4 hours	
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 Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire			
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives					
MODE OF DEATH Condition de décès		AUTOPSY PERFORMED Autopsie effectuée		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
NATURAL Mort naturelle		<input type="checkbox"/> YES <input type="checkbox"/> NO			
ACCIDENT Mort accidentelle		MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie			
SUICIDE Suicide		NAME OF PATHOLOGIST Nom du pathologiste			
HOMICIDE Homicide		SIGNATURE Signature		DATE Date	
		DATE Date		AVIATION ACCIDENT Accident à Avion	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année)		PLACE OF DEATH Lieu de décès			
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		TITLE OR DEGREE Titre ou diplôme			
(b)(6)					
INSTALLATION OR ADDRESS Installation ou adresse					
(b)(6)					
DATE Date					
12 Sep 2005					
1. State disease, injury or complication which caused death, but only if it was the primary cause. 2. State conditions contributing to the death, but only if they were the primary cause. 3. Préciser la nature de la maladie, de la blessure ou de la complication qui a causé la mort, mais seulement si elle était la cause primaire. 4. Préciser la condition qui a contribué à la mort, mais seulement si elle était la cause primaire.		arête du coeur, etc			

DD FORM 2064, APR 1977

REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-RIPAS, 26 SEP 1975, WHICH ARE OBSOLETE.

USAPA V1.00

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0159 - 05 - CID 389 - 36770



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 Qader, Tahseen
SSAN: Detainee # D20059112-3ARC
Date of Birth: Unknown
Date of Death: 11 SEP 2005
Date of Autopsy: 18 SEP 2005
Date of Report: 11 Nov 2005

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

Circumstances of Death: This Iraqi male was a detainee in U.S. custody who was found unresponsive in a forward detainee holding area in Iraq. As reported, on the day he died the deceased had been feeling ill and had vomited once. Subsequently, he drank water, ate some food, and went to sleep. He was later found unresponsive in the holding area.

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

Identification: No scientific identification is available. Circumstantial identification is by accompanying paperwork and a detainee number present on a label around the right ankle.

CAUSE OF DEATH: Acute Myocardial Infarction

MANNER OF DEATH: Natural

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DDII CID R01088B468

EXHIBIT

8

AUTOPSY REPORT (b)(6)
BTB Qader, Tahseen

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FINAL AUTOPSY DIAGNOSES:

- I. Atherosclerotic Cardiovascular Disease:**
 - A. Multifocal acute and healed myocardial infarctions, circumferential left ventricle, associated with intramural coronary artery thromboemboli (see full Cardiovascular Pathology consultation)**
 - B. Focal severe coronary atherosclerosis, acute and healed plaque erosions with occlusive thrombosis extending from the left main coronary artery to mid left anterior descending artery**
- II. Pulmonary System:**
 - A. Markedly congested and firm lungs with moderate anthracosis (left lung - 750-grams; right lung - 790-grams)**
 - B. Extensive adhesions involving both lungs and the chest wall**
- III. A 1 ½-inch purple contused-abrasion over the left iliac crest and a 1 ½-inch purple contused-abrasion over the right iliac crest**
- IV. No evidence of significant recent injury**
- V. Early decomposition changes, including vascular marbling, green discoloration of the skin over the abdomen and early autolysis of the pancreas and adrenal glands**
- VI. TOXICOLOGY (AFIP):**
 - A. CARBON MONOXIDE:** The Carboxyhemoglobin saturation in the blood is less than 1% as determined by spectrophotometry with a limit of quantitation of 1%
 - B. VOLATILES:** The blood and urine are examined for the presence of ethanol at a cutoff of 20-milligrams/deciliter. No ethanol is detected
 - C. CYANIDE:** There is no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25-milligrams/liter
 - D. URINE:** The urine is 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 and none are detected

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ACLU RDI 5490 p.6
DDII CID EXHIBIT 38463

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EXTERNAL EXAMINATION

The remains are received with clothing and personal effects as noted below. The body is that of a well-developed, well-nourished appearing, 65 1/2-inches, 131- pounds male whose appearance is consistent with an estimated age of forty to fifty years. Lividity is present and fixed on the posterior surface of the body except in areas exposed to pressure. Rigor has passed and the temperature of the body is that of the refrigeration unit.

The scalp is covered with medium length, brown hair in a normal distribution. The irides are brown, and the pupils are round and equal in diameter. The external auditory canals are free of foreign material and abnormal secretions. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth are in fair condition.

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

The upper and lower extremities are symmetric and without clubbing or edema.

Tattoos are present on right calf, right arm, right forearm, left arm, and left hand. Old scars are present on the back, left shoulder, and left arm.

Encircling the right ankle is a piece of green tape that is inscribed with "D200591123ACR".

CLOTHING AND PERSONAL EFFECTS

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

- Off-white long white shirt
- White cloth pants
- Yellow t-shirt
- Red and blue "Nike" shorts
- Tan burlap bag
- Key chain with keys
- Watch
- Lighter
- Cigarettes
- 5000 Dinar banknote

MEDICAL INTERVENTION

There are no attached medical devices at the time of autopsy.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates an absence of acute skeletal trauma and metallic foreign bodies.

EVIDENCE OF INJURY

A 1 1/2-inch purple contused-abrasion is on the area of the left iliac crest and a 1 1/2-inch purple contused-abrasion on the area of the right iliac crest

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1380-gram brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

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

BODY CAVITIES:

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

RESPIRATORY SYSTEM:

The right and left lungs weigh 750-grams and 790-grams, respectively. The external surfaces are deep red-purple, with adhesions involving both lungs and the chest wall. The pulmonary parenchyma is markedly congested and firm with moderate anthracosis. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 350-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 75% narrowing of the left main coronary artery by atheromatous plaque, 90% narrowing of the left anterior descending coronary artery by atheromatous plaque and no significant luminal narrowing of the left circumflex artery and the right coronary artery. There is early myocardium decomposition with focal myocardial scar in the inferior posterior left ventricle. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 10-millimeters and 5-millimeters thick, respectively. The endocardium is

AUTOPSY REPORT (b)(6)
BTB Qader, Tahseen

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smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable. (See Cardiovascular Pathology consultation report)

LIVER & BILIARY SYSTEM:

The 1510-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 15-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 340-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

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

ADRENALS:

The right and left adrenal glands are symmetric, with bright yellow cortices, grey medullae, and early decomposition changes. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys each weighed 180-grams. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, 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 urinary bladder wall. The bladder contains approximately 40-milliliters of dark yellow urine. The prostate gland is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 100-milliliters of pink fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

MICROSCOPIC EXAMINATION

Cardiovascular System (As per cardiovascular Pathology consultation):

Histological sections of the myocardium show multifocal areas of acute myocardial infarction of the anterior, lateral and posterior left ventricle, with coagulative necrosis, contraction bands and interstitial acute inflammatory infiltrates consisting predominately of neutrophils. Multiple intramural platelet-rich thromboemboli are also present and associated with multiple foci of granulation tissue and well-healed scars.

Histologic sections of the left main coronary artery show 75% narrowing by calcified fibroatheroma with healed plaque erosion showing proteoglycan-rich neointimal thickening and overlying acute erosion with occlusive platelet rich thrombus.

Histologic sections of the left anterior descending artery (LAD) show 90% narrowing of the proximal LAD by healed erosion with proteoglycan-rich neointimal thickening and overlying acute erosion and occlusive platelet-rich thrombus

Histologic sections of the left circumflex artery (LCA) show a platelet rich thromboembolus in the proximal LCA, but no significant luminal narrowing.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by OAFME staff photographers.
- Specimens retained for toxicology testing and/or DNA identification are: heart blood, urine, vitreous fluid, spleen, liver, lung, brain, bile, gastric contents, kidney, adipose, and psoas muscle.
- The dissected organs are forwarded with the body.
- Selected portions of organs are retained in formalin.
- Personal effects are released to the appropriate mortuary operations representatives.
- Identifying marks include: tattoos and scars

AUTOPSY REPORT (b)(6)
BTB Qader, Tahseen

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OPINION

This Iraqi male detainee died of an acute myocardial infarction. The autopsy disclosed evidence of severe atherosclerotic coronary artery disease, with changes of acute and remote infarcts present in the heart. The coronary arteries had focal severe atherosclerosis with an occlusive thrombosis extending from the left main coronary artery to the mid left anterior descending artery. Toxicology was negative for screened drugs of abuse, ethanol, and exposure to cyanide or carbon monoxide. The manner of death is natural.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner



REPLY TO
ATTENTION OF

AFIP-CME-T

0159-05-CID389-36770

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

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

QADER, TAHSEEN ABDAL

SSAN:

Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: September 29, 2005

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 9/11/2005

Date Received: 9/26/2005

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 **BLOOD AND URINE** 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:

None were found.

(b)(6)

Office of the Armed Forces Medical Examiner

(b)(6)

Office of the Armed Forces Medical Examiner

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EXHIBIT 8
ACLU DDII CID ROIS 38475

PATIENT IDENTIFICATION

0159-05-LID 389-36770

CAP 430 (AFIP# (b)(6))

BTB OADER Tahseen
(b)(6)

(b)(6)

November 7, 2005

(b)(6)

AFIP-OAFME
1413 Research Blvd.
Bldg. 102
Rockville, MD 20850

FINAL DIAGNOSIS

DIAGNOSIS: ME (b)(6)

1. **Focal severe coronary atherosclerosis, acute and healed plaque erosions with occlusive thrombus extending from left main coronary artery to mid left anterior descending artery**
2. **Multifocal acute and healed myocardial infarctions, circumferential left ventricle, associated with intramural coronary artery thromboemboli**

History: Iraqi male detainee found unresponsive in holding area in Iraq; subject felt ill and vomited once on the day of death

Heart: 340 grams; normal epicardial fat; oval fossa aneurysm, 25 mm diameter, with probe patent foramen ovale; normal left ventricular chamber dimensions: left ventricular cavity diameter 40 mm, left ventricular free wall thickness 10 mm, ventricular septum thickness 10 mm, dilatation of right atrium and right ventricle: right ventricle thickness 5 mm; grossly unremarkable valves and endocardium; early myocardial decomposition with focal myocardial scar, inferior posterior left ventricle; histologic sections show multifocal areas of acute myocardial infarction, anterior, lateral and posterior left ventricle, with coagulative necrosis, contraction bands, and interstitial acute inflammatory infiltrates, predominantly neutrophils; multiple intramural platelet-rich thromboemboli are also present and associated with multiple foci of granulation tissue and well healed scars

Coronary arteries: Normal ostia; right dominance; focal severe atherosclerosis:

Left main coronary artery: 75% narrowing by calcified fibroatheroma with healed plaque erosion showing proteoglycan-rich neointimal thickening, and overlying acute erosion with occlusive platelet-rich thrombus

Left anterior descending artery (LAD): 90% narrowing of proximal LAD by healed erosion with proteoglycan-rich neointimal thickening and overlying acute erosion and occlusive platelet-rich thrombus extending to mid LAD; scattered foci of hyalinization, fragmentation, and calcification of internal elastic lamina, highlighted by Movat stain wrap-around distal LAD

Left circumflex artery (LCA): Platelet-rich thromboembolus, proximal LCA, but no significant luminal narrowing

Right coronary artery (RCA): No significant luminal narrowing

Comment: The areas of elastic fragmentation and calcification in the coronary arteries are suggestive of pseudoxanthoma elasticum, a disorder that has been associated with early onset coronary artery disease. We would recommend examining skin sections to look for similar elastic changes, particularly if characteristic papular skin lesions were present.

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EXHIBIT

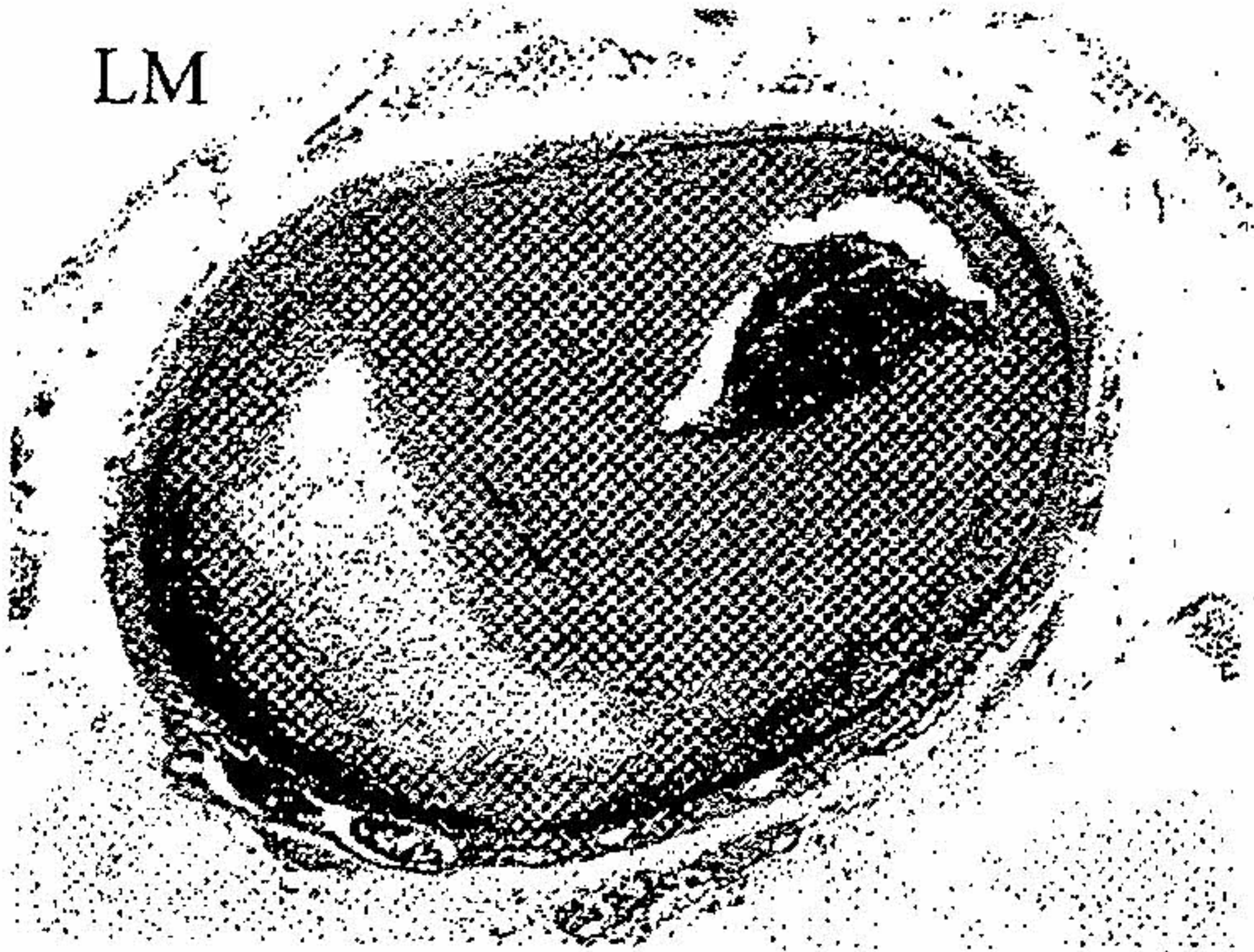
8

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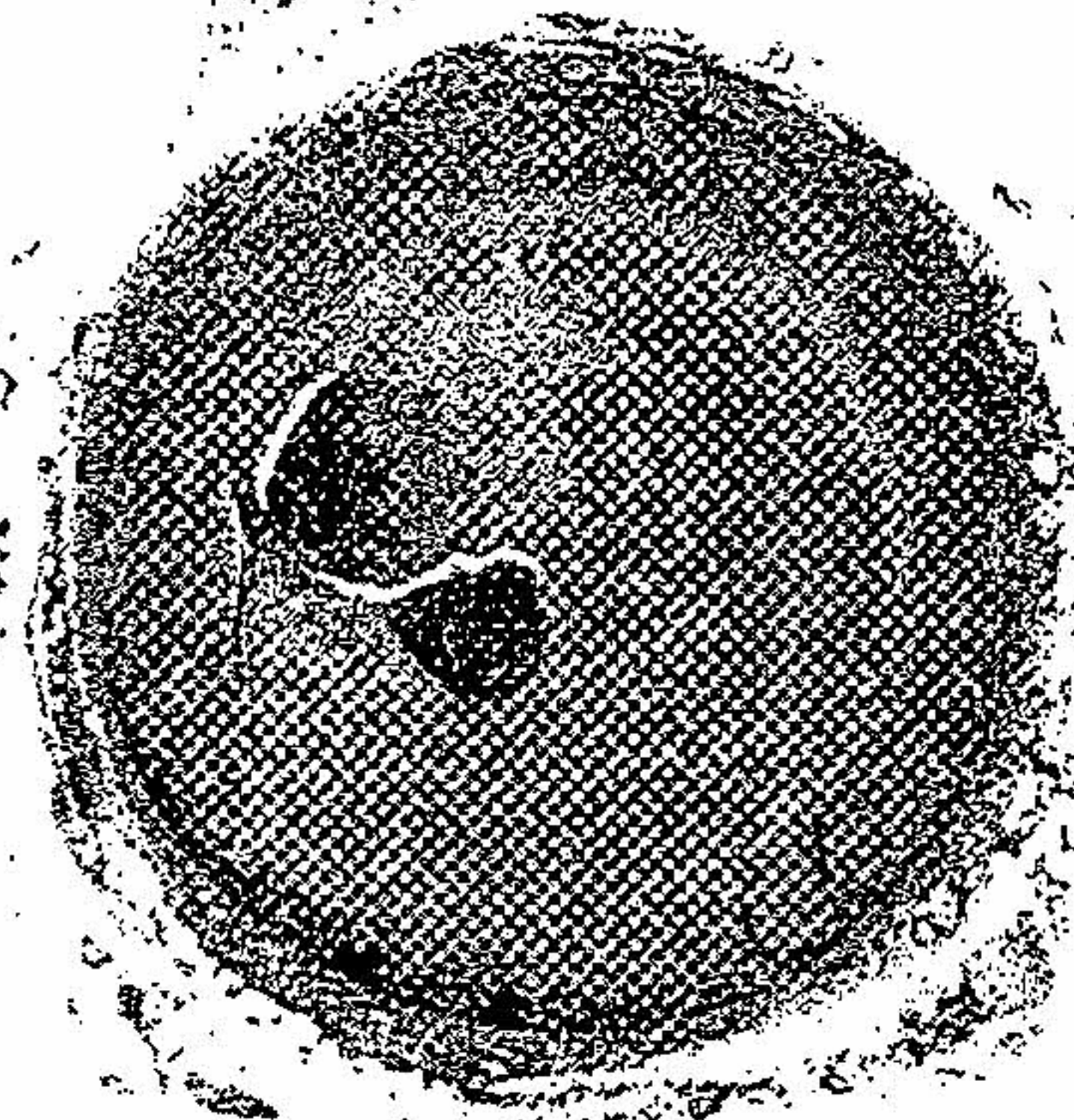
CAP 430 (AFIP# (b)(6))

QADER, Tahseen)

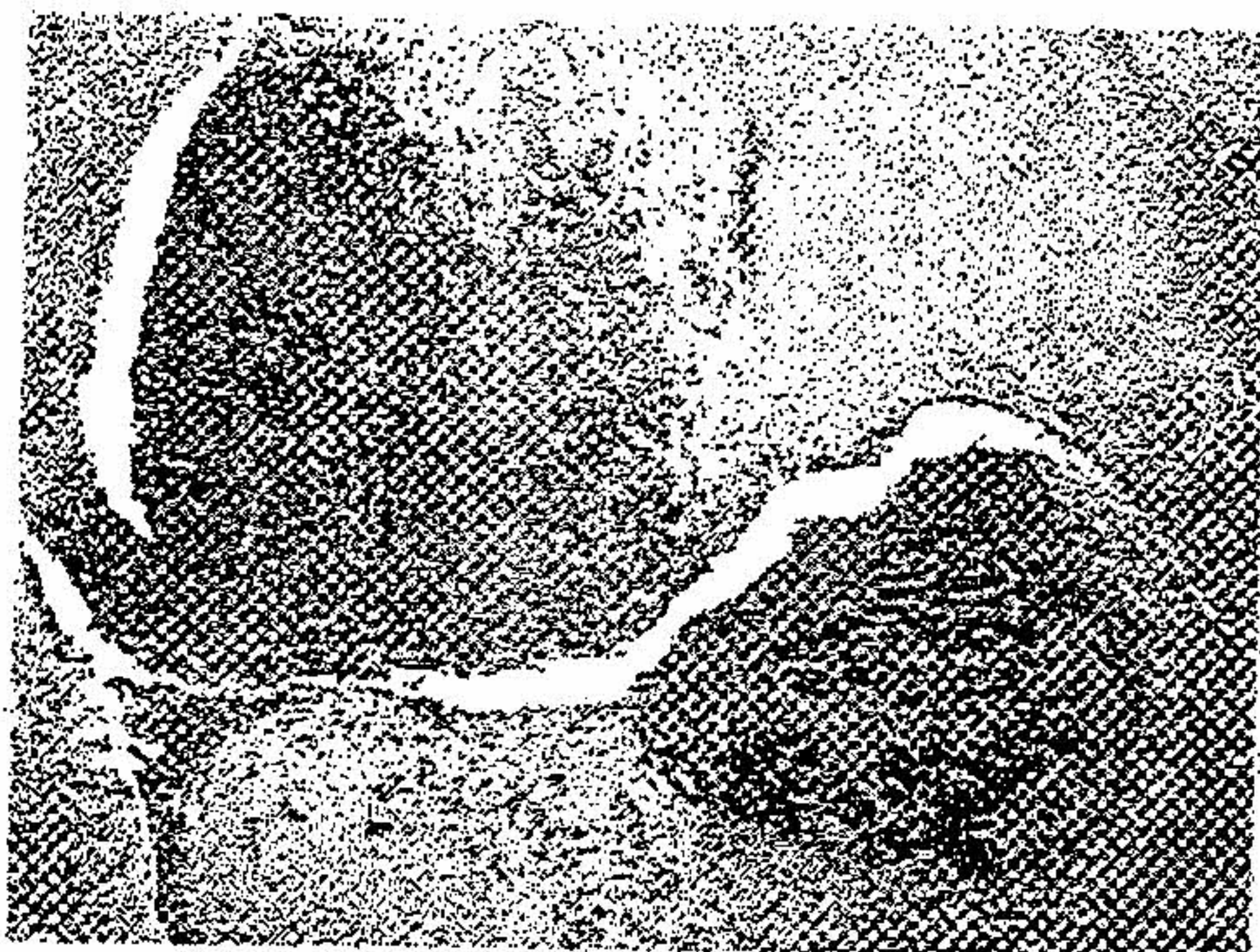
LM



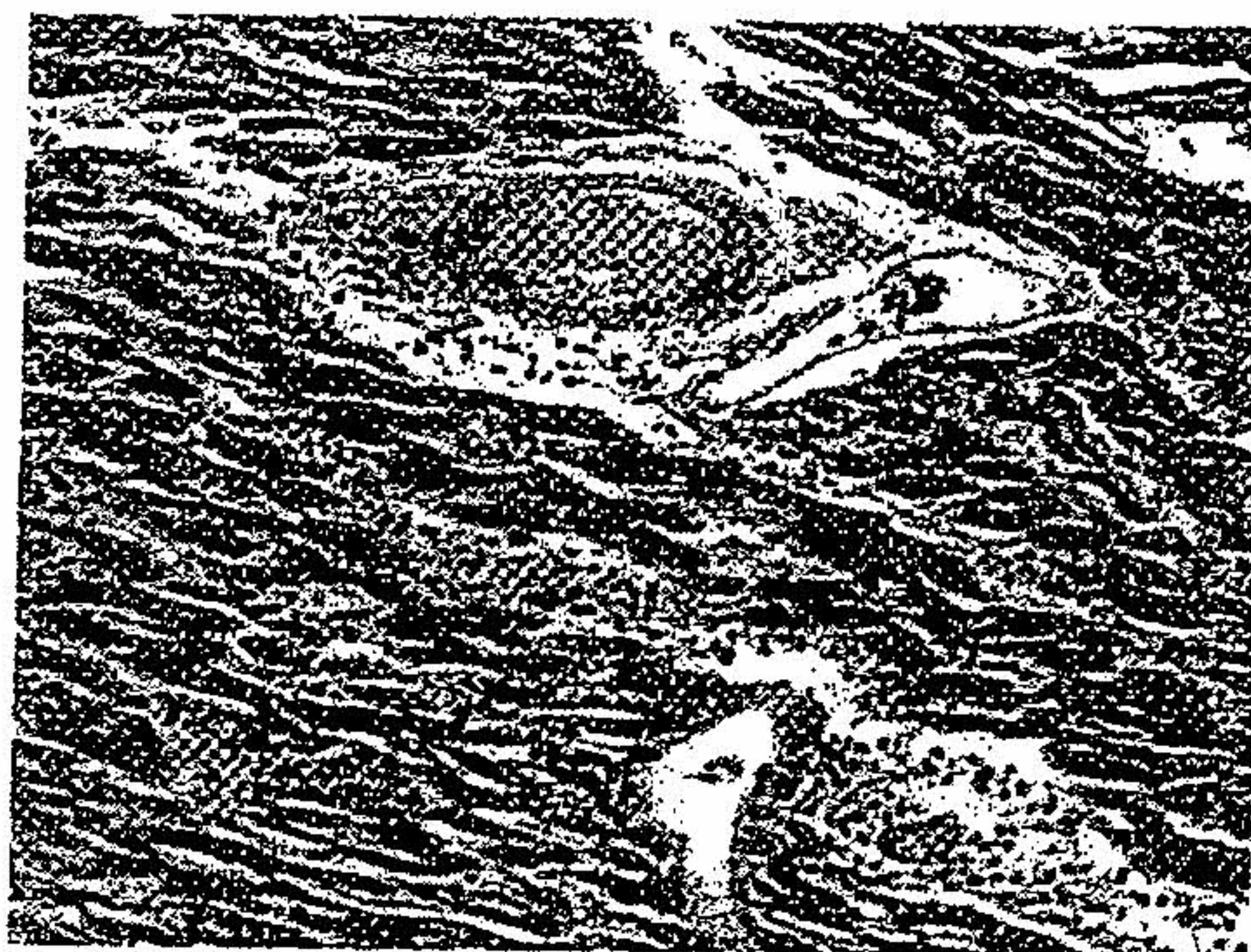
PLAD



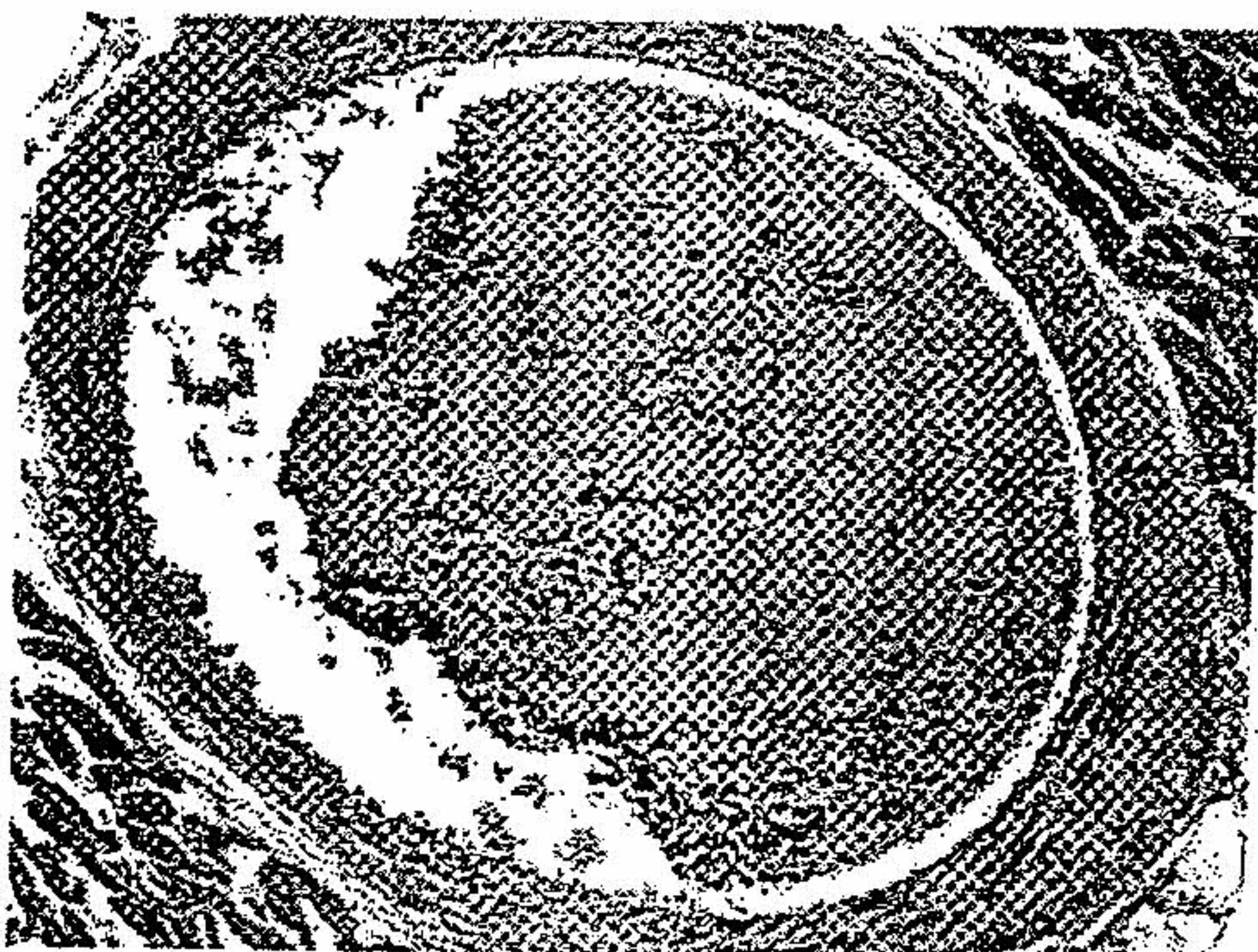
Acute and healed plaque erosions, left main and proximal LAD



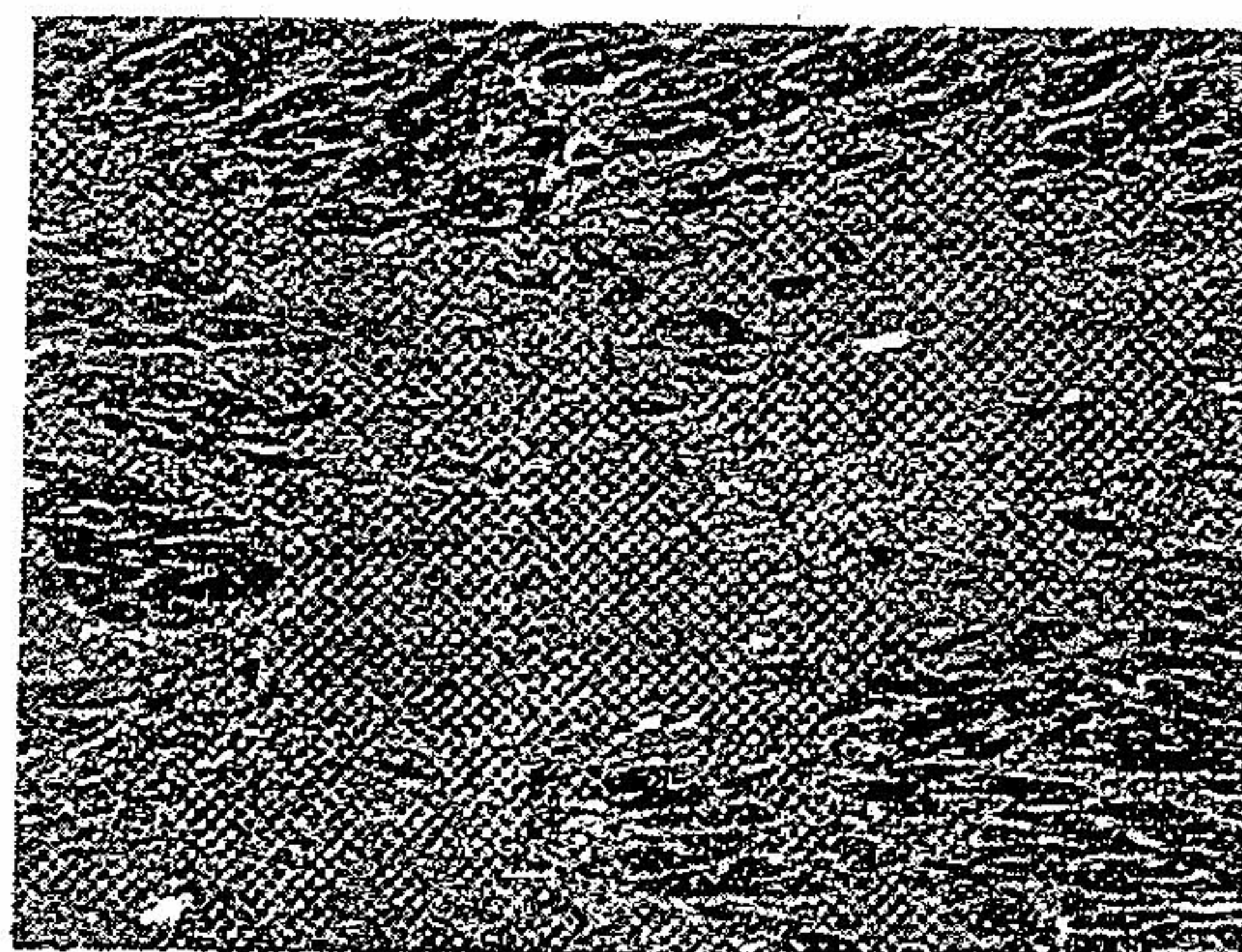
Plaque erosions, proximal LAD



Acute infarction, anterior LV



Intramural coronary artery embolus



Subepicardial scar, posterior LV

Miwa K, Higashikata T, Mabuchi H. Intravascular ultrasound findings of coronary wall morphology in a patient with pseudoxanthoma elasticum. Heart. 2004 Oct;90(10):e61.

Nolte KB. Sudden cardiac death owing to pseudoxanthoma elasticum: a case report. Hum Pathol. 2000 Aug;31(8):1002-4.

(b)(6)

Cardiovascular Pathologist

Blocks made: 10 (5 heart, 5 coronary arteries)
Slides made: 15 (10 H&E, 5 Movat)

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EXHIBIT 8
ACU DDII CID ROIS 38477