DEPARTMENT OF THE ARMY
UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND
CAMP BUCCA CID OFFICE, 21st MILITARY POLICE DETACHMENT
CAMP BUCCA, IRAQ APO AE 09375

REPLY TO
ATTENTION OF

CIRF-ZA-BU

18 May 2006

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION – FINAL/SSI - 0109-05-CID579-40036-5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:
1. 5 NOV 2005/1405; THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, UMM QASR, IRAQ APO AE 09375 (CBI), GRID 38S MB 130840

DATE/TIME REPORTED: 5 NOV 2005, 1407

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 [NATURAL DEATH].

VICTIM: 1. ALDBAIDI, TARIG SADIG ABDEL HUSSEIN (DECEASED); CIV/DETAINEE; INTERNMENT SERIAL NUMBER (ISN) (b)(6),(b)(7)(C) 1 JAN 1940; BAGHDAD, IRAQ; M; OTHER; COMPOUND 9, TIF, CAMP BUCCA, UMM QASR, IRAQ; XZ; [NATURAL DEATH].

INVESTIGATIVE SUMMARY:

THIS IS AN OPERATION IRAQI FREEDOM INVESTIGATION.

MAJ (b)(6),(b)(7)(C) Medical Doctor (MD), 344th Task Force Medical (TFM), Special Army Security Hospital (SASH), TIF, CBI, reported Detainee ALDBAIDI died after being brought to the SASH Emergency Room (ER) after complaining of chest pain in Compound 9, TIF, CBI.

Investigation determined Detainee ALDBAIDI died of Hypertensive Atherosclerotic Cardiovascular Disease. The manner of death was natural and Toxicology tests for screened drugs of abuse and medications were negative.

STATUTES:

Not Applicable

EXHIBITS/SUBSTANTIATION:

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

1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) Nov 05, detailing the basis for investigation; interviews of medical personnel, security personnel, and detainees who resided with Detainee ALDBAIDI; death scene examination; and receipt and review of medical records.

2. Death Scene Sketch, prepared by SA (b)(6),(b)(7)(C) depicting the location of where Detainee ALDBAIDI slept.

3. Duty Staff Journal or Duty Officer's Log, DA Form 1594, 6 Nov 05, which reflected the time medical personnel were notified of Detainee ALDBAIDI'S emergency.

4. Preliminary Certificate of Death and Hospital Report of Death of Detainee ALDBAIDI, 5 Nov 05, which reflected the condition directly leading to the death of Detainee ALDBAIDI as Myocardial Infarction.

5. Medical Records of Detainee ALDBAIDI, detailing he was treated for Orthostatic Hypertension on 2 Nov 03. The records did not reveal any other significant treatments on file.

6. Compact Disk 050109.579, containing the originals of all digital images exposed by USACIDC during this investigation and an index describing selected images. (USACRC and file copies only)

7. AIR of SA (b)(6),(b)(7)(C) Aberdeen Proving Ground Resident Agency, 12 Nov 05, documenting the autopsy protocol and the collection of a photographic compact disc.

8. Preliminary Autopsy Report (PAR), 21 Nov 05, which listed the cause of death as Hypertensive Atherosclerotic Cardiovascular Disease. The manner of death was natural.

9. Compact disk ME 05-1064 containing digital images of the autopsy. (USACRC and file copies only)

10. AIR of SA (b)(6),(b)(7)(C) May 06, detailing the receipt of the final autopsy report and certificate of death of Detainee ALDBAIDI.

11. Final Autopsy Report of Detainee ALDBAIDI, 30 Mar 05, which listed the cause of death as hypertensive atherosclerotic cardiovascular disease complicated by acute asthma with mucous plugging. The manner of death was natural.

12. Certificate of Death of Detainee ALDBAIDI, 22 Nov 05, which reflected the condition directly leading to the death of Detainee ALDBAIDI as hypertensive atherosclerotic cardiovascular disease.

Not Attached:

None

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

The originals of Exhibits 1, 2, 6, 7, 9, and 10 are forwarded with the USACRC copy of this report. The original of Exhibit 3 is retained in the files of the Tactical Operations Center, 785th

MP BN, TIF, CBI. The originals of Exhibits 4 and 5 are retained in the files of the TIF Hospital, CBI. The originals of Exhibits 8, 11, and 12 are retained in the files of the Armed Forces Institute of Pathology (AFIP), Rockville, MD.

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

Report Prepared By:

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

Special Agent, (b)(2)

Report Approved By:

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

(b)(6),(b)(7)(C) pecial Agent in Charge

DISTRIBUTION:

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

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

DAILY INVENTORY JOURNAL OR DUTY OFFICER'S LOG

For use of this form, see AR 220-45; the proponent agency is Office of The Deputy Chief of Staff for Operations & Plans

PAGE NO. 1 NO. OF PAGES

ORGANIZATION OR INSTALLATION	LOCATION	PERIOD COVERED FROM HOUR	DATE	TO HOUR	DATE
886th ESFS/Camp Bucca	Compound 9	0001	5 Nov 05	2359	5 Nov 05

ITEM NO.	TIME IN	TIME OUT	INCIDENTS, MESSAGES, ORDERS, ETC	ACTION TAKEN	INL
1	0001		Log opened	logged	(b)(6) [redacted]
2	0030	0150	SrA [redacted] assumed post	logged	
3	0100		177403/C out to medical (900/905)	logged	
4	0104		B1; constant walk arounds	logged	
5	0105		D1; " "	logged	
6	0105		A1; " "	logged	
7	0107		C1; " "	logged	
8	0045	0056	Chow TRUCK ITW	logged	
9	0714	0734	KBR ITW/9A to fix A/C units	logged	
10	0745	0830	178807/A out to medical	logged	
11	1000	1035	treadad initiated detainee OTW CP12	logged	
12	1040		165710/A moved to 9C	logged	
13	1000	1150	TIF locked down	logged	
14	1205	/	chow truck ITW	logged	
15	1255	/	Shift Change PM relieved AM shift 906/906	logged	
16	1307	/	9A calls in need for medl - V.B. notified	logged	
17	1338	/	Medl contacted directly / 9C detainee needs ass.	Logged	
18	1341	/	ISN 150503/A Medic onscene - transport to Hosp. Heart Attack	logged	
19	1438		3 out for Mayors Meet. - Mayors meeting - 906/902	logged	
20	1445	/	ISN 150503/A permantly moved to CP12 (Death)	logged	
21	1500	1633	CID [redacted] @ CP9	logged	
22	1514	1633	CID [redacted] ITW 9A	logged	
23	1552	1558	TO/FOR ITW	logged	

TYPED NAME AND GRADE OF OFFICER OR OFFICIAL ON DUTY: (b)(6) [redacted]

(b)(6) [redacted]

DA FORM 1594, NOV 62 PREVIOUS EDITION OF THIS FORM IS OBSOLETE. USAPPC V3.00

ACLU DDII CID ROIS 39375

0109-05-CID579-40036

DA FORM 1594 DAILY OFFICER'S LOG

For use of this form, see AR 190-45; the proponent agency is Office of The Deputy Chief of Staff for Operations & Plans

PAGE NO.	NO. OF PAGES

ORGANIZATION OR INSTALLATION	LOCATION	PERIOD COVERED FROM HOUR	FROM DATE	TO HOUR	TO DATE

ITEM NO.	TIME IN	TIME OUT	INCIDENTS, MESSAGES, ORDERS, ETC.	ACTION TAKEN	INL
24	1612	1629	9C ISN Count: 225/225		
25	1612	1922	9A (7) CCT + CID ITW for interior		
26	1617		9B ISN Count:		
27	1628		9A ISN count:		
28					

TYPED NAME AND GRADE OF OFFICER OR OFFICIAL ON DUTY	SIGNATURE

DA FORM 1594, NOV 62 PREVIOUS EDITION OF THIS FORM IS OBSOLETE USAPPC V3.00

ACLU DDII CID ROIS 39376

Exhibit 3(22)

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

NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms): ALI BAYDI, TARIG	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale: US91Z/150503CI
ORGANIZATION Organisation: Detainee US91Z-150503CI	NATION *(e.g., United States)* Pays	DATE OF BIRTH Date de naissance: A40/1/1	SEX Sexe: [X] MALE Masculin [ ] FEMALE Féminin

RACE Race	MARITAL STATUS État Civil	RELIGION Culte
[ ] CAUCASOID Caucasique	[ ] SINGLE Célibataire	[ ] PROTESTANT Protestant
[ ] NEGROID Négroïde	[ ] MARRIED Marié	[ ] CATHOLIC Catholique
[ ] OTHER (Specify) Autre *(Spécifier)*	[ ] WIDOWED Veuf	[ ] JEWISH Juif
	[ ] DIVORCED Divorcé	[ ] OTHER *(Specify)* Autre *(Spécifier)*
	[ ] SEPARATED Séparé	

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 l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH [1] Maladie ou condition directement responsable de la mort [1]	MYOCARDIAL INFARCTION	30 MINUTES
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 Raison fondamentale, s'il y a lieu, ayant suscité 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 suscitees par des causes exterieures
[ ] NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
[ ] 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)*: 1405 05 NOV 05

PLACE OF DEATH Lieu de décès: CAMP BUCCA

I HAVE VEIWED 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 médicin militaire ou du médicin civil: (b)(6) — Titre ou diplômé

GRADE Grade: (b)(6) — INSTALLATION OR ADDRESS Installation ou adresse: CAMP BUCCA

DATE Date: 05 NOV 05 — SIGNATURE: (b)(6)

[1] State disease, injury, or complication which caused death, not the manner of dying, such as coronary artery disease, 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 contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.
[2] Préiser la condition qui a contribué à la mort, mais non reliée à la maladie ou à la condition qui a causé la mort.

0109-05-CID579-40036

CERTIFICATE OF DEATH

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

TAB

FROM:

INTERNMENT SERIAL NUMBER

TO:

U 912-150503

NAME (Last, first, MI) ALUBAYDI, TARIQ

NATIONALITY

POWER SERVED

PLACE OF CAPTURE/INTERNMENT AND DATE

GRADE

SERVICE NUMBER

PLACE OF BIRTH

NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN

DATE OF BIRTH

PLACE OF DEATH Camp Buca, Iraq

DATE OF DEATH 5 Nov 05

FIRST NAME OF FATHER

PLACE OF BURIAL

CAUSE OF DEATH probable acute MI

IDENTIFICATION OF GRAVE

DATE OF BURIAL

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).

1540 detainee brought to ER for collapse (no pulse / agonal breathing) from compound. Pt unresponsive, cyanotic from neck up - no pulses - no spontaneous breaths. CPR begun, intubated & ACLS protocol performed. Ultrasound no cardiac motion activity occur 1114 - pronounced 25 mins. Code begun - code meds epi 3mg, atropine 2mg, amp Bicarb

DO NOT WRITE IN THIS SPACE

CERTIFIED A TRUE COPY

DATE 5 Nov 05

SIGNATURE OF [redacted]

(b)(6)

SIGNATURE OF COMMANDING OFFICER

SIGNATURE

WITNESSES

ADDRESS

SIGNATURE

ADDRESS

DA FORM 2669-R, MAY 82

EDITION OF 1 JUL 63 IS OBSOLETE.

ACLU-RDI 5497 p.7

ACLU-DDII CID ROIS 39379

000015

Exhibit 4(2-4)

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40-400; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL

NAME AND LOCATION OF HOSPITAL

Instructions - Medical Officer in attendance will:

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

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

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

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

ALUBAYDI, TARIG

150503

US91Z-150503CI

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)*: 1405 05 NOV 05

3. MEDICAL EXAMINER/ CORONER'S CASE: ☐ YES ☒ NO

4. RELIGION:

5. CHAPLAIN NOTIFIED: ☐ YES ☒ 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)* MYOCARDIAL INFARCTION	30 MINUTES
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: 05 NOV 05

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 AC

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

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED *(If yes, give date and place)*: ☐ YES ☒ NO

21. AUTOPSY ORDERED BY *(Signature)*:

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE:

24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY:

25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY:

26. DATE:

27. TYPED NAME AND GRADE OF REGISTRAR:

28. SIGNATURE OF REGISTRAR:

ACLU DDII CID ROIS 39380

ACLU-RDI 5497 p.8

DA FORM 3894, OCT 72 REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED. USAPA V2.01

Exhibit 4(3-4)

0109-05-CID579-40036

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

Date	Time of Arrival in ED	Time & Location of Arrest	Hx of Event
5 NOV 2005	☐ N/A 1339	1340 ETR CAMP BUCCA	Pt. brought to Emergency Room by Roving Medic. NO Respirations Noted NO pulse palpable — CPR started —

Type of Arrest: ☒ Cardiac ☐ Respiratory ☒ Witnessed ☐ Unwitnessed

CPR Started		ALS Started	
1340	☐ EMS ☐ Bystander	1340	☐ EMS ☒ Hospital Staff

Initial VS ▶	BP	T	P	R	Wt.
	None	Palpable			

(b)(6)

Procedures Performed

Artificial Ventilation: Bag/Mask Bag/Endo Tube

Intubated: Time 1340 Size 7.0 By (b)(6) No. Attempts 1

☐ Oral ☐ Nasal ☐ Cric ☐ Trach Placement Confirmed By

Tube Secured At (cm) 22 cm @ lip

NG/OG Tube: Time Size By

Intraosseous: Time Size & Site By No. Attempts

Venipuncture: Time 1349 Size & Site 18g (R) AC By (b)(6) No. Attempts

Venipuncture: Time Size & Site By No. Attempts

Central Venous Catheter: Time Size & Site By

Foley Cath: Time Size By

Time	HR	Rhythm	BP	RR	SpO2	Defib. Joules	EPI 1:1,000	EPI 1:10,000	Atropine	Lidocaine	Sodium Bicarbonate			Rhythm Response	Dopamine	Lidocaine	IV Fluid Bolus				ABG Drawn (✓)	Nurse's Notes (pO2, pCO2, pH, Color, Mental Status, Temp, Pupils, Procedures, etc.)
1347								*														1350 : NO pulse noted
1348								*														1350 NO electrical response
1349																	LR					1405 Code terminated
1350									✓													
1352								✓														
1356											✓											
1358								✓														
1359						200																
1405																						

Was the patient successfully resuscitated? ☐ Yes ☒ No Patient expired at 1405 Pronounced by (b)(6)

Time code terminated 1405 Disposition of Patient: Time 1405 Location Emergency Room

Family notified Attending called

Names of all individuals present at code: (b)(6)

(b)(6)

Recorder

Physician Signature/Verbal Order Verification (b)(6)

R.N. (b)(6)

PATIENT IDENTIFICATION

Cardiopulmonary Resuscitation Flow Sheet

Special Army Security Hospital, Camp Bucca, Iraq

150 503

Comp # 9

ACLU DDII CID ROIS 39 31 000017

Exhibit 4(44)

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use DD Form 2006.)

EYEWEAR PRESCRIPTION	DATE	ACCOUNT NUMBER	ORDER NUMBER
	2005/03/29	000571	2000486

TO: *(Lab)*	FROM:
32ND MEDLOG BN(FWD) LSA ANACONDA APO, AE 09391-	ABU GHRAIB PRISON TASK FORCE MED 115TH FIELD HOSP APO, AE 09342-9342

NAME (Last, First)	SSN	GRADE
AL UBAYDI, TARIG	000-15-0503	FOR

ADDRESS/UNIT	PHONE
115TH FH / CAMP BUCCA	
ADDRESS CONTINUED COMPOUND 3	SHIP TO: [X] CLINIC [ ] PATIENT
CITY, STATE, ZIP APO, AE 09375-	

AD	RES	NG	RET	OTHER*	A	N	AF	MC	CG	PHS	OTHER*
				X							X

FRAME	EYE	BRIDGE	TEMPLE	COLOR
MS9	50	24	150SKL	AMBER

PD DIST / NEAR	LENS	TINT	MATERIAL	PAIR	CASE
65 /	SVD	CLEAR	PLASTIC	1	1

	SPHERE	CYLINDER	AXIS	DECENTER	H PRISM	H BASE	V PRISM	V BASE
R	+ 3.00	- 2.50	089	4.50 I				
L	+ 1.75	- 1.50	096	4.50 I				

MULTIVISION	NEAR ADD	SEG HT	TOTAL DECENTER
R			
L			

LAB USE

Cli Ver 4.54
Lab Ver 5.14 Lab Print 2005/03/31
Rec'd 2005/03/31 000571B1.089

PRIORITY	TECH INITIALS
STANDARD	(b)(6)

SPECIAL COMMENTS/JUSTIFICATION (*Use this space to specify blocks marked *Other.)

PRESCRIBING OFFICER/AUTHORITY	SIGNATURE
(b)(6)	

DISTRIBUTION: ORIGINAL - Retained by Lab. COPY 1-Returned with eyewear. COPY 2-Entered in health record

DD FORM 1775, JUL 96 PREVIOUS EDITION IS OBSOLETE

ACLU DDII CID ROIS 39382

ACLU RDI 549 p.10

Exhibit(s) 5

Page(s) 000022 thru 000033 referred to:

COMMANDER
USAMEDCOM
ATTN: FOIA OFFICE, STOP 76
1216 STANLEY ROAD 2D FLOOR
FORT SAM HOUSTON, TEXAS 78234-5049

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

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

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

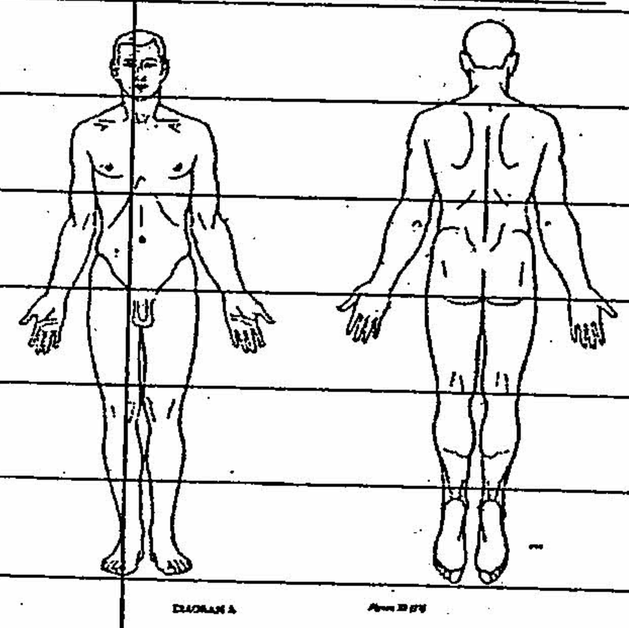
ALLERGY : FOOD, MEDICINES, INSECTS, PLANTS - (P)
GENERAL INFORMATION (CHECK ALL THAT APPLY IN THE DETAINEE HEALTH HISTORY):

SURGERIES (P)
CONVULSIONS/SEIZURES (P)
HEMOPHILIA (P)
MALARIA (P)
ASTHMA (P)
DIABETES (P)
HIGH BLOOD PRESSURE (P)
CANCER/LEUKEMIA (P)
HEART TROUBLE (P)
KIDNEY DISEASE (P)
VISUAL IMPAIRMENT (Y)
HIV/AIDS (P)
STD (P)

IMMUNIZATION GIVEN AT INTAKE? (P)
TB/BLOOD IN SPUTUM/NIGHT SWEATS (P)
LIST ALL MEDICATIONS TAKEN
IN THE 30 DAYS **P R I O R** TO TODAY:
Antibiotic Skin Lesion

TOBACCO USE (Y/N) __PP DAY X ___ YRS
ETOH: (P)

CASE NO. _____ NAME _____

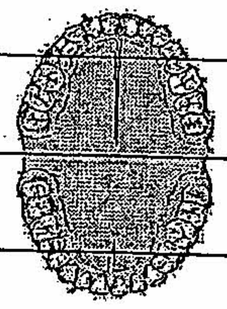


T____ BP 127/73 PULSE 90 BICEPS CIRC 25.5
HEIGHT 5'9 WEIGHT 152lb BMI 22

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

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

DENTAL



OVERALL APPEARANCE
HEENT Oral lesions
cervical LAN
SKIN/SCARS/BRUISING (P) furuncles on (B) neck
CARDIOPULMONARY SYSTEM CTA (B) Murmur
MUSCULOSKELETAL n/

HERNIA NT/ND Orchis
GENITAL
NEUROBEHAVIORAL GO

DETAILS ON REVERSE SIDE

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 150503 CAMP
NAME Alubaydi, Tariq Sadiq
DOB AGE 69 SEX
PROVIDER (b)(6)

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-87)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-9.202-1

ACLU DDII CID ROIS 39387
000023

ACLU-RDI 5497 p.12

(S-16)
Exhibit

(b)(6)

MENTAL HEALTH SCREEN

ISN 150503

Date 14OCT04

1. Do you presently have thoughts of killing yourself?	Yes	No ✓
2. Have you ever tried to kill yourself?	Yes	No ✓
3. Are you presently taking a prescribed medication for a mental Illness or psychological problem?	Yes	No ✓
4. Do you have any psychological problems right now?	Yes	No ✓
5. Are you currently being treated for a psychological problem?	Yes	No ✓
6. Have you ever been a patient in a psychological hospital?	Yes	No ✓
7. Do you have a history of treatment for illegal drug abuse?	Yes	No ✓
8. Have you been treated for a psychological problem prior to Coming to Abu Ghraib?	Yes	No ✓

OBSERVATION

• General appearance adequate	Yes ✓	No
• Behavior adequate	Yes ✓	No
• Evidence of abuse	Yes	No ✓
• Evidence of trauma	Yes	No ✓
• Auditory or Visual Hallucinations	Yes	No ✓
• Appears anxious	Yes	No ✓
• Appears depressed	Yes	No ✓
• Aggressive	Yes	No ✓

DISPOSITION

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

(b)(6)

SCREENER

Signature (print/sign)

566th Medical Company (AS) Detainee Med Log, Camp Bucca Internment Facility

ISN: 150 503 Compound: 7H

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

RX: Med, Dosage, Start and End Dates		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Month:
																																	Refill #
																					4	4	4	4	4	4	4	4	4	NS			F/U Req: N
	AM																				4	4	4	4	4	4	4	4	4				
Cortisporin 4drops tid x 10days																																	
Provider:	PM																																

Finished

RX: Med, Dosage, Start and End Dates		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Month:
																																	Refill #
																																	F/U Req:
	AM																																
Provider:	PM																																

RX: Med, Dosage, Start and End Dates		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Month:
																																	Refill
																																	F/U
	AM																																
Provider:	PM																																

RX: Med, Dosage, Start and End Dates		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Month:
																																	Refill #
																																	F/U Req
	AM																																
Provider:	PM																																

RX: Med, Dosage, Start and End Dates		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Month:
																																	Refill #
																																	F/U Req
	AM																																
Provider:	PM																																

RX: Med, Dosage, Start and End Dates		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Month:
																																	Refill
																																	F/U Req
	AM																																
Provider:	PM																																

Med compliance
At 3 No-shows:
1) verify detainee's compound
2) call detainee to sallyport and advise of meds
3) continue med if detainee agrees to take as directed
4) Ob[illegible] provider approval to D/C all meds but OTC

Indicate quantity dispensed in appropriate block
N/S indicates detainee no-show for med

D/C

Med complete

Date:

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROIS 39389 000024

Exhibit 6(n-19)

0109-05-CID579-40036

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
11/2/03	Adult ♂ suffered acute Orthostatic Hypotension while praying and fasting. fell from a standing position striking his head. C/o a cracked tooth in his lower Left jaw and has bloody drainage from his (R) ear. Denies Salty taste in mouth.
B/P:	
HR:	Exam: NAD A/OX3 Nml attention/concentration
SpO_2:	CN II-XII Intact ∅ focal deficits
	EOM's Intact PERRLA
Allergies	Lungs: CTA
Meds:	Heart: RRR
	HEENT: ∅ facial Bruising or swelling.
PmHx:	∅ racoon eyes or Battle signs presently.
	(R) ext. canal has bloody drainage c̄ small clots. ∅ serous Sanguinous or clear drainage noted.
	TM covered with blood clot appears ~~basically~~ at least partially intakt. ? partial rupture.
	(L) TM Nml.
	Oropharynx nml except for fx tooth and minor buccal mucosal lac - no active bleeding
	(over →)

#150503

(b)(6)

STANDARD FORM 600 (REV. 6-97) BACK

USAPA V2.00

ACLU DDII CID ROIS 39390

000025

(8-16)

Exhibit

Baghdad Correctional Facility

0908 hrs

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
3 Nov. 03	(S) Adult ♂ c/o Hypotension Dizziness
BP 136/81	x days ago. PT state he feels while he was praying
P 66	and broke 2 teeth and been bleeding by his (R) ear.
R 20	PT state he can not because mandibular hurts.
T 96.2	
SpO2 100	60 yo ♂ c/o s/p Ortho Static Syncope.
	Denied CP/SOB/Neuro deficits. @ the time
Med ∅	he was fasting/praying & stood up fast.
Allergy: ∅	(O) NAD AO x3 pleasant elderly Frag; ♂
	MSSNT = AT NC
PMHx: ∅	Ears = (R) Tm rupture. dried blood
	in canal.
PSHx: ∅	(E) Tm = nl
	throat = nl
Tobo. - (+)	Jaw = TTP @ TMJ (B) R>L ∅ crepitus
Ethol. - (−)	∅ deformity; Nl ROM
	Neuro = CN II - XII intact; Romberg neg
	finger nose nl EOMI/PERRL; Neg pronator drift.
	Gait = nl
	P = RRR ∅ (E)
	Lungs = CTA (B)

(b)(6)

Over →

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.

1209 #150503

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

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
11/2/03	Adult ♂ suffered acute Orthostatic Hypotension while praying and fasting. fell from a standing position. Striking his head. Clo a cracked tooth in his lower Left jaw and has bloody drainage from his (R) ear. Denies Salty taste in mouth.
S/P:	
C:	Exam: NAD A/O x3 Wnl attention/concentration
O2:	CN II-XII Intact & focal deficits
	EOMs Intact PERRLA
Allergies	Lungs: CTA
Side:	Heart: RRR
	HEENT: ∅ facial bruising or swelling.
Hx:	∅ racoon eyes or battle signs presently.
	(R) ext. canal has bloody drainage c̄ small clots. ∅ serous Sanguinous or clear drainage noted.
	TM covered with blood clot appears ~~basically~~ at least partially intact. ? partial rupture
	(L) TM Wnl.
	Oropharynx wnl except for fx tooth and minor buccal mucosal laceration - no active bleeding.

(over →)

11/1/03 (Cont)

A: ① Syncopal episode
② Partial Rupture (R) TM - probably from increase pressure when pt hit the ground with mouth closed, compressing his chest, and causing increased pressure in the inner ear.
③ Chipped tooth (L) lower jaw
④ buccal injury - no tx required at this time.

P: ① Referral to 28th CSH for ENT evaluation, H&H, repeat Orthostatics, and Neurological exam.
② Recommended tx plan and follow-up appreciated.

(b)(6)

109th ASMB JT
BCF

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
18Apr05	S: 65 y/o ♂ c/o folliculitis
	to back of neck x 1 mth. ⊕ Hx
	⊖ puritic
	O: sm pust follicules ⊕ scabs some erythema
	A: folliculitis
	P: Rx at Cleocin BID x 10 days
	F/U SS ⊕ 1 prn (b)(6)
	(b)(6)
TOB	
MED	

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.

150 503

#3

ACLU DDII CID ROIS 39394

150 503

AUTHORIZED FOR LOCAL REPRODUCTION

EDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
17 Feb 05	65 Y/O/M complaining of dry skin for 2 wks.
P	A-W/D, W/N, AAO x3. Pt has severe dry cracked skin to both heels
R	of his feet
B/P	A- Dry cracked skin
T	P- Emollient / Pt. Education
SPO2	
Meds	
All	
Tob	

(b)(6)

(b)(6)

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: Compound # :

Name:

ACLU DDII CID ROIS 39395

ACLU-RDI 5497 p.20

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR

000030

Exhibit 5(13-16)

NSN 7540-00-634-4178

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
12 Sep '04	
B/P	S: C/O 4/05 ♂ c/o (R) ear pain x 5 days. Denies trauma,
P	drainage, URI sx. (+) ↓ hearing acuity
R	OGEN: WDWN ♂ NAD
T	HEENT: neck supple. (R) TM obstructed - large cerumen.
AU - Ø.	(-) adenopathy. (-) auricular tip. TM - clear.
MEDS: Ø	A/P: (1) (B) cerumen impaction - resolved
SMK - 10 cigs a	
day.	- Flushed (R) ear c̄ sterile water to relieve impaction.
HX - Ø	(b)(6)

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

ALUBAYDI, TARIG SADIG

ISN# 150503 000

1940-01-01

RECORDS MAINTAINED AT:		
PATIENT'S NAME *(Last, First, Middle Initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

ACLU DDII CID ROIS 39396

CHRONOLOGICAL RECORD OF MEDICAL CARE — STANDARD FORM 600 (REV. 5-84) Prescribed by GSA and ICMR FIRMR (41 CFR 201-45.505)

ACLU RDI 5497 p.213

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
110CT04	S: 64 y/o ♂ c/o BUMPS ON FACE AND NECK X 3 MONTHS. PT STATES
ALL: NKDA	BUMPS COME AND GO. PT STATES IT HURTS TO SHAVE. PT SHAVES ONCE
	EVERY 2 WEEKS WHICH RELIEVES PAIN. PT STATES ONLY PAINFUL AND (+)
	ITCHING W/ SHAVE. PAIN SCALE 3/10.
MEDS: Ø	O: WN ♂ VS STABLE. (+) BUMPS ON FACIAL AREA. BUMPS ARE SMALL, RED.
	(+) WHITE HEADS. MOSTLY IN CHIN AREA. (PT OBSERVED SCRATCHING BUMPS.
	(+) BLOODY DISCHARGE W/ SCRATCHING "LIKE A PIMPLE".)
T: 16	A: ~~PFB~~ PSEUDOFOLLICULITIS BARBAE
P: 90	P: (1) HYGIENE
BP: 130/88	(2) KEFLEX 500MG BID X 14 DAYS; #2 250MG X 1 DOSE GIVEN NOW
	(3) RECHECK PRN
TOB: YES	(4) Ø SHAVING 1-2 WKS
	translator present

(b)(6)

(b)(6)

TRANSLATOR PRESENT

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.
ALUBAYDI, TARIG SADIG 150503		

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

NSN 7540-00-634-4176

HEALTH RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
9/12/04	S: 43y.o. male c̄ c/o 4 day Hx sinus pain and pressure
BIP	nasal discharge (+) ear pain and pressure. Denies fever, body
P - 89	aches. Sx: PMH - asthma as a child
R - 14	O: GEN: WDWN & WPD
T 99'	HEENT: neck supple (-) adenopathy. Some PERRLA. nares - clear
All: ∅	OIC (+) sinus tenderness. throat (+) PND
meds: ∅	Lungs: (B) inspiratory wheezes.
smoking: ∅	CV: RRR NML S1S2
PMH - asthma.	
Childhood.	A/P: (1) SAR (2) med Persistant Asthma:
	- Albuterol ii puffs TID.
	- Claritin 10mg PO QD.
	- F/U 2-3 days for reevaluation.

(b)(6)

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle Initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

150503

Alubaydi, Tariq Sadiq

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA/FPMR
FIRMR (41 CFR) 201-45.505

ACLU DDII CID ROIS 39398

ACLU-RDI 5497 p.23

000053

5/16-16

Exhibit

Exhibit(s) 8, 9

Page(s) 000079 thru 000121 referred to:

COMMANDER
USAMEDCOM
ATTN: FOIA OFFICE, STOP 76
1216 STANLEY ROAD 2D FLOOR
FORT SAM HOUSTON, TEXAS 78234-5049

0206-05-CID112
0109-05-CID679
40036

ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
(b)(6)

PRELIMINARY AUTOPSY REPORT

Name: ALUBAYDI, Tariq Sadig Abdul Jussain
ISN: US91Z-150503CI
Date of Birth: 01 JAN 1940
Date of Death: 05 NOV 2005
Date/Time of Autopsy: 12 NOV 2005 @ 1100
Date of Report: 21 NOV 2005

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

Circumstances of Death: This 65-year-old Iraqi male complained of chest pain and shortness of breath. He was transported to the Special Army Security Hospital Emergency Room where he suffered cardiopulmonary arrest. A full Advanced Cardiopulmonary Life Support protocol was conducted to no avail. A review of medical records reveals a history of asthma and a myocardial infarction approximately 3 years ago.

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

Identification: Positive identification is established by comparison of postmortem fingerprint examination and antemortem fingerprint records.

CAUSE OF DEATH: **HYPERTENSIVE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE**

MANNER OF DEATH: **NATURAL**

These findings are preliminary, and subject to modification pending further investigation and laboratory testing.

ACLU DDII CID ROIS 39446

Exh. 000079

0006.05 CID112
0109.05.CID579.40036

PRELIMINARY AUTOPSY DIAGNOSES:

I. Hypertensive Atherosclerotic Cardiovascular Disease

A. Cardiomegaly with biventricular dilatation (heart weight 500 grams)
B. Left ventricular hypertrophy (left ventricular free wall 1.6 centimeters)
C. Coronary artery disease with focal calcification (left anterior descending coronary artery 50% occluded by atherosclerotic plaque)
D. Moderate calcific atherosclerosis of the abdominal aorta

II. Partial obstruction of the right and left main stem bronchi by secretions

III. Nodular prostatic hypertrophy with associated hypertrophy and trabeculation of the bladder wall

IV. No evidence of physical abuse is present

V. Toxicology and microscopic examination pending

ACLU-RDI CID ROIS 39447

Exh. 00008(2-3)

0206-05 C10112
0109-05 C10579-40036

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by OAFME staff photographers
- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, vitreous fluid, gastric contents, urine, spleen, liver, lung, bile, kidney, brain, adipose tissue, and psoas muscle
- Full body radiographs are obtained and demonstrate the absence of skeletal trauma and metallic foreign bodies
- Selected portions of organs are retained in formalin, with preparation of histological slides
- The following evidence of medical therapy is present: An endotracheal tube is in the proper position
- The dissected organs are forwarded with the body
- Personal effects are released to the mortuary affairs representatives
- Identifying body marks are/are not present

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

ACLU DDII CID ROIS 39448
000081

Exhibit (3-3)

Exhibit(s) 11, 12

Page(s) 000123 thru 000131 referred to:

COMMANDER
USAMEDCOM
ATTN: FOIA OFFICE, STOP 76
1216 STANLEY ROAD 2D FLOOR
FORT SAM HOUSTON, TEXAS 78234-5049

LAW ENFORCEMENT SENSITIVE

ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
(b)(6)

FINAL AUTOPSY EXAMINATION REPORT

Name: ALUBAYDI, Tariq Sadig Abdul Jussain
ISN: US91Z-150503CI
Date of Birth: 01 JAN 1940
Date of Death: 05 NOV 2005
Date/Time of Autopsy: 12 NOV 2005 @ 1100
Date of Report: 30 MAR 2005

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

Circumstances of Death: This 65-year-old Iraqi male complained of chest pain and shortness of breath. He was transported to the Special Army Security Hospital Emergency Room where he suffered cardiopulmonary arrest. A full Advanced Cardiopulmonary Life Support protocol was conducted to no avail. A review of medical records reveals a myocardial infarction approximately 3 years ago and a history of asthma.

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

Identification: Identification bands establish presumptive identification. A full set of fingerprints is taken if exemplars become available for comparison.

CAUSE OF DEATH: **HYPERTENSIVE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE COMPLICATED BY ACUTE ASTHMA WITH MUCOUS PLUGGING**

MANNER OF DEATH: **NATURAL**

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.

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU-RDI CID ROIS 39491

ACLU-RDI 5497 p.29

Exhibit 11 (1-8)

FINAL AUTOPSY DIAGNOSES:

I. Hypertensive Atherosclerotic Cardiovascular Disease

A. Cardiomegaly with biventricular dilatation (heart weight 500 grams)
B. Left ventricular hypertrophy (left ventricular free wall 1.6 centimeters)
C. Coronary artery disease with focal calcification (luminal obstruction of all three major coronary arteries 50-75% by atherosclerotic plaque)
D. Moderate calcific atherosclerosis of the abdominal aorta
E. Evidence of heart failure by hemosiderin-laden macrophages in lung tissue

II. Acute Asthma

A. Partial obstruction of the right and left main stem bronchi by secretions
B. Luminal obstruction of smaller bronchi by secretions and eosinophilic infiltration into bronchial walls

III. Nodular prostatic hypertrophy with associated hypertrophy and trabeculation of the bladder wall

IV. Evidence of Medical Therapy

A. An endotracheal tube is in the proper position
B. An intravenous line is in the right antecubital fosse
C. Needle stick marks are in the left antecubital fosse

V. No evidence of physical abuse or recent trauma is present

VI. Toxicology

A. The blood and vitreous fluid are tested for ethanol and none is found.
B. The urine is screened for drugs of abuse and none are found.
C. The blood is tested for carboxyhemoglobin and cyanide and none are found.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, 71-inch tall, 150-pound male whose appearance is consistent with the reported age of 65-years. Lividity is posterior, red and fixed. Rigor is equal in all extremities, and the temperature is that of the refrigeration unit.

The scalp is shaven, but the hair appears to have a normal distribution. The irides are brown, and the pupils are round and equal in diameter. The external auditory canals and ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in poor 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.

CLOTHING AND PERSONAL EFFECTS

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

- Yellow pants
- Yellow shirt
- White underpants
- Black and white scarf
- Red and green blanket

MEDICAL INTERVENTION

- An endotracheal tube is in the proper position.
- An intravenous line is in the right antecubital fosse.
- Needle stick marks are in the left antecubital fosse.

RADIOGRAPHS

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

- No skeletal trauma is identified.
- No metallic foreign bodies are identified.

EVIDENCE OF INJURY

- There is no evidence of recent injury.

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 1,240-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.

Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

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 900 and 670-grams, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present. Copious amounts of mucoid secretions are present in the mainstem bronchi and on the cut surfaces of the smaller bronchi.

CARDIOVASCULAR SYSTEM:
The 500-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 left-dominant pattern. Cross sections of the vessels show 50-75% luminal narrowing and focal calcifications. The myocardium is red-brown and firm with areas of fibrosis noted on the left ventricular free wall. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.6 and 0.5-centimeters thick, respectively. Biventricular dilatation is present. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels, and moderate calcific atherosclerosis is present. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:
The 1,700-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 a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:
The 140-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

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

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

GENITOURINARY SYSTEM:
The right and left kidneys weigh 150 and 130-grams, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp cortico-medullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall that is remarkable for a trabeculated pattern. The bladder contains approximately 60-milliliters of yellow urine. The prostate is enlarged, with lobular, yellow-tan parenchyma in a nodular pattern. 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 500-milliliters of tan-yellow fluid with food particles. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

MUSCULOSKELETAL SYSTEM:
Muscle development is normal. There are no skeletal abnormalities noted.

MICROSCOPIC EXAMINATION

Kidney: Sections demonstrate moderately diffuse arteriolosclerosis and focal segmental as well as global glomerulosclerosis.

Heart: Sections of the myocardium demonstrate patchy fibrosis with areas of confluence and enlarged myocytes. A section of one of the left papillary muscles demonstrates scarring.

Coronary Arteries: Multiple sections of the coronary arteries show luminal narrowing ranging from 40 – 75% with focal calcifications.

Lung: Multiple sections of lung parenchyma show pulmonary congestion and hemosiderin-laden macrophages. There is mucous plugging of the bronchi with submucosal plasma cell and eosinophil infiltration.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by OAFME staff photographers
- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, vitreous fluid, gastric contents, urine, spleen, liver, lung, bile, kidney, brain, adipose tissue, and psoas muscle
- The body is sutured closed without embalming and the dissected organs are forwarded with the body
- Personal effects are released to the mortuary affairs representatives
- Identifying body marks are not present

OPINION

This 65-year-old male, Tarig Sadig Abdul Jussain Alubaydi, died as a result of hypertensive atherosclerotic cardiovascular disease complicated by acute asthma with mucous plugging. The medical history and circumstances support these diagnoses, as well as the gross and microscopic examinations at autopsy. Toxicology is negative for alcohol, drugs of abuse, carboxyhemoglobin and cyanide. There is no evidence of recent injury.

The manner of death is natural.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

LAW ENFORCEMENT SENSITIVE

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
ALUBAYDI, TARIG SADIG ABDUL

SSAN: **Autopsy:** ME (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: November 17, 2005

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS **REPORT OF TOXICOLOGICAL EXAMINATION**

Condition of Specimens: GOOD
Date of Incident: 11/5/2005 **Date Received:** 11/15/2005

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.

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.

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

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

FOUO

0109[redacted]05-CID579-40036

LAW ENFORCEMENT SENSITIVE

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 Alubaydi, Tarig Sadig, Abdul Jussain		Civilian	ISNUS9IZ150503
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	
	CAUCASOID Caucasique		SINGLE Célibataire		DIVORCED Divorcé		PROTESTANT Protestant		OTHER (Specify) Autre (Spécifier)
	NEGROID Negroide		MARRIED Marié		SEPARATED Séparé		CATHOLIC Catholique	X	
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 Domicilié 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.	Hypertensive atherosclerotic cardiovascular disease	Minutes
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) redacted	
HOMICIDE Homicide	SIGNATURE Signature: (b)(6) redacted	DATE Date: 12 November 2005 — 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
5 November 2005	

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 diplômé
(b)(6) redacted	Medical Examiner

GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
(b)(6) redacted	Dover AFB, Dover DE
DATE Date: 22 Nov 05	SIGNATURE Signature: (b)(6) redacted

[1] State disease, injury or complication which caused d[illegible]
[2] State conditions contributing to the death, but not rel[illegible]
[1] Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc
[2] Préciser la condition qui a 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 (TPDS), 26 SEP 75, WHICH ARE OBSOLETE.

FOUO

ACLU DDII CID ROIS 39499

ACLU-RDI 5497 p.37

LAW ENFORCEMENT SENSITIVE

000131

Exhibit 8