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**DEPARTMENT OF THE ARMY**  
UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND  
76<sup>th</sup> MILITARY POLICE DETACHMENT (CID) (FWD) (-)  
10<sup>th</sup> MILITARY POLICE BATTALION (CID) (FWD)  
BAGHDAD CENTRAL CONFINEMENT FACILITY  
ABU GHRAIB, IRAQ  
APO AE 09342

CIRF-ZA-BD

24 Jun 2006

MEMORANDUM FOR SEE DISTRIBUTION.

SUBJECT: CID REPORT OF INVESTIGATION – FINAL/SSI – 0218-2005-CID789 -39294 – 5H9A

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

1. 25 DEC 2005, 1405; 344<sup>TH</sup> FIELD HOSPITAL, BAGHDAD CENTRAL CONFINEMENT FACILITY (BCCF); GRID 38S MB130840; ABU GHRAIB, IRAQ (IZ)

DATE/TIME REPORTED: 25 DEC 2005, 1408

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

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

VICTIM: 1. AL DULAIMI, MOHAMMED ODA MUKLIF; INTERNMENT SERIAL NUMBER (ISN) (b)(6),(b)(7)(C) (DECEASED); 1 JAN 1963; IRAQ; MALE; WHITE; XZ; DATE OF CAPTURE BY U.S. FORCES, 23 JUNE 2005; [DEATH BY NATURAL CAUSES] (NFI)

“This is an Operation Iraqi Freedom Investigation”.

On 25 Dec 05, this investigation was initiated when COL (b)(6),(b)(7)(C) 344<sup>th</sup> Field Hospital, BCCF, Abu Ghraib, IZ, notified this office of a detainee death.

Investigation revealed AL DUALAIMI was admitted on 18 Dec 05 for Stevens Johnson Syndrome, a severe form of a skin rash that was caused by an allergic reaction to antibiotics as well as infections, and later died a natural death as a result of Sepsis.

STATUTES:

N/A

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EXHIBITS/SUBSTANTIATION:

Attached:

1. Agent's Investigation Report (AIR) of SA <sup>(b)(6), (b)(7)(C)</sup> 25 Dec 05, detailing the initial notification; collection of detainee records of AL DULAIMI; and interview of medical personnel.
2. Photographic Packet containing 6 photographs. (AL DULAIMI)
3. Personal Data Report (PDR) pertaining to AL DULAIMI, 1 Jul 05.
4. AIR of SA <sup>(b)(6), (b)(7)(C)</sup> Fort Meade Resident Agency (CID), Fort Meade, MD, 1 Jan 06, detailing the receipt of the Request for Assistance and attending the autopsy.
5. Compact Disc containing the images of the autopsy of AL DULAIMI (USACRC and file copy only).
6. AIR of SA <sup>(b)(6), (b)(7)(C)</sup> 17 May 06, detailing the receipt of the final autopsy report and death certificate of Detainee AL DULAIMI.
7. Autopsy Report, #ME06-0008, 3 May 06, pertaining to AL DULAIMI.
8. Death Certificate, 3 Jan 06, pertaining to AL DULAIMI.
9. Compact Disc 050218.789 containing the photographic images and the originals of Exhibit 2. (USACRC and file copy only).

Not Attached:

None.

The originals of Exhibits 1, 2, 4 through 6 and 9 are forwarded with the USACRC copy of this report. The original of Exhibit 3 are retained in the database of Task Force 134, Camp Victory, IZ. The original of Exhibits 7 and 8 are retained in the files of the Armed Forces Institute of Pathology, 1413 Research Blvd., Building 102, Rockville, MD.

STATUS: This is a Final Report.

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

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Report Prepared By:

Report Approved By:

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

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

Special Agent, (b)(2),(

Special Agent in Charge

Distribution:

- 1 - Director, USACRC, 6010 6th Street, Fort Belvoir, VA 22060-5506 (ORIGINAL)
- 1 - CDR, USACIDC, ATTN: CIOP-ZA, 6010 6th Street, Fort Belvoir, VA 22060  
([ciddsops1sc@sbelvoirdms.army.smil.mil](mailto:ciddsops1sc@sbelvoirdms.army.smil.mil))
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([3CIDEOC@force1.army.smil.mil](mailto:3CIDEOC@force1.army.smil.mil))
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(b)(6),(b)(7)(C) [@iraq.centcom.smil.mil](mailto:@iraq.centcom.smil.mil)
- 1 - CDR, 96<sup>TH</sup> MP BN, BCCF, ABU GHRAIB, IZ  
(b)(6),(b)(7)(C) [@iraq.centcom.smil.mil](mailto:@iraq.centcom.smil.mil)
- 1 - CDR, DETAINEE OPERATIONS, MNF-1, TF 134, ATTN: MAJ (b)(6),(b)(7)(C) [@iraq.centcom.smil.mil](mailto:@iraq.centcom.smil.mil)
- 1 - SJA, 452<sup>ND</sup> MP BN, 42<sup>ND</sup> MP BDE, MNC-I, BCCF, ABU GHRAIB, IZ  
(b)(6),(b)(7)(C) [@iraq.centcom.smil.mil](mailto:@iraq.centcom.smil.mil)
- 1 - AFIP, 1413 RESEARCH BLVD, BLDG 102, ROCKVILLE, MD 20850  
(b)(6),(b)(7)(C) [@us.army.smil.mil](mailto:@us.army.smil.mil) (b)(6),(b)(7)(C) [@us.army.smil.mil](mailto:@us.army.smil.mil)
- 1 - File

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

0218-05-220789-39294



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



(b)(6)

**FINAL AUTOPSY REPORT**

Name: AL DULAIMI, Mohammed Oda Muklif  
ISN: US9IZ-174559-IZ  
Date of Birth: 01 JAN 1963  
Date of Death: 25 DEC 2005  
Date/Time of Autopsy: 01 JAN 2006 @ 1200  
Date of Report: 03 MAY 2006

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

**Circumstances of Death:** This 42-year-old Iraqi civilian was hospitalized for treatment of a foot ulcer when he developed sepsis and Toxic Epidermal Necrolysis. His medical history is significant for insulin-dependent diabetes mellitus. Intensive care and Advanced Cardiac Life Support protocol was administered to no avail. Medical records available for review document gram-negative urosepsis, polymicrobial lung and wound infections and probable osteomyelitis.

**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: SEPSIS**

**MANNER OF DEATH: NATURAL**

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FINAL AUTOPSY REPORT: ME <sup>(b)(6)</sup>  
AL DULAIMI, Mohammed Oda Muklif

### EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, 68-inch, 159-pound white male whose appearance is older than the reported age of 42 years. Lividity is fixed and posterior, rigor is present and equal in all extremities, and the temperature of the body is that of the refrigeration unit.

The scalp is covered with grey hair in a normal distribution. The irides are brown, the corneas are cloudy, the conjunctivae are pink and the pupils are round and equal in diameter. The external auditory canals are patent and free from debris or abnormal secretions. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in poor condition.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is protuberant and atraumatic. The genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable. There is diffuse epidermal sloughing, especially on the palms of the hands and soles of the feet.

The upper and lower extremities are symmetric, and edema is present. The left calcaneus is surgically absent with an associated 2 1/2 x 2-inch ulcer of the left heel. Surgical hardware is in place and the wound is dressed and covered by a drainage boot.

### CLOTHING AND PERSONAL EFFECTS

The body is received nude, and no personal effect accompany the remains.

### MEDICAL INTERVENTION

- An endotracheal tube is properly located
- A nasogastric tube in the right nares
- An intravenous line is in the left subclavian region
- Arterial lines are present in the right radial and right femoral arteries
- A urinary bladder catheter is in place
- A surgical drainage boot is on the left foot, covering a recent surgical site
- Electrocardiogram electrodes are on the anterior torso

### RADIOGRAPHS

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

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

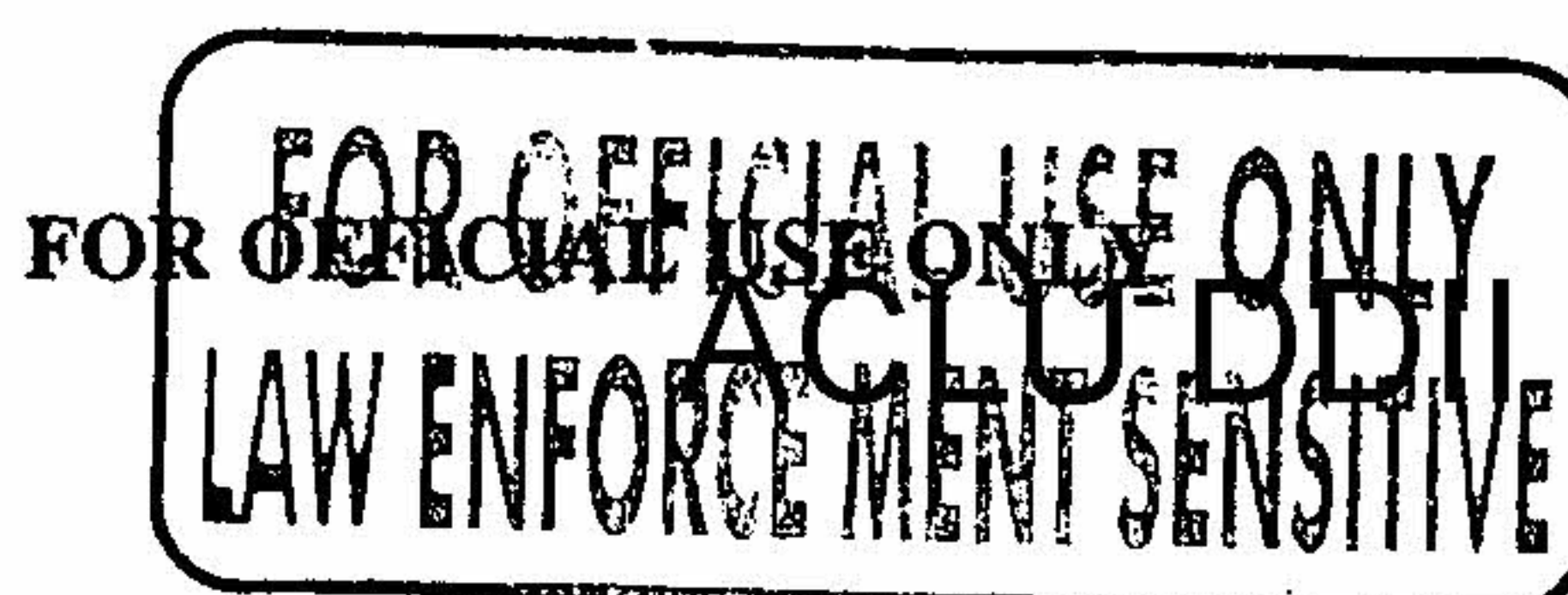


EXHIBIT 7  
000075

EVIDENCE OF INJURY

There is no evidence of recent significant 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. The leptomeninges are diffusely darkened and opacified without evidence of purulence. The brain is slightly edematous without evidence of herniation. Clear cerebrospinal fluid surrounds the 1,310-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:

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

BODY CAVITIES:

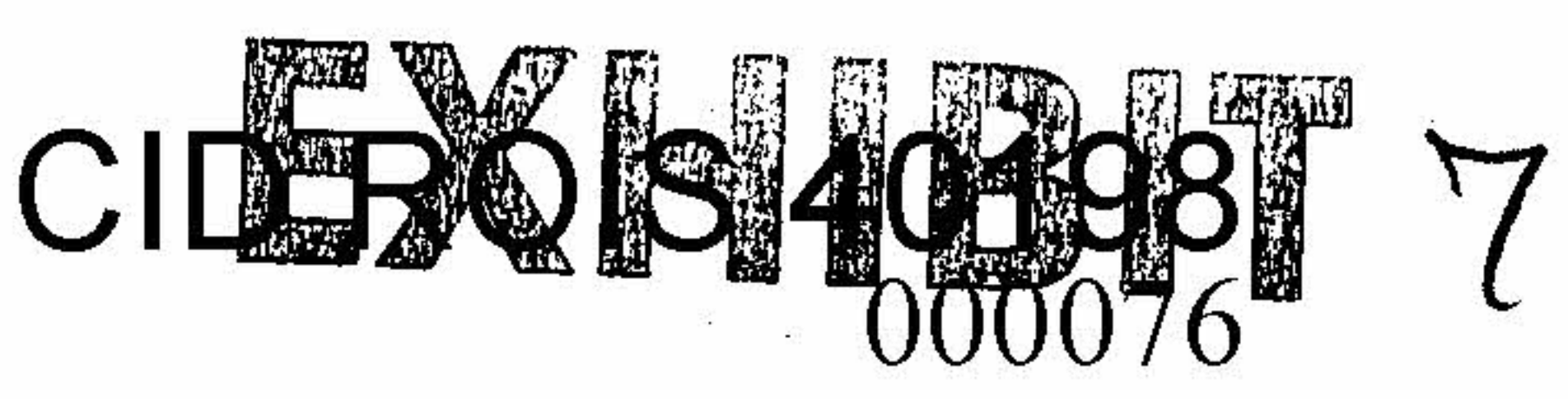
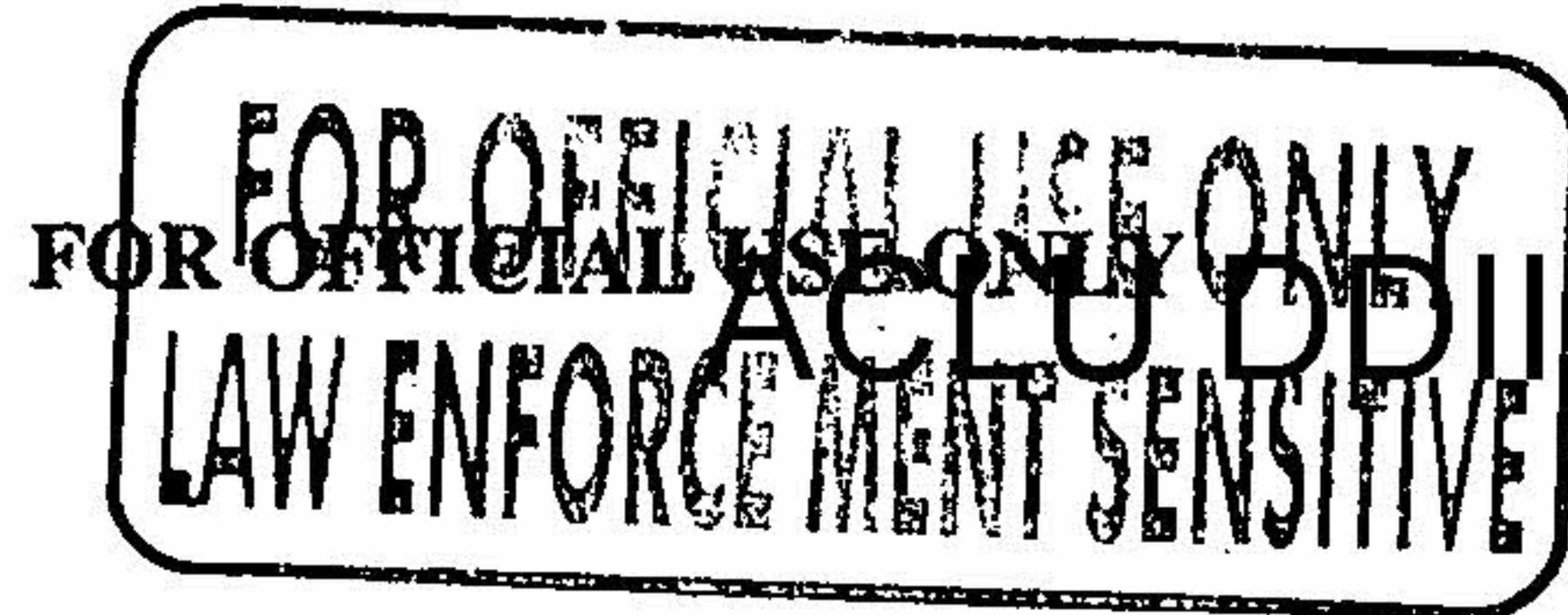
The ribs, sternum, and vertebral bodies are visibly and palpably intact. The right and left pleural cavities contain 150 and 300-milliliters of serous fluid, respectively. Dense adhesions are present on the posterior surface of the right pleural cavity. The abdominal cavity contains 700-milliliters of serosanguinous fluid and multiple adhesions are present throughout the abdominal cavity. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 1,160 and 870-grams, respectively. Where free of adhesions, the external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 320-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no narrowing by atherosclerosis grossly. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 0.9 and 0.3-centimeters thick, respectively. The endocardium is smooth and glistening.



**FINAL AUTOPSY REPORT: ME** (b)(6)  
**AL DULAIMI, Mohammed Oda Muklif**

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The aorta gives rise to three intact and patent arch vessels; there is mild atherosclerosis present. The renal and mesenteric vessels are unremarkable.

**LIVER & BILIARY SYSTEM:**

The 2,540-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 innumerable soft green calculi ranging in size from minute to 0.4-centimeters. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**SPLEEN:**

The 270-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. The left adrenal gland is hemorrhagic.

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 190 and 210-grams, respectively. The external surfaces are intact and smooth with multiple petechiae bilaterally. 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. Pink-grey bladder mucosa with focal hemorrhage overlies an intact bladder wall. The bladder contains approximately 7-milliliters of blood-tinged urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach is empty. 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.

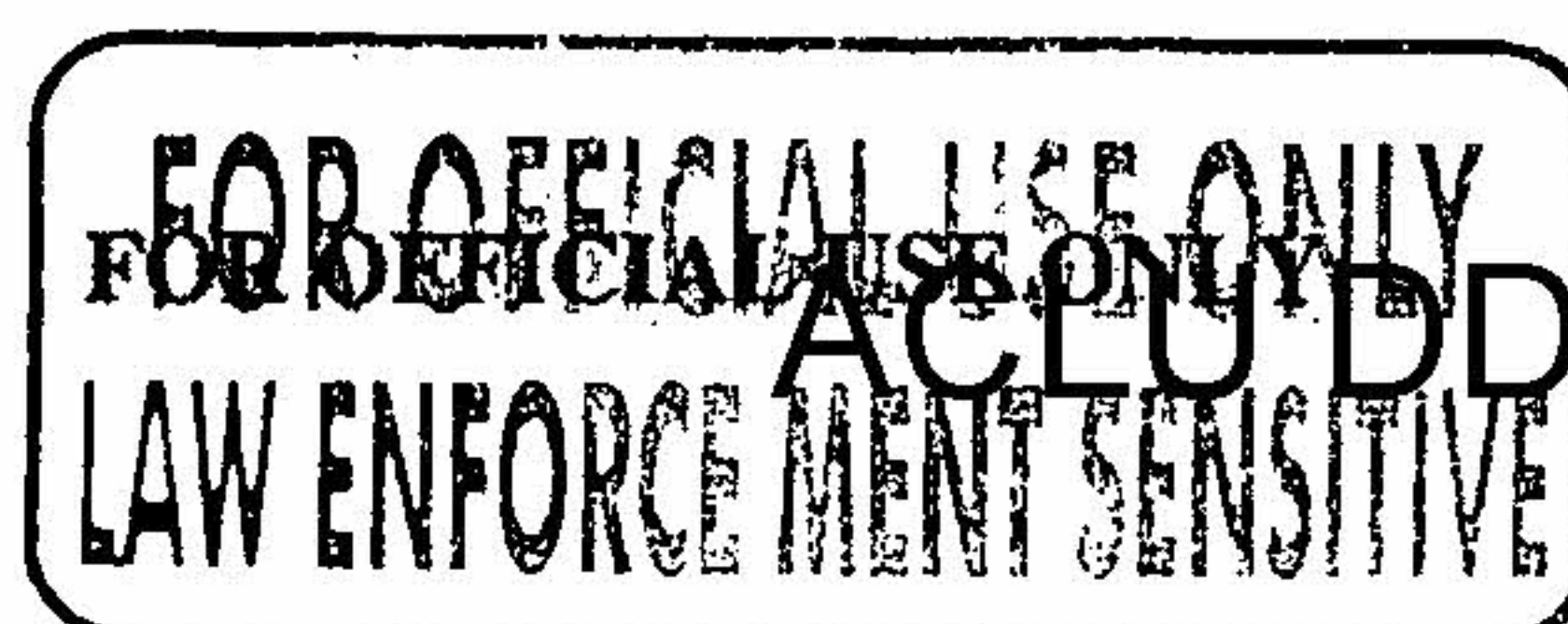


EXHIBIT 40199  
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FINAL AUTOPSY REPORT: ME (b)(6)  
 AL DULAIMI, Mohammed Oda Muklif

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**MICROSCOPIC EXAMINATION**

Portions of organs are retained in formalin and selected tissues are prepared for histological examination:

**Lungs:**

There is sub-acute lobar pneumonia with polymorphonuclear leukocytes, macrophages and lymphocytes. Focal alveolar hemorrhage and necrosis are identified in the sections of lung tissue.

**Kidneys:**

Diffuse and nodular diabetic glomerulosclerosis is present in representative sections of the kidneys. Diffuse chronic interstitial nephritis is identified.

**Spleen:**

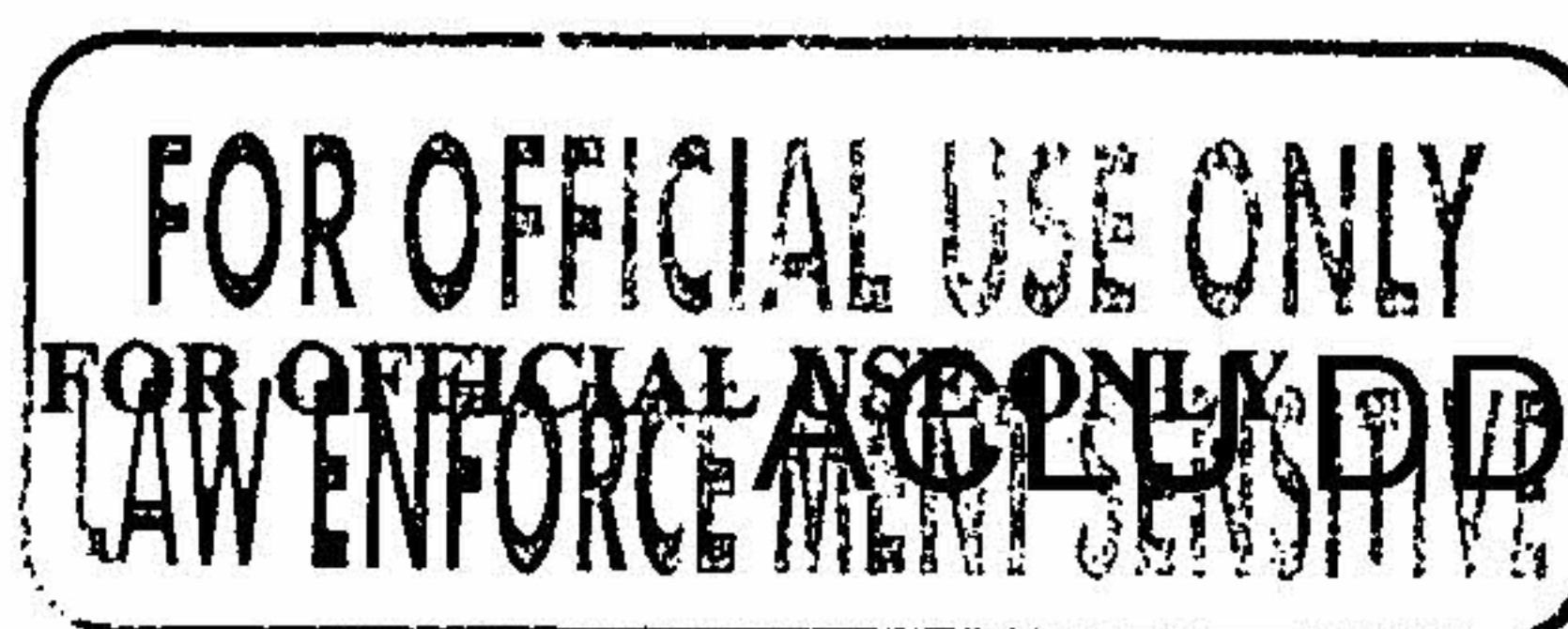
There is histiocytic proliferation with effacement of the red pulp.

**Liver:**

Histological sections of the liver demonstrate congestion and necrosis of Zone III hepatocytes.

**ADDITIONAL PROCEDURES/REMARKS**

- Documentary photographs are taken by AFMES staff photographers
- Specimens retained for toxicologic testing and/or DNA identification are: Heart blood, vitreous fluid, urine, spleen, liver, lung, bile, kidney, brain, adipose tissue, and psoas muscle
- The body is sutured closed with out embalming and the dissected organs are forwarded with the body
- No personal effects are received with the body
- Identifying body marks are not present



**EXHIBIT**  
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OPINION

This 42-year-old Iraqi civilian detainee, Mohammed Al-Dulami, died of sepsis. The decedent has a well-documented history of insulin-dependent diabetes mellitus. Hospital records indicate that he was initially admitted for a wound on his right heel, and osteomyelitis of the right calcaneus was diagnosed. Complications of his hospital course included pneumonia, a urinary tract infection and Stevens-Johnson Syndrome (Toxic Epidermal Necrolysis). The heel wound grew polymicrobial flora, as did the cultures of lung secretions. Cultures of blood and urine were positive for gram-negative organisms. These complications are consequences of diabetes mellitus. The manner of death is natural.

(b)(6)

(b)(6)

(b)(6) Medical Examiner

(b)(6) Medical Examiner

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000079

0218-05-070789-39294



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      Sequence

(b)(6)

(b)(6)

Name

AL DULAIMI, MOHAMMED

SSAN:

Autopsy: ME (b)(6)

Toxicology Accession #:

(b)(6)

Date Report Generated: January 5, 2006

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 12/25/2005

Date Received: 1/4/2006

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

**Positive Acetaminophen:** Acetaminophen was detected in the blood by color test and confirmed in the urine by immunoassay. The blood contained 3 mg/L of acetaminophen as quantitated by immunoassay.

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Office of the Armed Forces Medical Examiner

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0218-05-020789-39294

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) <b>BTB AL Dulaimi, Mohammed,</b>		GRADE Grade	BRANCH OF SERVICE Arme <b>Civilian</b>
ORGANIZATION Organisation		NATION (e.g. United States) Pays <b>Iraq</b>	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social <b>ISN-US-9IZ174559</b>
RACE Race		MARITAL STATUS État Civil	RELIGION Culte
<input type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Négride		<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> CATHOLIC Catholique
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> DIVORCED Divorcé	<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)
<input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort. <b>Sepsis</b>			Days
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	DATE Date <b>1 January 2006</b>	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature (b)(6)		
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) <b>25 December 2005</b>		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 (b)(6)		TITLE OR DEGREE Titre ou diplôme	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse <b>Dover AFB, Dover DE</b>		
DATE Date <b>03 Jan 06</b>	SIGNATURE Signature (b)(6)		
<small>1 State disease, injury or complication which caused death 2 State conditions contributing to the death, but not related to the primary cause 3 Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du cœur, etc. 4 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.</small>			

DD FORM 1 APR 77 2064

REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

0218-05-070789-39294

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

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSTION		DATE OF DISPOSTION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

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EXHIBIT 8  
ACLU DDII CID ROIS 40204  
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