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LAW ENFORCEMENT SENSITIVE

DEPARTMENT OF THE ARMY
UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND
CAMP CROPPER IRAQ CID OFFICE
BAGHDAD, IRAQ APO AE 09342

CIRF-ZA-BD

24 Aug 2006

MEMORANDUM FOR SEE DISTRIBUTION.

SUBJECT: CID REPORT OF INVESTIGATION – FINAL/SSI – 0037-2006-CID789 -78459 – 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 14 FEB 2006, 1353, 14 FEB 2006, 1403; 344th FIELD MEDICAL HOSPITAL, BAGHDAD CENTRAL CONFINEMENT FACILITY (BCCF); GRID 38S MB130840; ABU GHRAIB, IRAQ (AGI)

DATE/TIME REPORTED: 14 FEB 2006, 1407

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

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

VICTIM: 1. HAMMID, RAAD KAIRY; (DECEASED) INTERNMENT SERIAL NUMBER (ISN) (b)(6), (b)(7)(C) 1 JAN 1979; ANBAR, IRAQ; MALE; WHITE; XZ; DATE OF CAPTURE BY U.S. FORCES, 20 NOV 2005; (NFI) [DEATH BY NATURAL CAUSES]

“This is an Operation Iraqi Freedom Investigation”

On 14 Feb 06, this office was notified by SSG (b)(6), (b)(7)(C) Patient Administration Division (PAD), 344th Medical Field Hospital, Baghdad Central Confinement Facility (BCCF), Abu Ghraib, Iraq APO AE 09342 (AGI) of a detainee death.

Investigation revealed HAMMID was transported to the emergency room after suffering seizures. A Computerized Axial Tomography (CAT) scan was conducted and adema was observed in the brain. A medical committee was convened and agreed to keep HAMMID on life support for 72 hours and if no improvement was shown, then HAMMID was to be removed from life support. After the 72 hours passed another CAT scan was conducted and HAMMID showed no signs of improvement, so HAMMID was removed from life support. HAMMID died a natural death as a result of Hypoxic-ischemic encephalopathy due to meningoencephalitis of an unknown origin.

STATUTES:

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N/A

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) 4 Feb 06, detailing the initial notification; interview of medical personnel; collection of detainee records of HAMMID; collection of preliminary death certificate and medical records.
2. Photographic Packet containing 7 photographs of HAMMID.
 - a. Packet containing photographs 1-7.
3. Personal Data Report (PDR) pertaining to HAMMID, 27 Nov 05.
4. Death Certificate 14 Feb 06, pertaining to HAMMID.
5. Medical Records pertaining to HAMMID, various dates.
6. AIR of SA (b)(6),(b)(7)(C) Aberdeen Proving Ground Resident Agency (CID), Aberdeen Proving Ground, MD 21005, 20 Feb 06, detailing the receipt of the Request for Assistance and attending the autopsy.
7. Compact Disc containing the images of the autopsy of HAMMID (USACRC and file copy only).
8. AIR of SA (b)(6),(b)(7)(C) 3 Aug 06, detailing the receipt of the final autopsy report pertaining to HAMMID.
9. Autopsy Report, #ME06-0161, 1 May 06, pertaining to HAMMID.
10. Compact Disc 060037.789 containing the photographic images and the originals of Exhibit 2 (USACRC and file copy only).

Not Attached:

None.

The originals of Exhibits 1, 2, 6 through 8 and 10 are forwarded with the USACRC copy of this report. The original of Exhibit 3 is retained in the database of Task Force 134, Camp Victory, IZ. The originals of Exhibits 4 and 5 are retained in the files of the Patient Administration Systems

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and Biostatistics Activity, 1216 Stanley Road, Suite 25, Fort Sam Houston, TX 78234. The original of Exhibit 9 is retained in the files of the Armed Forces Institute of Pathology, 1413 Research Blvd., Building 102, Rockville, MD.

STATUS: This is a Final Report.

Report Prepared By:

Report Approved By:

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

Special Agent (b)(7)(F)

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

Special Agent in Charge

Distribution:

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

us.army.smil.mil

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

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1 - File

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

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ACLU DETAINEE DEATH 2 CID 585

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AGENT'S INVESTIGATIVE REPORT

CID Regulation 195-1

ROI NUMBER

0037-06-CID789-78459

Page 1 of 1 pages

BASIS FOR INVESTIGATION:

About 1407, 14 Feb 06, SA (b)(6), (b)(7)(C) was notified by SSG (b)(6), (b)(7)(C) Patient Administration Division (PAD), 344th Medical Field Hospital, Baghdad Central Confinement Facility (BCCF), Abu Ghraib, Iraq APO AE 09342 (AGI) that a detainee had died in the hospital.

About 1421, 14 Feb 06, SA (b)(6), (b)(7)(C) interviewed MAJ (DR) (b)(6), (b)(7)(C) Intensive Care Unit (ICU), 344th Medical Field Hospital, BCCF, AGI, who related the detainee was admitted to the Emergency Trauma Room (ETR) on 6 Feb 06 for seizures. MAJ (b)(6), (b)(7)(C) stated the detainee was intubated and a Computerized Axial Tomography (CAT) scan was conducted on the detainee but did not show anything initially. It was not until another CAT scan was conducted that he observed Adema in the brain. MAJ (b)(6), (b)(7)(C) stated a medical committee convened and agreed to keep the detainee on full medical life support for 72 hours to see if his condition improved. Upon the 72 hour mark, another CAT scan was taken of the detainee and showed no improvement, but that the detainee was progressively worsening. The decision was made by the committee to remove the detainee from full life support at which time the detainee expired after extubated after 10 minutes. MAJ (b)(6), (b)(7)(C) pronounced the detainee death at 1403, 14 Feb 06, and the preliminary cause of death was encephalitis.

About 1427, 14 Feb 06, SA (b)(6), (b)(7)(C) verified and photographed the body of detainee Raad Kairy HAMMID, Internment Serial Number (ISN) (b)(6), (b)(7)(C) (See Photographic Packet and CD for details)

About 1450, 14 Feb 06, SA (b)(6), (b)(7)(C) obtained the Personal Data Report (PDR) of HAMMID from the Biometrics Automated Toolset System (BATS), BCCF, AGI. (See PDR for details)

About 1925, 14 Feb 06, SA (b)(6), (b)(7)(C) Coordinated with PAD and obtained the preliminary death certificate and medical records pertaining to HAMMID. (See Death Certificate and Medical Records for details)///
LAST ITEM///

TYPED NAME, SEQUENCE NUMBER
SA (b)(6), (b)(7)(C), (b)(7)(F)

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

ORGANIZATION

76th MP Det (CID)(FWD)(-), BCCF, AGI, APO AE 09342

DATE

14 Feb 06

EXHIBIT

1

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PROTECTIVE MARKING IS EXCLUDED FROM
AUTOMATIC TERMINATION (Para 13, AR 34-16)

ACLU DDII CID ROI 24112

PERSONAL DATA REPORT

GENERAL INFORMATION

Dossier: {B2D8DA3C-B259-44C9-8A61-50214B86EA32}

Enroll Date: 11/27/2005 5:51:38 PM

Enrollment Station: IRQ:Clone:Clone:Change Location

Person Type:

Title:

Name (F,M,L,T): RAAD KAIRY HAMMID ()

Full Name:

WMD Category:

Operational Status:

Occupation:

National ID #: (b)(6), (b)(7)(C)

Gender: MALE

Race: MIDDLE EAST

Hair Color: BLACK

Eye Color: BROWN

Build: SMALL/SLENDER

Height (in): Min: 68

Max:

Weight (lb): Min: 156

Max:

PHOTOGRAPH

(b)(3)

ON ALERT? NO

PERSONAL DATA

Birthdate: 01JAN1979

Death Date:

Religion: ISLAM-SUNNI

Primary Nationality: IRAQ

2nd Nationality:

Ethnicity: MIDDLE EAST

Marital Status: SINGLE

Personnel Status: UNKNOWN

ALIASES

PLACE OF BIRTH

Birthplace: , , ANBAR, IRAQ

ID NUMBERS

ID Number Type

ID Number

CAPTURE TAG

AQ-1127

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CAPTURE INFORMATION

Evacuation Date: MP Number:
Capture Date: 201600ZNOV2005 Capture Unit: 2MEF
Place: IRAQ, ANBAR, , ,
Documents:
Circumstances: OBSTRUCTING PERFORMANCE OF MILITARY MISSION
POINTED OUT AT SERVICE
Weapons/Equip:

INDIVIDUAL STATUS INFORMATION

JITF-CT Classification U.S. Relationship Status DoD Relationship Status

PASSPORT INFORMATION

Type	Number	Issue Date	Expiration Date	Country	Authority
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PERSONAL TRAITS

LANGUAGE(S)

Language Name:	Language Proficiency	Is Native Language
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ARABIC, MODERN STANDARD

Comments:

ADDRESSES

EMPLOYMENT HISTORY

MILITARY SERVICE HISTORY

PHONE NUMBERS

Type	Intl	Area Code	Phone #	Ext.
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VEHICLE INFORMATION

RELATIVES

Relation	First	Middle	Last	Maiden	Birthdate
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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 Armée	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe <input type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race	MARITAL STATUS État Civil		RELIGION Culte	
CAUCASOID Caucasique	SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant	OTHER (Specify) Autre (Spécifier)
NEGROID Nègre	MARRIED Marié		CATHOLIC Catholique	
OTHER (Specify) Autre (Spécifier)	WIDOWED Veuf	SEPARATED Séparé	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 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 Maladie ou condition directement responsable de la mort		8 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	8 days
	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		5 days 5 days

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input 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
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 <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non

DATE OF DEATH (Hour, day, month, year) Date de décès (Heure, le jour, le mois, l'année)	PLACE OF DEATH Lieu de décès
14:03 (b)(6) 2006	Prison Hospital, Abu Ghraib

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
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
DATE Date	SIGNATURE Signature

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, 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 que l'arrêt du cœur.

² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la cause de la mort.

CERTIFICATE OF DEATH

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

INTERMENT SERIAL NUMBER

FROM:

TO:

(b)(6)

A14F

MAHMUD, RAAD KAIRI

(b)(6)

06 FEB 06

NAME (Last, first, MI)

GRADE

SERVICE NUMBER

NATIONALITY

POWER SERVED

PLACE OF CAPTURE/INTERMENT AND DATE

PLACE OF BIRTH

DATE OF BIRTH

NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN

FIRST NAME OF FATHER

PLACE OF DEATH

Prison Hospital, Abu Ghraib

DATE OF DEATH

(b)(6)

2006

CAUSE OF DEATH

Encephalitis

PLACE OF BURIAL

DATE OF BURIAL

IDENTIFICATION OF GRAVE

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

— RETAINED BY DETAINING POWER

— FORWARDED WITH DEATH
CERTIFICATE TO (Specify)

— FORWARDED SEPARATELY TO
(Specify)

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

Presented on 06 FEB 06 with new onset seizures, progressed to coma
complicated by aspiration pneumonia, CT head revealed diffuse
encephalitis with massive cerebral edema, subsequently developed
multiple areas of intraparenchymal hemorrhage; no recovery of neurological
function with absent pupillary and corneal reflexes and no spontaneous respirations.
Life support withdrawn (b)(6) 2006. Patient expired approximately 10 minutes later.

DO NOT WRITE IN THIS SPACE
CERTIFIED A TRUE COPY

DATE

(b)(6)

2006

(b)(6)

SIGNATURE OF COMMANDING OFFICER

WITNESSES

SIGNATURE

ADDRESS

SIGNATURE

ADDRESS

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AIR 40400. THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.

NAME AND LOCATION OF HOSPITAL

0037-06-02075-78459

Instructions - Medical Officer in attendance will:

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

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

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)

(b)(6)

HAMMID, RAAD KAIRY
(b)(6)

06 FEB 06

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)

14:03

(b)(6)

2006

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, asphyxia, etc. It means the disease, injury, or complication which caused death)

DUE TO (or as a consequence of)
Encephalitis

8 days

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. Aspiration pneumonia

5 days

b. Central diabetes insipidus

5 days

9. DATE

(b)(6)

2006

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE

(b)(6)

11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE

(b)(6)

SECTION B - ADMINISTRATIVE ACTION

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

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED (If yes, give date and place)

☐ 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

DATE	NOTES
(b)(6)	2006 Pt received @ 1900 hrs completely unresponsive to any stimuli. PERLA - 8mm
1950 hrs	fixed. @ Schlemm edema @ periorbital edema noted. @ corneal/dilated. @ gag/cough reflexes noted. Rsp even & unlabored. @ spont. breaths noted. Safety precautions maintained. @ FS maintained. All meds & procedures explained to pt. @ distress noted. See ICU flow sheet & neuro assessment flow sheet for completion of assessment. Will monitor pt closely. (b)(6)
(b)(6)	2006 Pt remains unresponsive. @ As noted to neurological status. @ spont. breaths noted. 0600 hrs Neosynephrine gtt tapered off by 0200 hrs. Dopamine gtt tapered off by 0400 hrs. MAP 100-115 & pressure off. @ Apgar 10. Safety precautions maintained. @ distress noted. (b)(6)
(b)(6)	06 NNT 0925 Pt & some residuals yesterday 40, 30, 40 cc yesterday, sic this a.m. TF still @ 50 cc/hr. ↑ to 70 cc now and then to goal x 10 hrs if residuals are < 50. (b)(6)
(b)(6)	α Medicine 1425 Pt remained with no evidence of CVS activity - @ pupillary or corneal reflexes; no spontaneous respirations. Findings of ethics committee and current facts of the case presented to MRF-I Command, and approval obtained today for DNR status and withdrawal of life support. Life support was withdrawn and the patient expired about 10 minutes later, having exhibited no respiratory activity. Updated CT performed today showed ongoing diffuse severe brain edema and multiple new areas of intraparenchymal hemorrhage. (b)(6)

DATE	NOTES
(b)(6) 06	MNT- F/U
1020	Pt started on insulin drip. FSBS 178, 156, still ↑ but improved (200-300+ on 11 Feb). TF @ 50u/hr, 0 residuals yesterday, 50u this morning.
	P/R: ① Cont TF @ 50u/hr today until residuals are < 50u then ↑ to 70u/hr
	② Fluids per MD
	③ Will follow — (b)(6)
(b)(6) 06	Received Pt @ 0645 in stable but critical but condition w/ no apparent signs of distress. VS w/in pt norms w/ BP slightly higher than Norm w/ systolic > 140. Levofloxed titrated down as per doctor's order. Pt found NG Tube slipping out of
1200	① N/A due to sticky, viscous exudate ebbing from nostrils. Nostrils + Mouth were suction + NG Tube re-secured. ② TLC dressing Δ done done. Urine output has been > 50 for shift thus far. LABS sent @ 1000 (CBC, BMP), Residuals 50 this morning. (b)(6)
(b)(6) 06	Medicine
1506	Pt remains without reflex responses, with no spontaneous respiratory effort after ventilator Plan follows CT of head tomorrow.

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STANDARD FORM 509 (REV. 5-99) BACK
000020

TE

NOTES

diem (P) / m / m / m / m / m

Cont'd Pt remained in grossly negative balance despite tapering of
 of mannitol, severe hyponatremia and hyponatremia
 Suspect central DI. A dose of desmopressin (DDAVP) was given
 to prompt 50% decrease in hourly urine output
 with confusion - monitor electrolytes closely
 Decrease Wt at the time too fast -
 Na 7170 Cl NA BUN 4 Cr 315
 K 4.4 HCO₃ 25 cr 1.5

Dlc study scale, start insulin drip

(5) GI / m / m / m - no feeds started today

(6) ID - febrile, probably 20 to massive approach

Pt is in Caudalump, may need to brush to ear - gm (6)
 - Spoken gm 1st - crs
 - Blood crs
 - recent @ crs

(b)(6)

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LAW ENFORCEMENT SENSITIVE

STANDARD FORM 000021 5-99 BACK

DATE

NOTES

(b)(6)

06 Received pt this am no A's noted f/bide temp 100.9
 1400 Unresponsive, neurov's cont (-) are reflexes, pupils
 remain fix + dilated ~ 6mm, cont to Vent, ETT
 tube. AP/650, 35-30, 160, RR 20, P-5, B/C B/cont
 Abt soft, nondescribed, N67, R rare, started similit
 3cc's/hr the shyt w BM noted, Foley B/D 16F, clear
 yellow urine, weighed on manifold last dose @ 9am
 2.5g, with ↑ urine output noted, pt fluids .05W
 C 08h + 2amps B/C cont 300cc's/hr & 250cc's/hr
 D5W @ 200cc's/hr & to 150cc's/hr, to reduce w neg
 w MCC x 16 are C², follow up BNP @ 0300
 Cont fluxion w B/P Extending, Dopamine cont
 ↓ due to start of new phone, started C 5mg/hr
 titrate for map 70 norm of 125 mg/hr / 37.5 mg/hr
 sliding scale implement for ↑ glucose FSBS 322 @ 9am
 10 u R insulin given ID, FS of 6° Abt 1029 Intense
 SF reported, MD aware, will cont to monitor (b)(6)

1535 Hold Dilantin x 24°, then repeat w more tube
 710, (b)(6)

1800 ↑ Temp 102.7 Tylenol sup 65mg total x 3 the shyt
 tepid bath rendered. Vital pressure mmHg wheels
 ↑ app bed, will cont to monitor - (b)(6)

Intensive @ 1500 BSFS 244 - Insulin given as ss ordered - (b)(6)

DATE	NOTES
	20 ml? . A second IV line was CNS bolus. Another lab set was read to the lab. NGT p. Patient was taken for CT scan that he will be transferred to 10
09 Feb 06 0440	Received pt from ICU 1 after CT scan & responsibility. Pupils fix & dilated noted. pt intubated. AC, 650, 25 to lips. Breath sounds clear bilaterally hyperactive & 4 gurgles. Abd, soft & to determine tenderness. Urine minimum clear yellow urine, & Excretions. RAC, Aoychar RAC in Monitor wide area for (b)(6) also @ RAC. New orders not noted. Pin in normal output @ the will list to assess
1455	Pupils, size & see below, also no @ this time
09 FEB 06	<u>Medicine</u>
1540	Concur & description of events as above ongoing headache and intermittent severe and afebrile. Pt noted to be septic and cyanotic then in respiratory arrest. He was intubated Taken for stat CT of head and chest. CT diffuse white matter edema - effacement

MEDICAL RECORD		PROGRESS NOTES	
DATE	NOTES		
7 Feb 06 1800	Pt ch headache; on tylenol 650mg B q 8. vs. A. (b)(6) guar (b)(6)		
7 Feb 06 1930	Nursing note 1 cu Persistent nausea and headaches. Encouraged Rest. HOB \uparrow 35-45. Aspiration precautions due seizures disorders. No Gram stain as per Microbiology Lab Report. (b)(6) notified.		
2150	Asked him if fluconazole IVB for tomorrow the going to be administered. Fluconazole to be held till patient be evaluated by PMD in the. (b)(6)		
	Pharyngeal vomitus p.i, large amount of undigested material. (b)(6) notified. Patient evaluated by physician. No neuro changes. Patient c/o headache; very severe. Administered Phenergan 25mg IV and Percocet 1 tab 1/2 hour p Phenergan given. Effectiveness of medications will be monitored. Kept HOB \uparrow 45. (b)(6)		
2230	All med given. Asleep. No seizure activity. Tylenol 650mg po q 8; dose for 2200 held. (b)(6) To be evaluated by Anesthesia For \bar{p} LD headache per PMD As ordered (b)(6)		
RELATIONSHIP TO SPONSOR		SPONSOR'S NAME	
		LAST	FIRST MI
DEPART./SERVICE		HOSPITAL OR MEDICAL FACILITY	
		RECORDS MAINTAINED AT	
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.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

ACLU DDII CID ROI 24133

000024

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
6 Feb 06 2340	Nursing Admission progress note ICU 21 y/o detainee Admitted FROM ETIC & Dx New Onset Seizures disorders. No previous hx of illness. Alert + responsive to all stimulus. Follows commands. S/D of Head; lumbar puncture. Latest v/s temp 99°F P 72, resp 16 BP 136/70; O2 Saturation 99%. Rt ARM Arterio 186. Started on NS 0.9 @ 75cc/HR as ordered. Kept seizure precautions. Bedside rails up. See comprehensive Assessment form. Results for lumbar puncture lab values pending. (b)(6)
7 Feb 2006 0320	& further SE since admit. HIV (+), preliminary CSF findings normal including cryptococcal Ag but gram stain suggestive of yeast, awaiting confirmation in am. A Feb VSS
NP	New Onset SE Gram Stain = ? yeast - start diflucan 400mg IV daily awaiting final results Cont Delantis, per Ativan

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	
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.

PROGRESS NOTES
Medical RecordSTANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)(b)(6)
HAMMID, RAAD KAIRY

(b)(6)

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
6 Feb. 06 1540	<p>♂ c/o numbness in all extremities, pt states "this is the first time this has happened" Second seizure observed by staff, whole body movements involved (tonic-clonic). pt was diaphoretic, T-99⁶, P-85, R-16, Bp-147/83 O₂-70%, NRB applied @ 5L not tolerated & d to nasal cannula @ 4L, BS⁺ in all 4 quads, skin clear IV NS in ① forearm, ativan administered IV 1mg @ 1600, 1650 phenytoin drip rate 500cc/hr. Labs - CBC, UA, Chem, drug screen, x-ray CT, CXR, & P⁺ Lumbar Puncture, pt transferred to ICW appears to be resting comfortably. (b)(6)</p>
(b)(6)	

0037-06-270781-78459

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)		Mo 02 Yr 06															
VERIFY BY INITIALING		RECURRING MEDICATIONS, DOSE, FREQUENCY		HR	DATE DISPENSED														
ORDER DATE	CLERK/NURSE				10	11	12	13	14										
11 Feb 06	(b)(6)	Start neosynephrine infusion @ 5mg/min titrate to keep BP > 70		07 19															
11 Feb 06	(b)(6)	Humulin R sliding scale Chlorzoxazone 2 1/2 tablets glucose 150-200 2 units 201-250 4 units 281-300 8 units > 300 10 units		09 15 16 21															
11 Feb		Dilantin TID 100mg per tube		06 14 22															
11 Feb		Gabapentin 300mg per tube		22															
11 Feb		Gabapentin 300mg BID per tube		08 20															
11 Feb		Gabapentin 300mg TID		08 16 24															
11 Feb		Humulin R drip @ 1° Pinger < 100 - Hold infusion; 101-150 - 1 u/hr 151-200 - 2 u/hr; 201-250 - 3 u/hr 251-300 - 6 u/hr > 300 - 8 u/hr		07 19															
11 Feb		DDAVP nasal spray x 1 @ PM		22															

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. 5

PATIENT IDENTIFICATION:

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

AGENT'S INVESTIGATION REPORTROI NUMBER 0035-06-CID112
0037-06-CID789-78459

CID Regulation 195-1

PAGE 1 OF 1 PAGES

DETAILS

About 0800, 19 Feb 06, this office was notified by SA (b)(6), (b)(7)(C) USA, Investigative Operations, Operational Investigation, Office of the Armed Forces Medical Examiner, Armed Forces Institute of Pathology (AFIP), 1413 Research Blvd, Building 102, Rockville, MD 20850 that the remains of Raad Kairy HAMMID, would be arriving at Dover Air Force Base (DAFB), DE 19902, and the autopsy would be conducted on 20 Feb 06.

"This is an Operation Iraqi Freedom Investigation"

About 1200, 20 Feb 06, SA (b)(6), (b)(7)(C) attended the autopsy of Raad K. HAMMID (ME 06-0161). Photographers from AFIP exposed digital photographs of the autopsy and prepared a compact disk containing all images exposed. A copy of the compact disk (CD) containing those images was obtained. Latent Print Examiners of the Latent Print Unit, Federal Bureau of Investigation (FBI), Quantico, VA, obtained a ten-block fingerprint card of Raad K. HAMMID and subsequently provided a copy of the card to SA (b)(6), (b)(7)(C) (See CD and FBI Fingerprint Card)

AGENTS COMMENT: The Official results of the autopsy will be documented in the Final Autopsy Report, which will be posted when completed, to the Army Knowledge Online (AKO).//////////Last Entry//////////

TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA

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

ORGANIZATION

Aberdeen Proving Ground Resident Agency
Aberdeen Proving Ground, MD 21005

DATE

20 Feb 06

EXHIBIT

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AGENT'S INVESTIGATIVE REPORT

CID Regulation 195-1

ROI NUMBER 0037-2006-CID789-78459

Page 1 of 1 page

BASIS FOR INVESTIGATION

About 0700, 3 Aug 06, this office received the final Autopsy Report # ME06-0161, from the Armed Forces Institute of Pathology (AFIP), Office of the Armed Forces Medical Examiner (AFME), 1413 Research Blvd., Bldg 102, Rockville, MD 20850, which listed the cause of death as Hypoxic-Ischemic Encephalopathy due to Meningoencephalitis of an unknown origin and the manner of death as natural. (See Autopsy Report for details)///Last Entry///

TYPE (b)(6), (b)(7)(C), (b)(7)(F)
SA [REDACTED]

ORGANIZATION
76th MP Det (CID)(FWD)(-), CCI, APO AE 09342

SIGN (b)(6), (b)(7)(C)
[REDACTED]

DATE
3 Aug 06

EXHIBIT

8

CID FORM 94-E

(Automated)

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PROTECTIVE MARKING IS EXCLUDED FROM
AUTOMATIC TERMINATION (Para 13, AR 34-16)

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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: Hammid, Raad Kairy

ISN: (b)(6)

Date of Birth: (b)(6) 1979

Date of Death: (b)(6) 2006

Date of Autopsy: 20 Feb 2006

Date of Report: 1 May 2006

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Civilian, Iraqi

Place of Death: Baghdad, Iraq

Place of Autopsy: Dover AFB/Port Mortuary

Circumstances of Death: Iraqi civilian detainee within the Baghdad central confinement facility hospital ICU died after developing new onset seizures and subsequent documentation of severe brain edema with reported areas of intra parenchymal hemorrhage.

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

Identification: Identification tags on the body.

CAUSE OF DEATH: Hypoxic-ischemic encephalopathy due to meningoencephalitis of unknown origin

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.

AUTOPSY REPORT (b)(6)

Page 2 of 6

Hammid, Raad Kairy

ISN: (b)(6)

FINAL AUTOPSY DIAGNOSES:

- I. Hypoxic-ischemic encephalopathy with meningoencephalitis of unknown origin
 - a. Severe brain edema with uncal and cerebellar tonsil herniation
 - b. Clinical diagnosis of encephalitis with new onset seizures
 - c. Generalized body edema and severe pulmonary edema and congestion
 - d. Bilateral adrenal gland hemorrhage and necrosis
- II. Bronchopneumonia with thick airway mucous secretions
- III. Bladder mucosa petechiae, Foley catheter in place
- IV. Right lower lip, inner surface, contusion, 1/2 inch
- V. No evidence of other significant natural disease or trauma
- VI. Identifying Marks, none
- VII. Property on the body at the time of autopsy examination, none
- VIII. Toxicology:
 - a. Carbon Monoxide: 1% carboxyhemoglobin saturation
 - b. Cyanide: None detected
 - c. Volatiles: No ethanol detected
 - d. Drugs: None of the screened for drugs/substances were detected

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, muscular, Iraqi, male, 69.5 inches tall, 174 pounds whose appearance is consistent with the reported age of 27 years. Postmortem lividity is purple red and fixed on the posterior surfaces of the body except in areas previously exposed to pressure. Rigor is dissipating and the body is cold to touch.

The scalp is covered with black curly hair in a normal distribution. The irides are brown and the pupils are round and equal in diameter. The external auditory canals are patent. The ears are otherwise unremarkable. The nares are patent and the lips are well developed. The nose and maxillae are palpably stable. The teeth appear natural and in adequate repair.

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EXHIBIT 9

000066

AUTOPSY REPORT (b)(6)

Page 3 of 6

Hammid, Raad Kairy**ISN:** (b)(6)

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 palpable 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. No significant blunt force or penetrating trauma is evident. The body and extremities have generalized edema particularly the right thigh and hands. The hands have a black gritty substance possibly fingerprint ink or other similar material.

CLOTHING AND PERSONAL EFFECTS

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

- None

MEDICAL INTERVENTION

- Nasal gastric tube, appropriate positioning
- Endotracheal tube, appropriate positioning
- Cardiac monitor pads, usual locations
- Indwelling intravenous catheters:
 - Right antecubital fossa
 - Right and left inguinal areas
- Foley catheter, appropriate positioning

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates no metal or fractures.

EVIDENCE OF INJURY

The inner surface of the right side of the lower lip has a 1/2 inch contusion. No other injuries were identified

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. No meningitis is appreciated grossly. Clear cerebrospinal fluid surrounds the 1420 gm brain, with flat gyri and narrowed sulci. There is uncal herniation and clear cerebellar tonsil herniation and necrosis. No subdural or subarachnoid hemorrhage is present. The arterial system appears free of abnormality. The transverse and sigmoid sinuses have thrombosis bilaterally. There are no skull fractures. The atlanto-occipital joint is stable. The brain is otherwise fixed for neuropathology consultation at the Armed Forces Institute of Pathology, which provided a separate consultation report.

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EXHIBIT 9

000067

AUTOPSY REPORT (b)(6)

Page 4 of 6

Hammid, Raad Kairy

ISN: (b)(6)

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone 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. Dissection of the upper posterior neck to the level of C2/3 demonstrates no paracervical muscular injury and no cervical spine fractures at this level.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. The left pleural cavity contains approximately 200 ml of serosanguinous fluid. The right pleural cavity contains a small volume of similar fluid. The pericardial and peritoneal cavities do not contain an increase in fluid. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 940 and 840 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions are evident. The right lower lobe is consolidated and the right and left large and small airways contain thick yellow tan mucoid secretions. These secretions focally obstruct or plug the peripheral airways.

CARDIOVASCULAR SYSTEM:

The 420 gm 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 significant atherosclerosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.5 and 0.6 -cm thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 2270 gm 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 280 gm 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.

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AUTOPSY REPORT (b)(6)

Page 5 of 6

Hammid, Raad Kairy**ISN:** (b)(6)**ADRENALS:**

The right and left adrenal glands are hemorrhagic, 30 grams each, with autolysis and necrotic purple brown medullae. No masses are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 180 and 210 gm, respectively. 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 bladder wall. The bladder mucosa has scattered petechiae. The bladder is empty. 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 dark autolyzed mucosa. The stomach contains approximately 50 cc of greenish brown semi-liquid material. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by OAFME photographer.
- No trace evidence or foreign material is collected.
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, spleen, liver, brain, kidney, lung, bile, gastric, skin/adipose tissue and psoas.
- The dissected organs are forwarded with body.
- Personal effects are released to the appropriate mortuary operations representatives.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin. Selected small tissue pieces are processed for histologic slides as described below. These slides have been examined and there are no additional significant pathologic findings other than those confirmed and listed in the final diagnosis or internal examination sections of this report.

Block List:

1,2 Myocardium	3 Testicle and myocardium
4,5 Lung	6 Liver
7 Lung	8 Kidney
9 Spleen	10 Lung
11 Dura	12/13 Adrenal gland

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000069

AUTOPSY REPORT (b)(6)**Hamid, Raad Kairv****ISN:** (b)(6)

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OPINION

This 27 year-old Iraqi, male, civilian, detainee, died of hypoxic-ischemic encephalopathy due to meningoencephalitis of unknown origin. The brain was examined by the Neuropathology, Environmental and Infectious Disease Sciences, and the Hematopathology Departments of the Armed Forces Institute of Pathology, Washington, DC (Separate reports). The manner of death is natural.

(b)(6)

(b)(6) Medical Examiner (b)(6)

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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
HAMMID, RAAD KAIRY

SSAN: Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: February 24, 2006

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: (b)(6) 2006

Date Received: 2/22/2006

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

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, 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)

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