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~~Law Enforcement Sensitive~~

DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Camp Bucca CID Office
CAMP BUCCA CID OFFICE, 3D MILITARY POLICE GROUP (CID), Camp
Bucca, Umm Qasr, Iraq, APO AE, Iraq

15 May 2008

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL/SSI - 0019-2008-CID579-53597 - 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 15 MAR 2008, 1937 - 15 MAR 2008, 2007; 31ST COMBAT SUPPORT HOSPITAL,
THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO, AE 09375

DATE/TIME REPORTED: 15 MAR 2008, 2035

INVESTIGATED BY:

SA (b)(6), (b)(7)(C), (b)(7)(F)

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] (NFI)

VICTIM:

1. HUSSEIN, HYDER ABDUL (DECEASED); FRCIV; IRAQ; (DOB); (POB); MALE;
OTHER; INTERNMENT SERIAL NUMBER (ISN) (b)(6), (b)(7)(C) THEATER
INTERNMENT FACILITY (TIF), CAMP BUCCA, APO, ARMED FORCES AFRICA,
CANADA, EUROPE & MIDDLE EAST 09375; FC ; [DEATH BY NATURAL CAUSES]

INVESTIGATIVE SUMMARY:

"This is an Operation Iraqi Freedom Investigation"

1

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ACLU DDII CID ROI 32259

About 2035, 15 Mar 08, SA (b)(6), (b)(7)(C) was notified by SPC (b)(6), (b)(7)(C) 31st Combat Support Hospital, Theater Internment Facility (TIF), Camp Bucca, APO AE 09376, that detainee HUSSEIN died at the TIF Hospital after being admitted on 11 Mar 08.

Investigation determined Detainee HUSSEIN was admitted to the TIF Hospital on 11 Mar 08 due to not feeling well. Over the course of the following four days Detainee HUSSEIN went into Cardiac Arrest twice. Detainee HUSSEIN had a history of heart Failure and was diagnosed with an enlarged heart. During the evening on 15 Mar 08, Detainee HUSSEIN suffered another heart attack and attempts to resuscitate him met with negative results. Detainee HUSSEIN was pronounced dead at 2007, 15 Mar 08, by CPT (b)(6), (b)(7)(C), (b)(6), (b)(7)(C), 31st Combat Support Hospital, TIF, Camp Bucca, APO AE 09376. During a review on the body, there were no signs of unexplained trauma or foul play.

An autopsy by the Armed Forces Medical Examiner's Office determined the Cause of Death to be Dilated Cardiomyopathy and the Manner of Death as Natural. The results of this investigation are consistent with those findings.

STATUTES:

N/A

EXHIBITS/SUBSTANTIATION:

EXHIBITS:

Attached:

1. Agents Investigative Report (AIR) of SA (b)(6), (b)(7)(C) 22 Mar 08.
2. Photographic Packet. (Victim) (USACIDC and file copies only)
3. Compact Disc (CID) containing original images associated with Exhibit 2. (USACRC, USACIDC and file copies only)
4. Death Packet Pertaining to Detainee HUSSEIN.

5. AIR of SA (b)(6), (b)(7)(C) 22 Mar 08.
6. Autopsy Photographs of Detainee HUSSEIN. (USACRC, USACIDC and file copies only)
7. AIR of SA (b)(6), (b)(7)(C) 6 May 08.
8. Report of Toxicology Examination, pertaining to Detainee HUSSEIN, 31 Mar 08.
9. Certificate of Death pertaining to Detainee HUSSEIN, 15 Mar 08.
10. Final Autopsy Report, pertaining to Detainee HUSSEIN, 30 Apr 08.

Not Attached:

None

The original of Exhibits 1 thru 3, 5 and 7 are attached to the USACRC copy of this report. The original of Exhibit 4 is retained in the files of the 332nd EMDOS, Air Force Theater Hospital, LSA Anaconda, Balad, Iraq. The original of Exhibits 6 and 8 thru 10 are retained in the files of the Armed Forces Institute of Pathology, Rockville, MD.

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

CID reports of investigation may be subject to a Quality Assurance review by CID higher headquarters.

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Report Prepared By:

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

Special Agent

Report Approved By:

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

Special Agent in Charge

DISTRIBUTION:

Dir, USACRC, Ft Belvoir, VA

DIR AFIP AFME WASH, DC

AFIP DOVER OAFME

11th MP BN (CID)(OPERATIONS)

68th MP DET (CID), ARIFJAN, KUWAIT

31ST COMBAT SUPPORT HOSPITAL (CSH), CAMP BUCCA, UMM QASR,
IRAQ, APO AE 09375

CDR, 3D MP GROUP (CID)(OPERATIONS)

COMMANDER, 705TH MP BN, TIF, UMM QASR, IRAQ, APO AE 09375

COMMANDER, FOB BUCCA, UMM QASR, IRAQ, APO AE 09375

DEPUTY COMMANDER, FOB BUCCA, UMM QASR, IRAQ, APO AE 09375

Forensic Science Officer

STAFF JUDGE ADVOCATE, CAMP BUCCA, UMM QASR, IRAQ, APO AE 09375

MNC-I- CJI CASUALTY OPS, ATTN: OIC

CAMP BUCCA CID OFFICE, 68th MP DET (CID), APO AE 09375

FILE

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ACLU DDII CID ROI 32262

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0019-08-CID579-53597

PAGE 1 OF 1 PAGES

BASIS FOR INVESTIGATION: About 2035, 15 Mar 08, SA (b)(6), (b)(7)(C) was notified by SPC (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) 31st Combat Support Hospital, Theater Internment Facility (TIF), Camp Bucca, APO AE 09375, that Detainee Hyder Abdul HUSSEIN, ISN: (b)(6), (b)(7)(C) TIF, Camp Bucca, APO AE 09375, died at the TIF Hospital after being admitted on 11 Mar 08.

About 2100, 15 Mar 08, SA (b)(6), (b)(7)(C) coordinated with CPT (b)(6), (b)(7)(C), (b)(6), (b)(7)(C) 31st Combat Support Hospital, TIF, Camp Bucca, APO AE 09375, to determine the status of Detainee Hyder Abdul HUSSEIN and what treatment he had received. CPT (b)(6), (b)(7)(C) relayed Detainee HUSSEIN was admitted on 11 Mar 08 for not feeling well. Over the course of the following four days detainee HUSSEIN went into cardiac arrest twice. Detainee HUSSEIN had A history of heart failure and was diagnosed with an enlarged heart. During the evening on 15 Mar 08, Detainee HUSSEIN suffered another heart attack and attempts to resuscitate him met with negative results. Detainee HUSSEIN was pronounced dead at 2007 by CPT (b)(6), (b)(7)(C)

About 2115, 15 Mar 08, SA (b)(6), (b)(7)(C) exposed photographs of the body of Detainee HUSSEIN utilizing a Nikon Coolpix Digital Camera. (See photograph packet and photographs for details)

About 1400, 22 Mar 08, SA (b)(6), (b)(7)(C) coordinated with SGT (b)(6), (b)(7)(C), (b)(6), (b)(7)(C), Patient Administration Division (PAD), 31st Combat Support Hospital, TIF, Camp Bucca, APO AE 09375 and obtained the death packet of Detainee HUSSEIN. (See Death Packet for details) ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER
SA (b)(6), (b)(7)(C), (b)(7)(F)
SIGNATURE (b)(6), (b)(7)(C)

ORGANIZATION
68th MP Detachment (CID), Camp Bucca,
APO AE 09375

DATE
22 Mar 08

EXHIBIT

ACLU RDI CID ROI 32263

ROI 08-CID579-53597-5H

Exhibit(s): 4

Page(s): 000014 thru 000019

Referred to:

**Commander
U.S. Army Medical Command
Attn: FOIA Office, Stop 76
1216 Stanley Road 2D FL
Fort Sam Houston, Texas 78234-5049**

ACLU DDII CID ROI 32273

FOUO TAB

0019 08 CID 579-53597

CERTIFICATE OF DEATH

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

INTERMENT SERIAL NUMBER
US9IZ-321827CI

FROM:
TF 31st CAMP BUCCA, IRAQ APO AE 09375

LAW ENFORCEMENT SENSITIVE

TO:

NAME (Last, first, MI) Hussein, Hyder A.		GRADE SI	SERVICE NUMBER US9IZ-321827CI
NATIONALITY Iraqi	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE	
PLACE OF BIRTH Baghdad, Iraq		DATE OF BIRTH 06 May 1980	
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN		FIRST NAME OF FATHER	
PLACE OF DEATH Camp Bucca, Iraq	DATE OF DEATH 15 March 2008	CAUSE OF DEATH Biventricular Cardiomyopathy	
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).

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY	DATE 15 March 2008	SIGNATURE OF MEDICAL OFFICER (b)(6)
	SIGNATURE OF COMMANDING OFFICER (b)(6)	<i>Officer in Charge</i>
	SIGNATURE (b)(6)	WITNESSES U
	SIGNATURE (b)(6)	ADDRESS TF 31 Camp Bucca APO, AE 09375
	SIGNATURE (b)(6)	ADDRESS TF 31 Camp Bucca APO, AE 09375

U DDH CID ROI 32274

HOSPITAL REPORT OF DEATH

NAME AND LOCATION OF HOSPITAL

31st CSH Camp Bucca, Iraq APO AE 09375

FOR USE OF THIS FORM, SEE AR 40450. THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.

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) US9IZ-321827CI Hussein, Hyder A 20/500-00-1547 Register Number # (b)(6) 2. TIME OF DEATH (Hour-day-month-year) 2007-15-Mar-2008 3. MEDICAL EXAMINER/CORONER'S CASE [] YES [X] NO 4. RELIGION Islam-Shite 5. CHAPLAIN NOTIFIED [X] YES [] NO 6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH None

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) Biventricular Cardiomyopathy Unknown 7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last) (1) (2) 8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT a. b.

9. DATE 15 March 2008 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

Table with 6 columns: TYPE OF ACTION, HOUR, DAY, MONTH, YEAR, INITIALS OF RESPONSIBLE OFFICER. Rows include TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON, POST ADJUTANT GENERAL NOTIFIED, IMMEDIATE CO OF DECEASED NOTIFIED, INFORMATION OFFICE NOTIFIED, POST MORTUARY OFFICER NOTIFIED, RED CROSS NOTIFIED, OTHER (Specify).

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED (If yes, give date and place) [] YES [X] 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

FOUO

0019 08 CID579-53597

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

DISPOSITION OF REMAINS

LAW ENFORCEMENT SENSITIVE

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 DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION	

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and County)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

FOUO

ACLU DDII CID ROI 32276

LAW ENFORCEMENT SENSITIVE

EXHIBIT 4

FOUO

STATEMENT OF IDENTIFICATION

For use of this form, see AR 638-2; the proponent agency is ODCSPER

NAME OF DECEASED (Last, First, MI) GRADE SSN BRANCH OF SERVICE DATE OF INCIDENT
 HUSSEIN, HYDER A. SI 000-32-1827 DETAINEE 15 MAR 2008

ORGANIZATION AND BASE PLACE OF DEATH/INCIDENT
 DETAINEE CAMP BUCCA TIF 31ST CSH

CONDITION OF REMAINS (Describe briefly in Narrative below)

<input checked="" type="checkbox"/> Recognizable	<input type="checkbox"/> Not Recognizable	<input type="checkbox"/> Commingled	<input type="checkbox"/> Mutilated
<input type="checkbox"/> Burned	<input type="checkbox"/> Decomposed	<input type="checkbox"/> Semi-Skeletal	<input type="checkbox"/> Skeletal

MEANS OF IDENTIFICATION (Check all appropriate boxes. Specify supporting data in Narrative below)

<input type="checkbox"/> Fingerprint Comparison	<input type="checkbox"/> Footprint Comparison	<input type="checkbox"/> Dental Comparison	<input type="checkbox"/> Anatomical Comparison
<input type="checkbox"/> Skeletal Comparison	<input type="checkbox"/> Personal Effects	<input type="checkbox"/> Visual Recognition	<input type="checkbox"/> Identification Tag(s)
<input checked="" type="checkbox"/> Other (Explain in Narrative)			

ENCLOSURES

<input type="checkbox"/> DD Form 565	<input type="checkbox"/> DD Form 890	<input type="checkbox"/> DD Form 891	<input type="checkbox"/> DD Form 892
<input type="checkbox"/> DD Form 893	<input type="checkbox"/> DD Form 894	<input type="checkbox"/> DD Form 897	<input type="checkbox"/> ID Card
<input type="checkbox"/> DD Form 369	<input type="checkbox"/> FD 258	<input type="checkbox"/> AF Form 137	<input type="checkbox"/> SF 603
<input type="checkbox"/> Dental X-Rays	<input type="checkbox"/> SF 88	<input type="checkbox"/> SF 93	<input checked="" type="checkbox"/> DD Form 2064
<input type="checkbox"/> SF 601	<input checked="" type="checkbox"/> Photo	<input checked="" type="checkbox"/> SF600	<input checked="" type="checkbox"/> DA 2669-R

NARRATIVE AND SUMMARY (Continue on reverse or use additional sheets, if required)

Identified through iris scan and photography.

FOUO

DA FORM 2773, MAY 1999

PREVIOUS EDITION IS OBSOLETE

USAPA VI 00

ACLU DDII CID ROI 32277

LAW ENFORCEMENT SENSITIVE

EXHIBIT 4

FOUO

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

LAW ENFORCEMENT SENSITIVE

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) Hussein, Hyder, Abdul		GRADE Grade SI	BRANCH OF SERVICE	SOCIAL SECURITY NUMBER Numero de l'Assurance Sociale
ORGANIZATION Organisation Detainee		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance 06 May 1980	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race CAUCASOID Caucasique	MARITAL STATUS État Civil SINGLE Célibataire		RELIGION Culte PROTESTANT Protestant	
NEGROID Nègre	MARRIED Marié		OTHER (Specify) Autre (Spécifier) Islam	
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)	WIDOWED Veuf		CATHOLIC Catholique	
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 ¹ Maladie ou condition directement responsable de la mort. ¹ Biventricular Cardiomyopathy		Unknown
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²		

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
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste	
<input type="checkbox"/> SUICIDE Suicide	SIGNATURE Signature	DATE Date
<input type="checkbox"/> HOMICIDE Homicide		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 (l'heure, le jour, le mois, l'année) 2007 15 March 2008	PLACE OF DEATH Lieu de décès TF 31st CSH, Camp Bucca, Iraq APO AE 09375
--	--

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 (b)(6)
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse TF 31st CSH, Camp Bucca, Iraq APO AE 09375
DATE Date 15 March 2008	SIGNATURE (b)(6)

¹ Same disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
² Same 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 le mode de décès, tel que l'arrêt du cœur, etc.
² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.

ACLU DDII CID ROI 32278

LAW ENFORCEMENT SENSITIVE

EXHIBIT 4

FOUO

AUTHORIZED FOR LOCAL REPRODUCTION

AL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3-8 MARCH 15	<p>This is a 28 year old male with extensive history of biventricular cardiomyopathy with an EF of approximately 20-30%. Admitted on MARCH 11 for shortness of breath who sustained ventricular fibrillatory arrest shortly after admission. He was resuscitated per standard ACLS protocol and needed three simultaneous pressors to maintain blood pressure. He then went into cardiac arrest twice more during hospital stay. Ethics committee met on MARCH 15 and deemed patient to be OUP as our supply of dobutamine pressors had become exhausted. At 20:04 called to bedside for JEP. No pulse present. Bedside ultrasound showed cardiac standstill. No heart sounds auscultated. EKG shows asystole. Time of death 20:07. MARCH 15, 2008.</p>

(b)(6)

3-8 MARCH 15	<p>DNR Status initiated due to pts. futile stage of health. Ethics committee recommended DNR status and withdrawal of IV pressors.</p>
-----------------	--

(b)(6)

TF St. Bucca.

OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
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.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

USAPA V2.00

FOUO

ACLU DDII CID ROI 32279

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0019-08-CID579-53597

PAGE 1 OF 1 PAGES

About 0937, 6 May 08, SA (b)(6), (b)(7)(C) received the Final Autopsy Report, Autopsy Report number ME08-0208, Report of Toxicological Examination, and Death certificate of Detainee HUSSEIN, from the Armed Forces Institute of Pathology, Washington D.C. The Final Autopsy Report listed the Cause of Death as Dilated Cardiomyopathy and the Manner of Death as Natural. (See Final Autopsy Report, Report of Toxicological Examination and Death Certificate for details) ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA (b)(6), (b)(7)(C), (b)(7)(F)

ORGANIZATION

68th MP Detachment (CID), Camp Bucca, APO AE 09375

SIGNATURE

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

DATE

6 May 08

EXHIBIT

7

ACLU DDJ CID ROI 32349

CID F (Auto

ROI 08-CID579-53597-5H

Exhibit(s): 8 thru 10

Page(s): 000089 thru 000099

Referred to:

**Commander
U.S. Army Medical Command
Attn: FOIA Office, Stop 76
1216 Stanley Road 2D FL
Fort Sam Houston, Texas 78234-5049**

ACLU DDII CID ROI 32350



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

REPLY TO
ATTENTION OF

AFIP-CME-T

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence

(b)(6)

Name

HUSSEIN, HYDER ABDUL

SSAN:

Autopsy: ME (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: March 31, 2008

TO:

OFFICE OF THE ARMED FORCES MEDICAL
EXAMINER
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 3/15/2008

Date Received: 3/26/2008

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

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

CYANIDE: There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

DRUGS: The **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:

*This document contains information EXEMPT FROM MANDATORY DISCLOSURE under the
FREEDOM OF INFORMATION ACT Exemption No. 6c,d Applies*

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ACLU DDII CID ROI 32351

LAW ENFORCEMENT SENSITIVE

EXHIBIT 8



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

REPLY TO
ATTENTION OF

REPORT OF TOXICOLOGICAL EXAMINATION (CONT - (b)(6) HUSSEIN,
HYDER ABDUL):

Positive Benzodiazepine: Midazolam was detected in the blood by gas chromatography and confirmed by gas chromatography/mass spectrometry.

Positive Benzodiazepine: 1-Hydroxymidazolam was detected in the blood by gas chromatography/mass spectrometry.

(b)(6)

Office of the Armed Forces Medical Examiner

FOUO

ACLU DDII CID ROI 32352

LAW ENFORCEMENT SENSITIVE

EXHIBIT 8

000090

LAW ENFORCEMENT SENSITIVE

DIVISION OF FORENSIC TOXICOLOGY

TO:
 ARMED FORCES INSTITUTE OF PATHOLOGY
 ATTN: DIVISION OF FORENSIC TOXICOLOGY
 BUILDING 54
 6825 16TH STREET, N.W.
 WASHINGTON, DC 20306-6000

FORWARD FINAL R/

Dover AFB Port Mortuary
 Incident: OIF
 Remains/Case #: D08-0324
 Recovery/TC #:
 Process Date: 22 Mar 08 ME #: (b)(6)

NAME OF PATIENT (Last, First, MI)	SOCIAL SECURITY #	AGE	SEX	RACE
Hussein, Hyder Abdul	IZ 321827	2	M	C

DATE OF INCIDENT/ ACCIDENT	TIME AND DATE OF DEATH	AUTOPSY #
15 Mar 08	15 Mar 08	ME (b)(6)

MEDICATION HISTORY (Prescribed or administered, in patient's possession, containers found near body, etc.)
 4 days hospitalizat (7 meds)

NUMBER OF SPECIMENS	SPECIMEN/AMOUNT	NUMBER OF SPECIMENS	SPECIMEN/AMOUNT
1	VITREOUS	2	GASTRIC Content
1	Blood (Heart)	10	KIDNEY
1	Bile	11	Adipose
1	Urine	12	HEART Muscle
		12	BRAIN

INCIDENT/ACCIDENT DETAILS (Include pertinent information regarding crash site, autopsy, or investigation, etc.)
 death in detention. natural
 DFT# (b)(6)

PRINTED NAME OF REQUESTER/TITLE	SIGNATURE	DATE	PHONE #
(b)(6)	(b)(6)	22 Mar 08	(b)(6)

CHAIN OF CUSTODY (CC)

RELEASED BY	RECEIVED BY	DATE	PURPOSE OR TRANSFER
(b)(6)	(b)(6)		
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(b)(6)	(b)(6)	MAR 2 2008 @153	Received From Courier
(b)(6)	(b)(6)	MAR 2 2008 @153	TOXICOLOGY TESTING
(b)(6)	(b)(6)		
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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) Hussein, Hyder, Abdul		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social MACP #01708
RACE Race		MARITAL STATUS État Civil	RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Négride	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> PROTESTANT Protestant
	<input type="checkbox"/> WIDOWED Veuf		<input checked="" type="checkbox"/> CATHOLIC Catholique
			<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) Villes (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'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort		Cardiomyopathy	
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	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	<input checked="" type="checkbox"/> YES Oui		
<input type="checkbox"/> ACCIDENT Mort accidentelle	<input type="checkbox"/> NO Non		
<input type="checkbox"/> SUICIDE Suicide	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	DATE Date 22 March 2008	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) 15 March 2008 1937	PLACE OF DEATH Lieu du décès Camp Bucca Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du dé funtel 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 RANK Titre ou diplôme (b)(6)		
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE		
DATE Date 3/24/2008	SIGNATURE Signature (b)(6)		
1 State disease, injury or complication which caused death 2 State conditions contributing to the death, but not related to the primary cause 1 Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort 2 Préciser les conditions qui ont contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort			

DD FORM 2064 1 APR 77

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

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(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 436 SVC/SVD 116 26th Street, Dover AFB DE 19902	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
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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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: HUSSEIN, Hyder Abdul
ISN: US0IZ 321827
Date of Birth: Unknown
Date of Death: 15 MAR 2008
Date of Autopsy: 22 MAR 2008, 0900 hours
Date of Report: 30 APR 2008

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

Circumstances of Death:

Mr. Hyder A. Hussein, an Iraq civilian detainee of unknown age has a well documented history of and treatment for Dilated Cardiomyopathy during two prior admissions in January and February of 2008. He was admitted to the Theater Internment Facility (TIF) hospital, Camp Bucca, Iraq, on 11 MAR 2008 with a complaint of "not feeling well". Over the following four days, Mr. Hussein suffered cardiac arrest twice. On 15 MAR 08, he suffered a third cardiac arrest and could not be resuscitated. No additional pertinent information is available.

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

Identification:

Mr. Hyder A. Hussein was identified by toe tags and his TIF number. Fingerprints, dental charting and sample for DNA identification are obtained.

CAUSE OF DEATH:

Dilated Cardiomyopathy

MANNER OF DEATH:

Natural

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EXHIBIT 10
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AUTOPSY REPORT (b)(6)
HUSSEIN, Hyder Abdul

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EXTERNAL EXAMINATION

The body is that of a well-developed, White male 73 inches tall, 287 pounds and appears of middle age (unknown date of birth). The body build is obese with Body Mass Index of 37.9. (18.5-24.9 is normal; 25-29.9 is over weight and 30.0 and above is considered obese). Lividity is consistent with supine position, rigor is equally present in all extremities, and the body temperature is that of the refrigeration unit.

The scalp and facial hair, beard and mustache, are black. The irides are brown, and the pupils are round and equal in diameter. The corneas are dull and the sclerae are unremarkable. 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 unremarkable. The tongue reveals no evidence of trauma or bite marks.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is markedly protuberant. 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 right buttock reveals decubitus ulceration right of the midline and an incised and drained abscess more laterally. The anus is unremarkable.

The upper and lower extremities are symmetric; reveal marked edema and no clubbing. No evidence of trauma is present on examination or dissection of the extremities. The chest and abdomen reveal remarkable stretch marks. A tattoo in Arabic lettering (my mother) is noted on the anterior left forearm. A large remote healed longitudinal surgical scar is noted on the left upper chest close to the anterior axillary line. No other identifying marks are noted.

CLOTHING AND PERSONAL EFFECTS

The body was received un-clad. A silver-colored ring is noted in the left middle finger. The ring is removed, photographed and submitted to the mortuary staff for proper disposition.

MEDICAL INTERVENTION

Evidence of medical intervention: Endotracheal tube; Naso-gatric tube; EKG pads; Multiple intravenous access lines and a urinary catheter.

RADIOGRAPHS

Full body radiographs and a CT-scan are obtained and demonstrate remote internal fixation of distal left forearm. No recent skeletal fractures are noted.

EVIDENCE OF INJURY

None recovered.

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AUTOPSY REPORT (b)(6)
 HUSSEIN, Hyder Abdul

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INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are edematous and free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1400 gm brain, which has unremarkable gyri and sulci. The surface vessels reveal marked congestion. 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 tan mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries. There is no deep paracervical muscular injury and no cervical spine fractures.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. The chest cavities reveal bilateral pleural effusion of clear straw-colored fluid; 300 cc in the left and 200 cc in the right. The pericardial sac contains 200 cc of clear straw-colored fluid, and the peritoneal cavity contains effusion fluid, approximately 300 cc. The heart appears grossly enlarged and the major organs occupy their usual anatomic positions. The abdominal wall adipose tissue measures 2" in thickness.

RESPIRATORY SYSTEM:

The right and left lungs are markedly heavy and weigh 1220 and 830 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and markedly edematous, oozing frothy fluid. Two dark red well-demarcated areas are noted in the base of the lower lobe of the right lung and the apex of the lower lobe of the left lung, measuring 3 1/2 x 2 1/2 x 2" and 2 x 2 x 1 1/2" respectively. Sections through these areas reveal firm dark red parenchyma, with gross appearance of pulmonary infarction. The lungs are photographed for documentation. The pulmonary vessels are normally positioned and are grossly free of thrombo-emboli.

CARDIOVASCULAR SYSTEM:

The heart is markedly enlarged, weighs 790 grams and is contained in an intact pericardial sac. The epicardial surface is smooth, with increased fat investment. The coronary arteries are present in a normal distribution. Cross sections of the coronary vessels reveal no significant atherosclerotic changes. The myocardium is homogenous, red-brown, and soft. The cardiac chambers are dilated. The valve leaflets are thin and mobile except for a thickened and slightly shortened mitral valve. The tricuspid, pulmonary, mitral and aortic valves measure 13, 8, 11 and 7 cm, respectively. The mitral valve is retained for further examination. The walls of the left and right ventricles and

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AUTOPSY REPORT (b)(6)
HUSSEIN, Hyder Abdul

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LAW ENFORCEMENT SENSITIVE

the interventricular septum are 18.5 and 18 mm, 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 3100 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma reveals a nutmeg appearance consistent with congestive heart failure, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder wall is slightly thickened and contains dark green bile. A gall stone measuring 1 cm in diameter and multiple minute gall stones are noted in the lumen, photographed and retained. The extrahepatic biliary tree is grossly patent.

SPLEEN:

The 780 gm spleen is enlarged and has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles. The major lymph nodes encountered during examination are not enlarged and are unremarkable.

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 270 gm and 240 grams, respectively. The external surfaces are intact, smooth with mild persistent lobulation. 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. The bladder contains a small amount of clear yellow urine with a urinary catheter in place. Urine is submitted for toxicology. 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. Bilateral hydroceles are noted.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains a small amount of dark green fluid. The gastric wall is intact. The duodenum, loops of small and large intestines slightly edematous but otherwise are unremarkable.

MUSCLES & SKELETAL SYSTEM:

Grossly unremarkable with no significant pathological changes. No evidence of recent skeletal trauma is noted during examination or radiologically.

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AUTOPSY REPORT (b)(6)
 HUSSEIN, Hyder Abdul

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TOXICOLOGY

- Carbon Monoxide: Carboxyhemoglobin saturation less than 1%.
- Volatiles (Blood and Urine): No ethanol was detected.
- Cyanide: No cyanide detected.
- Screened drugs of abuse and medications (Blood):
 - Positive Benzodiazepine (Midazolam); detected and confirmed.
 - Positive Benzodiazepine (1-Hydroxymidazolam), detected and confirmed.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by an OAFME photographer.
2. Full body radiographs and CT-scan are obtained.
3. Examination, with skin incisions, of the extremities and back to rule out trauma.
4. Specimens retained for toxicological and/or DNA identification are: blood, vitreous, bile, urine, gastric contents and tissue samples of heart, kidney, liver, lung, spleen, brain, adipose tissue, and muscle.
5. Representative sections of organs are retained in formalin for microscopic examination.
6. Personal effects, a silver-colored ring, is photographed and released to the mortuary staff for proper disposition.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin. Histological slides are as follows:

- 1-4: Heart: Focal subendocardial scarring; Prominent perivascular fibrosis; Focal hypertrophic myocytes; Recent septal myocardial infarction with contraction bands and acute inflammatory cell infiltrate.
- 5: Mitral valve: thickened mitral valve with fibrosis and hyalinization.
- 6-9, 11: Lungs: Large areas of parenchymal infarctions; increased number intra-alveolar hemosidren and anthracotic pigment-laden macrophages; pulmonary congestion and edema. No evidence of pneumonia.
- 10: Kidney: Focal areas of acute tubular necrosis.
- 12: Adrenal glands: Unremarkable.
- 13: Spleen: Congestion, focal infarction.
- 14-16: Brain: Unremarkable.
- 1-16: Postmortem autolysis

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AUTOPSY REPORT (b)(6)
HUSSEIN, Hyder Abdul

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FINAL AUTOPSY DIAGNOSIS

A. Cardiovascular System:

- Cardiomegaly (Cardio Bovus). 790 grams
- Four chamber dilatation consistent with dilated cardiomyopathy.
- Congestive Heart Failure:
 - Bilateral hemothoraces, pericardial and peritoneal effusions.
 - Pulmonary edema, right 1,220 grams and left 830 grams.
 - Hepatomegaly with nutmeg appearance.
 - Bilateral pulmonary infarctions.
 - Generalized edema.
 - Bilateral hydroccles.
- Focal subendocardial and perivascular fibrosis.
- Thickened (fibrosed and hyalinized) mitral valve, unknown etiology.

B. Other Findings:

- Obesity, BMI 37.9 (normal 18.5-24.9, overweight 25.0-29.9, obese 30.0 and above)
- Pulmonary infarction.
- Acute tubular necrosis of kidney.
- Chronic cholecystitis and cholelithiasis.
- Right gluteal abscess, evidence of recent incision and drainage.
- Passive congestion of liver, spleen and kidneys.
- Early signs of developing decubitus ulceration.

C. Injuries

- No evidence of blunt force, sharp force or firearm injuries.

D. Toxicology:

- No evidence of ethanol or drugs of abuse.
- Positive for Benzodiazepine and its metabolites.

OPINION

Mr. Hyder A. Hussein, a civilian Iraqi detainee of unknown age, died from cardiac disease (Dilated Cardiomyopathy, cardiomegaly and congestive heart failure). No evidence of trauma is noted during autopsy. Toxicological results are negative for ethanol and drugs of abuse and positive for Benzodiazepine and its metabolites (consistent with documented medical treatment). and is non-contributory to autopsy conclusions. Manner of death is natural.

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