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#### DEPARTMENT OF THE ARMY

U.S. ARMY CRIMINAL INVESTIGATION COMMAND

Camp Bucca CID Office

3rd MP Group (CID), Camp Bucca, Iraq, APO, APO AE 09375

05 May 2009

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL/SSI - 0005-2009-CID579-73112 - 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 14 JAN 2009, 0050 - 14 JAN 2009, 0214; TENT 3-3, COMPOUND 7, THEATER INTERNMENT FACILITY, CAMP BUCCA, IZ, APO, AE 09375

DATE/TIME REPORTED: 14 JAN 2009, 0200

**INVESTIGATED BY:** 

SA SA SA

SUBJECT:

1. NONE, ; [DEATH BY NATURAL CAUSES] (NFI)

VICTIM:

1. IBRAHIM, AHMAD AWWAD (DECEASED); FRCIV; IRAQ; (DOB); (POB); MALE; OTHER; INTERNMENT SERIAL NUMBER USD(6), b(7)(C)CI, TENT 3-3, COMPOUND 7, THEATER INTERNMENT FACILITY, CAMP BUCCA, IZ, APO, ARMED FORCES AFRICA, CANADA, EUROPE & MIDDLE EAST 09375; XZ; [DEATH BY NATURAL CAUSES]

INVESTIGATIVE SUMMARY:

THIS IS AN OPERATION IRAQI FREEDOM INVESTIGATION.

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This investigation was initiated upon notification by the 42nd MP BDE of a Detainee death.

Investigation determined Detainee IBRAHIM died of natural causes while sleeping in his tent. An autopsy examination determined Detainee IBRAHIM died due to Lymphocytic Myocarditis.

#### **EXHIBITS:**

#### ATTACHED:

- 1. Agent's Investigation Report (AIR) of SA b(6), b(7)(C), 21 Apr 09.
- 2. CD-Rom containing photographic packet. (Detainee IBRAHIM)
- 3. Statement of SGTb(6), b(7)(C) 14 Jan 09.
- 4. Death Scene AIR of SA b(6), b(7)(C) 14 Jan 09.
- 5. Death Scene Sketch, 14 Jan 09, prepared by SA b(6), b(7)(C)
- 6. CD-Rom containing photographic packet. (Death Scene)
- 7. CD-Rom containing originals of Exhibits 2 and 6. (USACIDC only)
- 8. Statement of Detainee b(6), b(7)(C) 14 Jan 09. (USACIDC only)
- 9. Translation of Detainee b(6), b(7)(C) 14 Jan 09 statement, translated by CAT II b(6), b(7)(C)
- 10. Medical records of Detainee IBRAHIM.
- 11. Statement of Mr. (b(6), b(7)(C) 14 Jan 09.
- 12. AIR of SA b(6), b(7)(C), 22 Jan 09.
- 13. CD-Rom containing photographic images of Detainee IBRAHIM's autopsy examination.

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#### (USACIDC only)

- 14. Timeline prepared by SA b(6), b(7)(C)
- 15. Autopsy Report of Detainee IBRAHIM, 7 Apr 09.
- 16. Toxicology Report of Detainee IBRAHIM, 29 Jan 09.
- 17. Death Certificate pertaining to Detainee IBRAHIM, 21 Apr 09.

#### NOT ATTACHED:

#### **NONE**

The originals of Exhibits 1-9 and 12-14 are forwarded with the USACRC copy of this report. The originals of Exhibits 10 and 11 are maintained in the files of the 115th CSH, TIF, Camp Bucca. The originals of Exhibits 15-17 are maintained in the files of the Office of the Armed Forces Medical Examiner, Washington D.C.

STATUS: This is a Final Report. Commander's Report of Disciplinary Action Taken is not required.

CID Reports of Investigation may be subject to a Quality Assurance review by CID higher headquarters.

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**ACLU DDI CID ROI 30377** 

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Report Prepared By:

Report Approved By:

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

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

Special Agent

Special Agent

#### DISTRIBUTION:

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ACLU DDI CID ROI 30378

### AGENT'S INVESTIGATION REPORT

CID Regulation 195-1
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PAGE 1 OF 3 PAGES

BASIS FOR INVESTIGATION: About 0200, 14 Jan 09, SFC b(6), b(7)(C) B Company, 320<sup>th</sup> MP BN, Camp Bucca, reported Detainee IBRAHIM died at the Theater Internment Facility (TIF) hospital.

About 0250, 14 Jan 09, SA (ER), b(7)(C) interviewed Dr. (MAJ) (MAJ) (ER), b(7)(C) Emergency Room (ER), 115th CSH, TIF, wherein he stated Detainee IBRAHIM arrived at the TIF hospital at approximately 0119 with no signs of life. MAJ (Stated he performed life saving measures which consisted of CPR, epinephrine injections, and the use of a defibrillator. MAJ (Stated all efforts met with negative results and Detainee IBRAHIM never showed any signs of life. Detainee IBRAHIM was subsequently pronounced dead at 0214, 14 Jan 09. MAJ (Stated he saw no signs of trauma and did not notice anything that would have suggested a physical altercation or that someone was involved in his death. MAJ (Stated it appeared to be related to natural causes.

About 0310, 14 Jan 09, SA b(6), b(7)(C) interviewed SPC b(6), b(7)(C). Medic, 115th CSH, wherein he stated he was dispatched from the TIF hospital at approximately 0110 to assist in aiding a detainee that was not breathing at Compound 7. SPC stated he was with PFC b(6), b(7)(C). 115<sup>th</sup> CSH, during the transport. SPC stated he arrived at Compound 7 at approximately 0111 and SGT b(6), b(7)(C). F Company, 250<sup>th</sup> BSB, 320<sup>th</sup> MP BN, was rendering CPR to the Detainee out in front of the sally port area. SPC b(6), b(7)(C) immediately went to Detainee IBRAHIM and loaded him into the ambulance. SPC b(6), b(7)(C) immediately went to Detainee IBRAHIM and loaded him into the ambulance. SPC b(6), b(7)(C) performed CPR on Detainee IBRAHIM in the back of the ambulance. SPC b(6), b(7)(C) stated they arrived at the TIF hospital at approximately 0119 where MAJ continued life saving measures.

About 0315, 14 Jan 09, SA viewed the remains of Detainee IBRAHIM. Detainee IBRAHIM was in the ER of the TIF hospital, lying on a hospital gurney, face up, with his hands at his side. Detainee IBRAHIM's hands and feet were fully extended. The victim's cloths had been removed and he was covered by blankets. There were no apparent signs of trauma on Detainee IBRAHIM. There was no apparent skin damage, bruises or cuts on his body. Lavidity was beginning to form around the neck and on the back of Detainee IBRAHIM. There were no signs of Rigidity present. Photos were exposed of Detainee IBRAHIM's remains using a Nikon D80 digital camera which were subsequently downloaded to a CD-ROM.

About 0337, 14 Jan 09, SAb(6), b(7)(C) interviewed SFC(b(6), b(7)(C)) Sergeant of the Guard (SOG), 250<sup>th</sup> BSB, 320<sup>th</sup> MP BN, who stated he was notified of the incident involving Detainee IBRAHIM who was having difficulty breathing inside his tent. SFC(b(6), b(7)(C)) stated that at 0101, Detainee IBRAHIM was brought to the main gate unconscious and non-responsive. SFC(b(6), b(7)(C)) immediately asked for a medic to assist in life saving measures.

TYPED AGENT'S NAME AND SEQUENCE NUMBER $SA(b)(6)$ , $(b)(7)(C)$ , $(b)(7)(F)$ SIGN	ORGANIZATION 41st MP Detachment(CID), Camp Bucca, Iraq APO AE 09375			
	DATE 21 Apr 09	EXHIBIT	1	

CID FORM 94

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	ROI NUMBER
AGENT'S INVESTIGATION REPOR	T 0005-09-CID579-73112
CID Regulation 195-1 For Official Use Only-Law Enforcement Sensitive	PAGE 2 OF 3 PAGES
About 0340, 14 Jan 09, SAb(6), b(7)(C) obtained a list of Detained IBRAHIM. The following Internment Serial Numbers (ISN TOC: Detainee b(6), b(7)(C) ISN- USb(6), b(7)(C) ISN- US	I) were provided by the 250° BSB, 320° MPBN,  C)CI, Detainee b(6), b(7)(C)  ISN-  USb(6), b(7)(C)  II, Detainee b(6), b(7)(C)
About 0355, 14 Jan 09, SA <sup>b(6)</sup> , b(7)(C) interviewed SGTb(6) BN, who stated he observed Detainee IBRAHIM, being car	F Company, 25th BSB, 320 <sup>th</sup> MP rried from his tent, 3-3, to the Sally Port doors.
About 0427, 14 Jan 09, SA b(6), b(7)(C) interviewed SGTb(6) described how he preformed life saving measures to Detain	), b(7)(C) who provided a statement wherein he nee IBRAHIM.
About 0430, 14 Jan 09, SA b(6), b(7)(C) and SA b(6), b(7)(C) co Compound 7, TIF, Camp Bucca.	onducted a Death Scene Examination of Tent 3-3,
About 0445, 14 Jan 09, SA b(6), b(7)(C) interviewed Detaine joking with Detainee IBRAHIM shortly after accountability b(6), b(7)(C) stated he went to bed and was woken up befor IBRAHIM. Detainee b(6), b(7)(C) went over to Detaine Detainee b(6), b(7)(C) then woke up Detainee's b(6), b(6), b(6), b(7) went over to Detaine Detainees then grabbed Detainee IBRAHIM's mattres were met by the Soldiers of F Company, 250 <sup>th</sup> BSB.	ry checks. Shortly thereafter, Detained to the 0100 by "loud gasps for air" coming from Detained ee IBRAHIM and witnessed he stopped breathing.  7(C) b(6), b(7)(C) b(6), b(7)(C) The ss and brought him to the front sally port where they
AGENT'S COMMENT: SA b(6), b(7)(C) interviewed b(6), Detainee's b(6), b(7)(C) recollection of the incident.	b(7)(C) $b(6)$ , $b(7)(C)$ who confirmed
About 0513, 14 Jan 09, SA b(6), b(7)(C) interviewed Detaine language statement detailing how he heard Detainee IBRA brought him to the American Guards to render aid.	who provided an Arabic who breathing very heavily and subsequently
About 1000, 15 Jan 09, SA b(6), b(7)(C) conducted canvass is Compound 7. All detainees within the tent stated they did IBRAHIM and stated everyone inside the compound liked	not know of any medical conditions with Detainee him very much.
About 1400, 16 Jan 09, SA b(6), b(7)(C) obtained the medica b(6), b(7)(C) Patient Administration Division (PAD), TIF Ho	al records of Detainee IBRAHIM from CPT b(6), b(7)(6) ospital, Camp Bucca.
TYPED AGENT'S NAME AND SEQUENCE NUMBER  OR  4	IGANIZATION  Ist MP Detachment(CID), Camp Bucca, Iraq
sA(b)(6), (b)(7)(C), (b)(7)(F)	PO AE 09375  ATE EXHIBIT  21 Apr 09
CID FORM 94 FOR OFFICIAL USE ONLY (Automated)  Protective Marking Automatic Termination	is Excluded From

### AGENT'S INVESTIGATION REPORT

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PAGE 3 OF 3 PAGES

About 0900, 23 Feb 09, SA b(6), b(7)(C) received the Final Information Report from the Aberdeen Proving Grounds CID Office containing the AIR of SA b(6), b(7)(C) photographs of Detainee IBRAHIM's autopsy, and fingerprints of Detainee IBRAHIM.

About 1120, 16 Mar 09, SA <sup>b(6), b(7)(C)</sup> drafted a timeline of the events leading up to Detainee IBRAHIM's death.

About 1430, 21 Apr 09, SA (6), b(7)(C) received the Final Autopsy report, the Toxicology report, and the Death Certificate pertaining to Detainee IBRAHIM. Detainee IBRAHIM dies of natural causes due to Lymphocytic Myocarditis. ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

41st MP Detachment(CID), Camp Bucca, Iraq

APO AE 09375

21 Apr 09

EXHIBIT

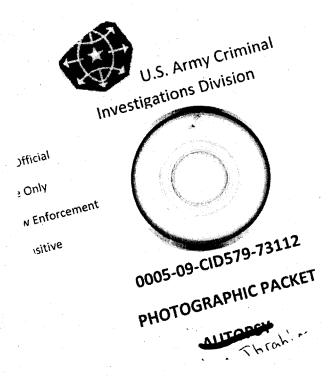
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(Automated)

FOR OFFICIAL USE ONLY WENTORGENEN SUSTINERO 3038

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0005-09-CID579-73112

Photographic Packet (Detainee IBRAHIM)



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ACLU DDI CID ROI 30398217 2

CASE NUMBER: 0005-09-CID579-

- 1. Photograph depicting overhead view of Detainee IBRAHIM.
- 2. Photograph depicting overhead view of Detainee IBRAHIM.
- 3. Photograph depicting overhead view of Detainee IBRAHIM.
- 4. Photograph depicting overhead view of Detainee IBRAHIM.
- 5. Photograph depicting the right side of Detainee IBRAHIM's head.
- 6. Photograph depicting the right hand of Detainee IBRAHIM.
- 7. Photograph depicting the right hand of Detainee IBRAHIM.
- 8. Photograph depicting the right hand of Detainee IBRAHIM.
- 9. Photograph depicting overhead view of Detainee IBRAHIM.
- 10. Photograph depicting IV line in left arm of Detainee b(6), b(7)(C)
- 11. Photograph depicting IV line in left arm of Detainee b(6), b(7)(C)
- 12. Photograph depicting the left hand of Detainee IBRAHIM.
- 13. Photograph depicting the left hand of Detainee IBRAHIM.
- 14. Photograph depicting the left hand of Detainee IBRAHIM.
- 15. Photograph depicting the left hand of Detainee IBRAHIM.
- 16. Photograph depicting the left arm of Detainee IBRAHIM.
- 17. Photograph depicting the abdomen of Detainee IBRAHIM.
- 18. Photograph depicting the legs of Detainee IBRAHIM.
- 19. Photograph depicting the legs of Detainee IBRAHIM.
- 20. Photograph depicting the feet of Detainee IBRAHIM.

CASE NUMBER: 0005-09-CID579-

- 21. Photograph depicting the bottom of Detainee IBRAHIM's left foot.
- 22. Photograph depicting the bottom of Detainee IBRAHIM's right foot.
- 23. Photograph depicting the back of Detainee IBRAHIM's right foot.
- 24. Photograph depicting the right side of Detainee IBRAHIM's head.
- 25. Photograph depicting the left side of Detainee IBRAHIM's head.
- 26. Photograph depicting the left eye of Detainee IBRAHIM

For use of this form, see AR 190-45; the proponent agency is PMG.  000500000000000000000000000000000000	7.7.1
PRIVACY ACT STATEMENT	J. J.
AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).	
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.	
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.	
DISCLOSURE: Disclosure of your social security number is voluntary.	
1. LOCATION 2. DATE (YYYYMM) 5(6), b(7)(C) TIME 5(6), b(7)(C) FILE NUMBER	
CAMP BUCCA THAT AFO AF 09375 20080/14 0427 005-09-CFD B7	4
$b(6), b(7)(C)$ $yxx-yx^{b(6), b(7)(C)}$ $567/NG$	
F CO 250TH BSB 320TH MP BN CAMP BUCCA, ISLAG	
$b^{(6),b(7)(C)}$ want to make the following statement under oath	
	Ż
At Approx: 01:04 thes Defanie was brught to sally port.	
once cleaned of Delenies, sally port mus opened, and	
I 5gt. b(6), b(7)(C) neut inside de see what was unong	
With Delanie. I 55t. b(6), b(7)(C) saw that Delanice un	
beign lamied and body was lifless.	
at Approx 01:06 1fRS. I = 51. b(6), b(7)(C) sterled	
CPR on Detenne b(6), b(7)(C) I kept on with epr	
then checked here breathing, betanie b(6), b(7)(0) had	
Jan locked, I had to physically open his mouth	
with my hands, to Continue epr, I 55%. b(6), b(7)(C)	
Continued, I then telt for Detainers parlse.	
partse non low, by this time the medic's had	
been alerted. I Continued Cpr, and also mutice	<b>(</b>
Détainer hou a great deal of SAlira, I took	
my hand and wiped of his morth, I then	
heard Detainee b(6), b(7)(C) pushing out a breath,	
I dried to TAIK to him and Call him by	
10. EXHIBIT 11. IN b(6), b(7)(C) MAKING STATEMENT PAGE 1 OF 3	PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF TAKEN AT DATED	
	ED.
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMB MUST BE BE INDICATED.	LA

DA FORM 2823, DEC 1998

DDI CID ROI 204132T 3

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS (6), 6(7)(C)
STATEMENT OF SOT D(6), b(7)(C)  TAKEN AT CAMP BUCCA, ITAD DATED 14 TAN 09
9. STATEMENT (Continued)
his name, but I got no response. I Hen
his name, but I got no response. I Hen loutined with clast compressions.
at this time the medics Derived
and I set b(6), b(7)(C) Filled Hem in with information
Concerning robut the did. I hoped them
put défaince b(6), b(7)(C) on the shetclin,
and sten on the autolonce.
I set. $b(6), b(7)(C)$ did not go ruith
Détaine on ambolance. Major b(6), b(7)(C)
took me in her vehicle to the hospital, I then steyer in the emergency Room,
until Detainer was bulled, to time of Beath.
emergences creu worked on him for about
1 hr cm 10 min.
(a) b(6), b(7)(C) b(6), b(7)(C)
A. b(6), b(1)(C)  A. b(6), b(1)(C)  THE DETAINER SAY ANYTHING TO YOU?
A. NO Q. HAS BETAINER D(6), D(7)(C) HAD ANY MEDICAL PROBLEMS IN
Q. HAS BETAINER
THE PAST? A. I HAVE NO TOPA.
Q. DID THE DETAINER HAVE ANY SIGNS OF TRAUMA!
INITIALS OF PERSON MAKING STATEMENT $b(6)$ , $b(7)(C)$ PAGE $2$ OF $3$ PAGES
PAGE 2, DA FORM 2823, DEC 1998

ACLU-RDI 5598 p.12

	b(6), b(7)(C) <sup>00</sup> 05 09 C10579-731 b(6), b(7)(C)
STATEMENT OF 567 b(6), b(7)(C) TAKE	EN AT CAMP ROCCA, TRAD DATED 14 JAN 09
9. STATEMENT (Continued) A. NO. I CHECKED HIS ARM	NS, HEAD, NECK BUT DID NOT
See ANYTHING. ? Q. DO YOU HAVE ANYTHING ELSE	YOU WISH TO ADD TO THIS
Q. DO YOU HAVE ANTIMING BUSE	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (
STATEMENT? A. NO III END OF STATEMENT !	
Barana da Maria da M Maria da Maria da Ma	
b(6), b(7)(C)	FIDAVIT
WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3   FULLY	, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT Y UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE
BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRE	CTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE
CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT F THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL	
	b(6), b(7)(C)
	(Sig)
WITNESSES:	Subscribed and sworn to before me, a person authorized by law to administer oaths, this 4 day of TAWANY 2009
	at COMPOUND 7 CAMP RUCCA IRAQ
	b(6), b(7)(C)
ORGANIZATION OR ADDRESS	
ONO WILL WICH ON THE BILLEGO	
	≤4 b(6), b(7)(C)
	b(6), b(7)(C)  (Typed Name of Person Administering Oath)

INITIALS OF PERSON MAKING STATEMENT b(6), b(7)(C)

PAGE 3 OF 3 PAGES

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PAGE 3, DA FORM 2823, DEC 1998

#### AGENT'S INVESTIGATION REPORT

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PAGE 1 OF 1 PAGES

DEATH SCENE EXAMINATION: About 0430, 14 Jan 09, SA b(6), b(7)(C) and SA b(6), b(7)(C) conducted a Death Scene Examination of Tent 3-3, Compound 7, Theater Internment Facility (TIF), Camp Bucca.

CHARACTERISTICS OF THE SCENE: Compound 7 is constructed of metal wire fencing with concertina wire and barbed wire spanning the entire length. Enclosed inside the compound is an open area which holds approximately 21 tan in color tents. The tents are on top of concrete pads and face East (E) to West (W). There was one main Entry/Exit way (E/E) to the compound. The E/E was located centered along the North (N) boundary of the compound. Compound 7 is surrounded by Compound 8 to the W and an open road with buildings to the E. Tent 3-3 is a canyas military tent used for housing detainees and is located approximately centered in the group of tents. The exterior of the tent contains no specific markings and is consistent with the other 20 tents in the compound.

CONDITIONS OF THE SCENE: The interior was in used and disorderly condition, with various personal belongings of the detainees, to include mattresses, prayer rugs and water bottles, strewn haphazardly about. There were several mattresses in the South (S) W corner, one in the NE corner, and 3 in the NW corner. There was Detainee personal items at the head of each mattress lying on the floor. The boxes contained various items from food articles to clothing. There were no significant identifiable markings to show where Detainee IBRAHIM collapsed but there was an open area roughly centered along the N wall which appeared to have been cleared.

ENVIRONMENTAL CONDITIONS: At the time of the crime scene examination, the outside temperature was approximately 60 degrees Fahrenheit and the examination was conducted during night hours with a clear sky.

FACTORS PERTINENT TO ENTRY AND/EXIT: Access to the tent could be obtained from the tent flap opening along the E and W wall of the tent. Access to Compound 7 could be gained through the one E/E on the N wall of the Compound. The remaining portions of the compound were surrounded by wire fencing with concerting wire and barbed wire.

SCENE DOCUMENTATION: SA<sup>b(6), b(7)(C)</sup> exposed digital photographs of the crime scene using a Nikon D80 digital camera and drafted a crime scene sketch.

COLLECTION OF EVIDENCE: A search for evidence revealed no items of evidentiary value.

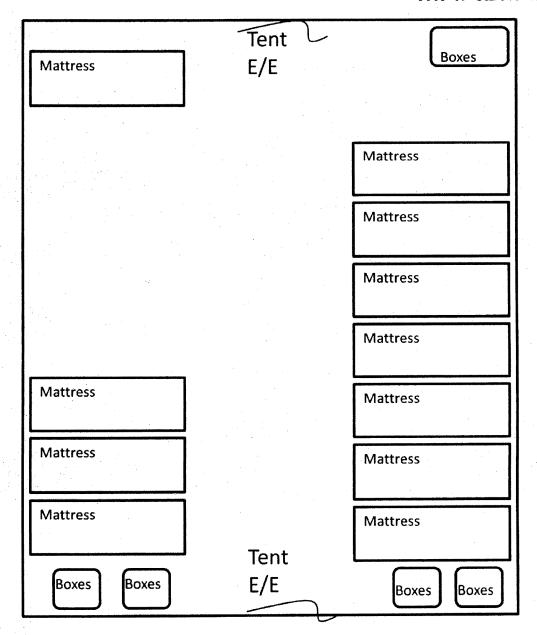
SEARCH BEYOND THE SCENE: A search of the area around Compound 7 revealed no items of evidentiary value. ///LAST ITEM///

TYPED AGENT'S NAME AND SEQUENCE NUMBER	ORGANIZATION		
	41st MP Detachmen	t(CID),	Camp Bucca,
SA(b)(6), (b)(7)(C), (b)(7)(F)	APO AE 09375		
SIG	DATE	EXHIBIT	
	14 Jan 09	4	
			OOAAE
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(Automated)

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#### FOR OFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE CRIME SCENE ROUGH SKETCH 0005-09-CID579-73112



**LEGEND** 

**TITLE BLOCK** 

Case Number: 0005-09-CID579-73112 Offense: Undetermined Manner of Death

Date/Time: 0445, 14Jan 09

Location: Tent 3-3, Compound 7, Camp Bucca,

IZ, APO AE 09375.

Subject: None

Victim: Detainee Ahmed Awwad IBRAHIM

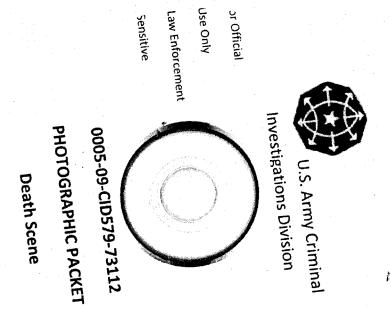
Sketched By: SA b(6), b(7)(C) Verified By: SA b(6), b(7)(C)

**NOT TO SCALE** 

ACLU DDI CID ROI 3

0005-09-CID579-73112

# Photographic Packet (Death Scene)



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ACLU DDI CID ROE30417 6

CASE NUMBER: 0005-09-CID579-73112

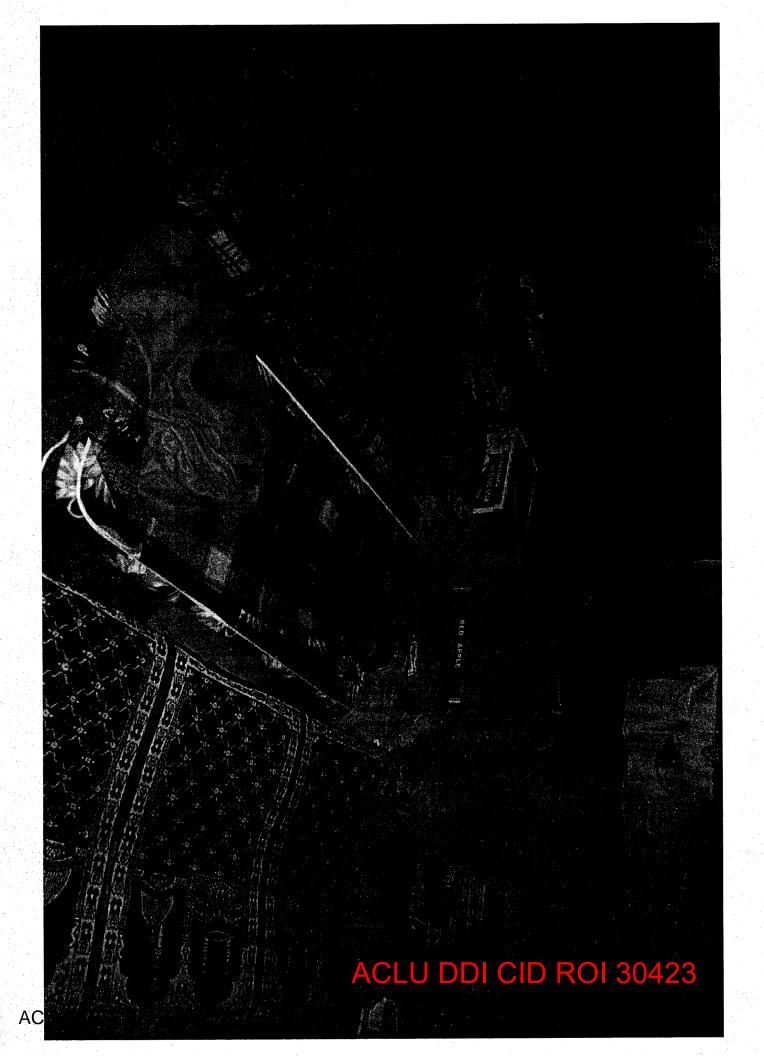
- 1. Photograph depicting Entry/Exit Way (E/E) of Tent 3/3, Compound 7.
- 2. Photograph depicting 360 degree of inside tent 3/3.
- 3. Photograph depicting 360 degree of inside tent 3/3.
- 4. Photograph depicting 360 degree of inside tent 3/3.
- 5. Photograph depicting 360 degree of inside tent 3/3.
- 6. Photograph depicting 360 degree of inside tent 3/3.
- 7. Photograph depicting 360 degree of inside tent 3/3.
- 8. Photograph depicting 360 degree of inside tent 3/3.
- 9. Photograph depicting 360 degree of inside tent 3/3.
- 10. Photograph depicting 360 degree of inside tent 3/3.
- 11. Photograph depicting 360 degree of inside tent 3/3.

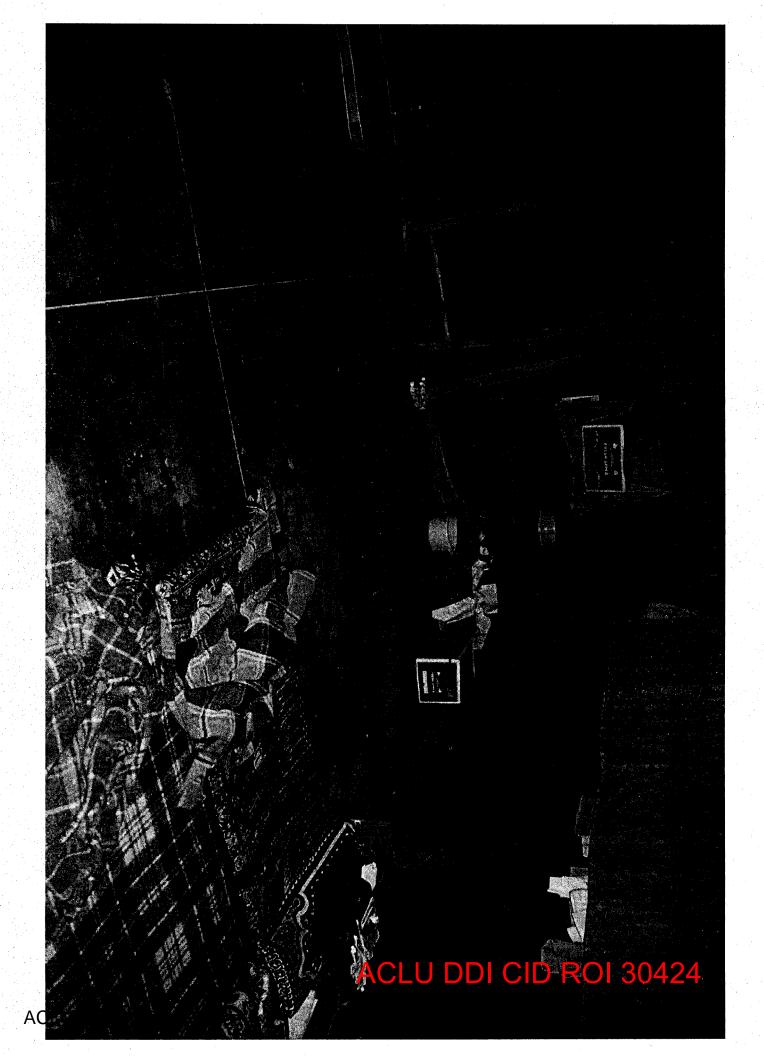


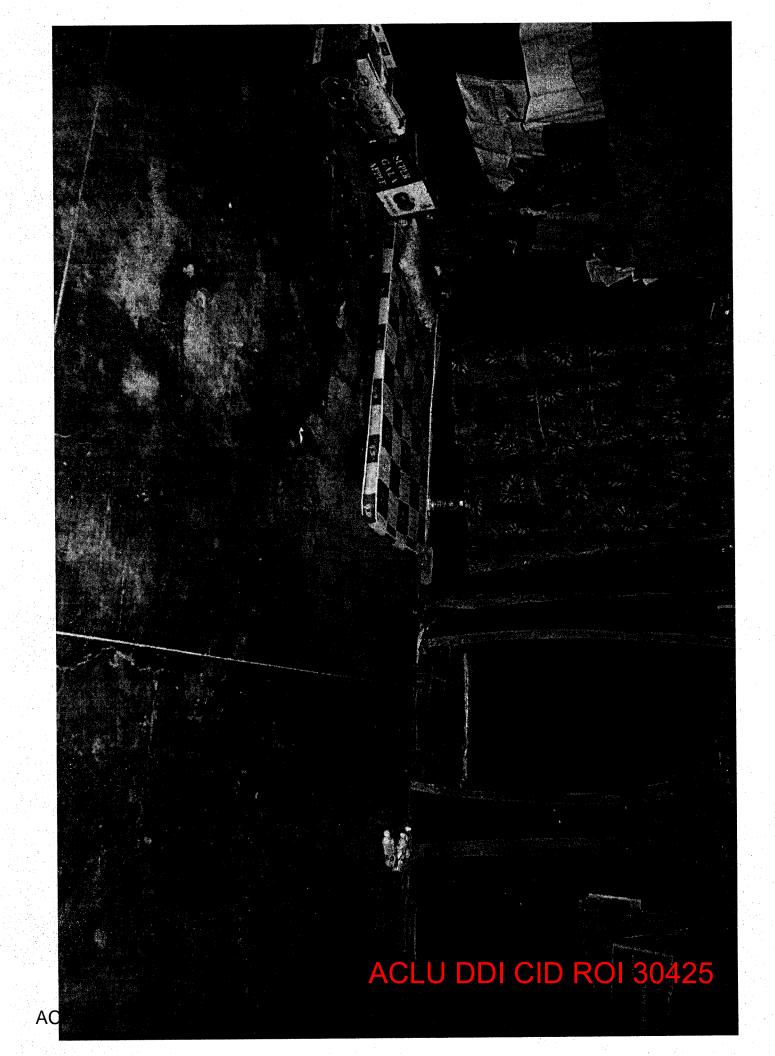






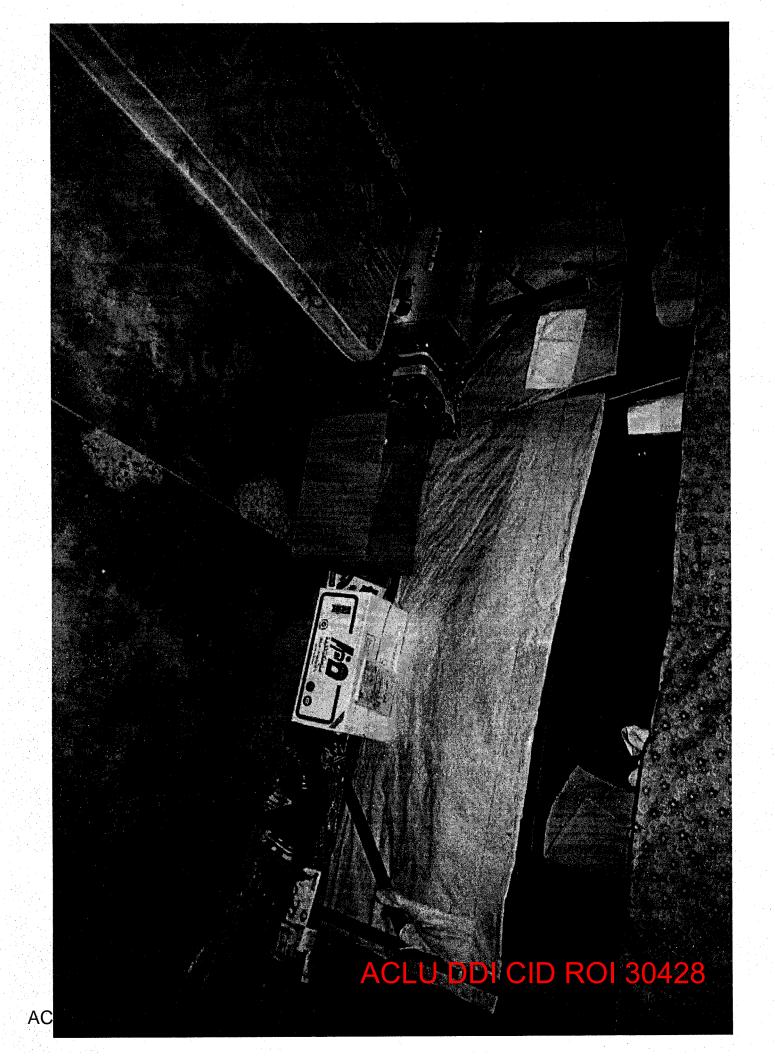


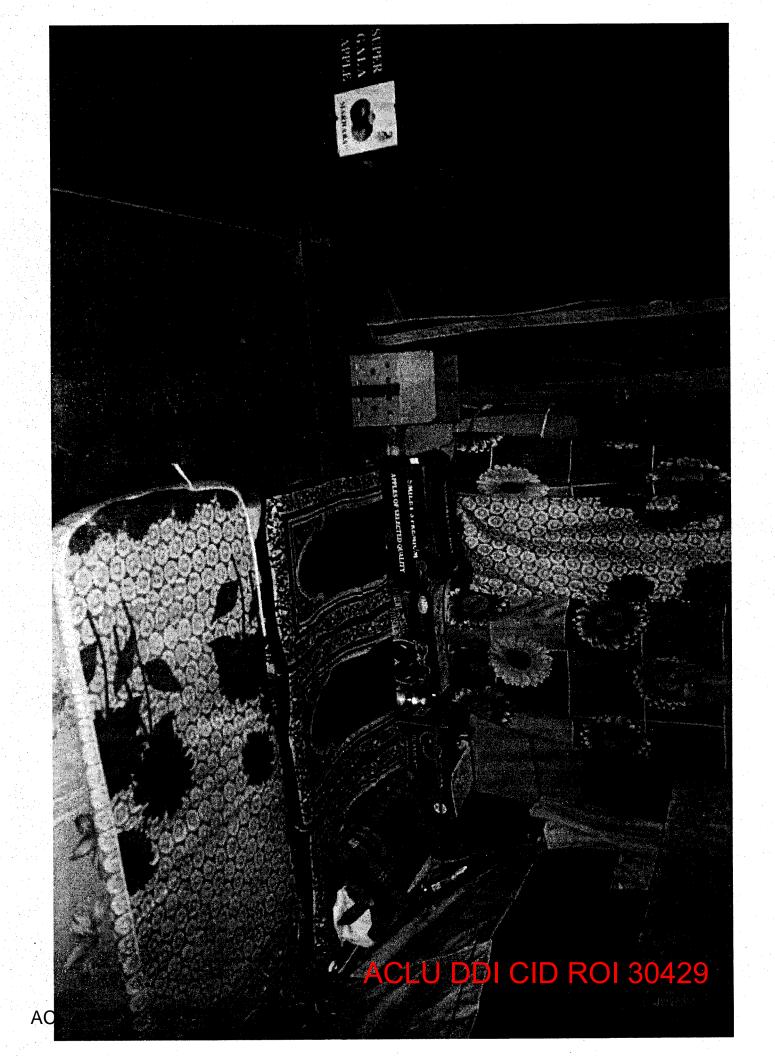












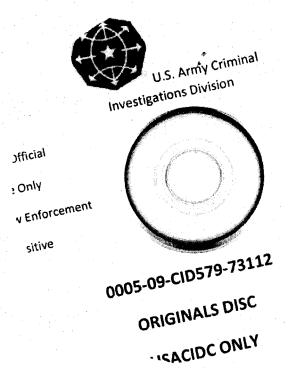
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0005-09-CID579-73112

### PHOTOGRAPHIC CD-ROM

**Originals Disc** 

(USACIDC only)



Exhibit\_

FOR OFFICIAL USE ONLY/LAW ENFORCEMENT SENSITIVE

ACLU DDI CID ROI 30430

CASE NUMBER: 0005-09-CID579-

- 1. Photograph depicting overhead view of Detainee IBRAHIM.
- 2. Photograph depicting overhead view of Detainee IBRAHIM.
- 3. Photograph depicting overhead view of Detainee IBRAHIM.
- 4. Photograph depicting overhead view of Detainee IBRAHIM.
- 5. Photograph depicting the right side of Detainee IBRAHIM's head.
- 6. Photograph depicting the right hand of Detainee IBRAHIM.
- 7. Photograph depicting the right hand of Detainee IBRAHIM.
- 8. Photograph depicting the right hand of Detainee IBRAHIM.
- 9. Photograph depicting overhead view of Detainee IBRAHIM.
- 10. Photograph depicting IV line in left arm of Detainee b(6), b(7)(C)
- 11. Photograph depicting IV line in left arm of Detainee b(6), b(7)(C)
- 12. Photograph depicting the left hand of Detainee IBRAHIM.
- 13. Photograph depicting the left hand of Detainee IBRAHIM.
- 14. Photograph depicting the left hand of Detainee IBRAHIM.
- 15. Photograph depicting the left hand of Detainee IBRAHIM.
- 16. Photograph depicting the left arm of Detainee IBRAHIM.
- 17. Photograph depicting the abdomen of Detainee IBRAHIM.
- 18. Photograph depicting the legs of Detainee IBRAHIM.
- 19. Photograph depicting the legs of Detainee IBRAHIM.
- 20. Photograph depicting the feet of Detainee IBRAHIM.

CASE NUMBER: 0005-09-CID579-

- 21. Photograph depicting the bottom of Detainee IBRAHIM's left foot.
- 22. Photograph depicting the bottom of Detainee IBRAHIM's right foot.
- 23. Photograph depicting the back of Detainee IBRAHIM's right foot.
- 24. Photograph depicting the right side of Detainee IBRAHIM's head.
- 25. Photograph depicting the left side of Detainee IBRAHIM's head.
- 26. Photograph depicting the left eye of Detainee IBRAHIM

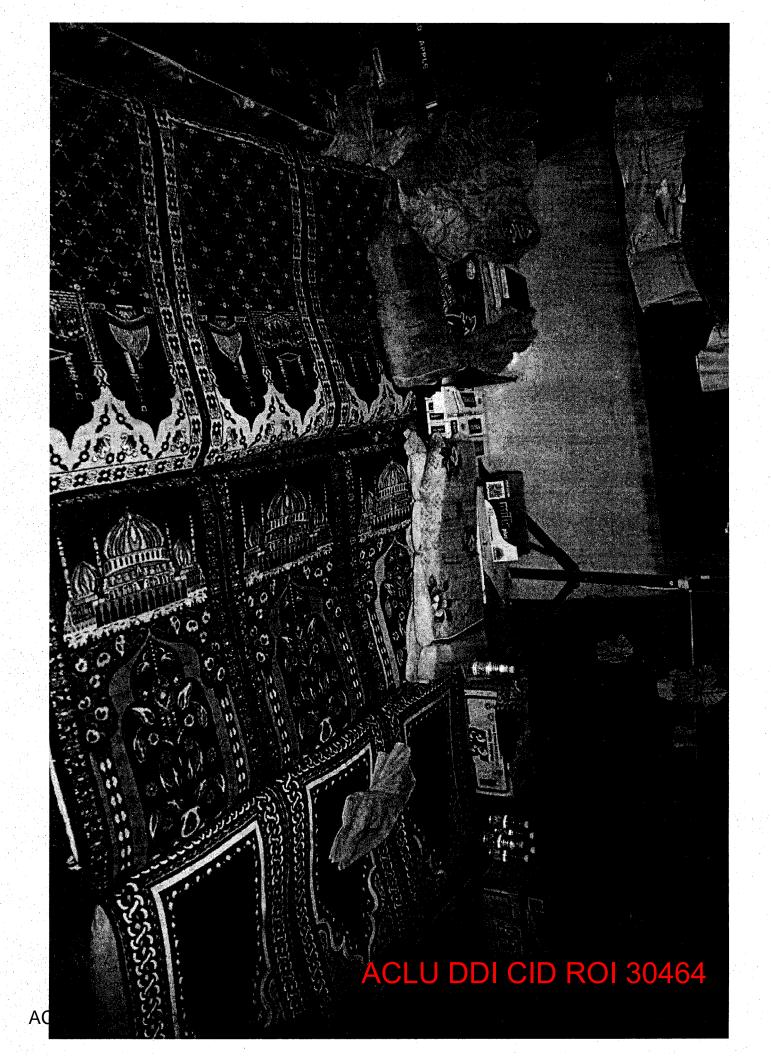
CASE NUMBER: 0005-09-CID579-73112

- 1. Photograph depicting Entry/Exit Way (E/E) of Tent 3/3, Compound 7.
- 2. Photograph depicting 360 degree of inside tent 3/3.
- 3. Photograph depicting 360 degree of inside tent 3/3.
- 4. Photograph depicting 360 degree of inside tent 3/3.
- 5. Photograph depicting 360 degree of inside tent 3/3.
- 6. Photograph depicting 360 degree of inside tent 3/3.
- 7. Photograph depicting 360 degree of inside tent 3/3.
- 8. Photograph depicting 360 degree of inside tent 3/3.
- 9. Photograph depicting 360 degree of inside tent 3/3.
- 10. Photograph depicting 360 degree of inside tent 3/3.
- 11. Photograph depicting 360 degree of inside tent 3/3.

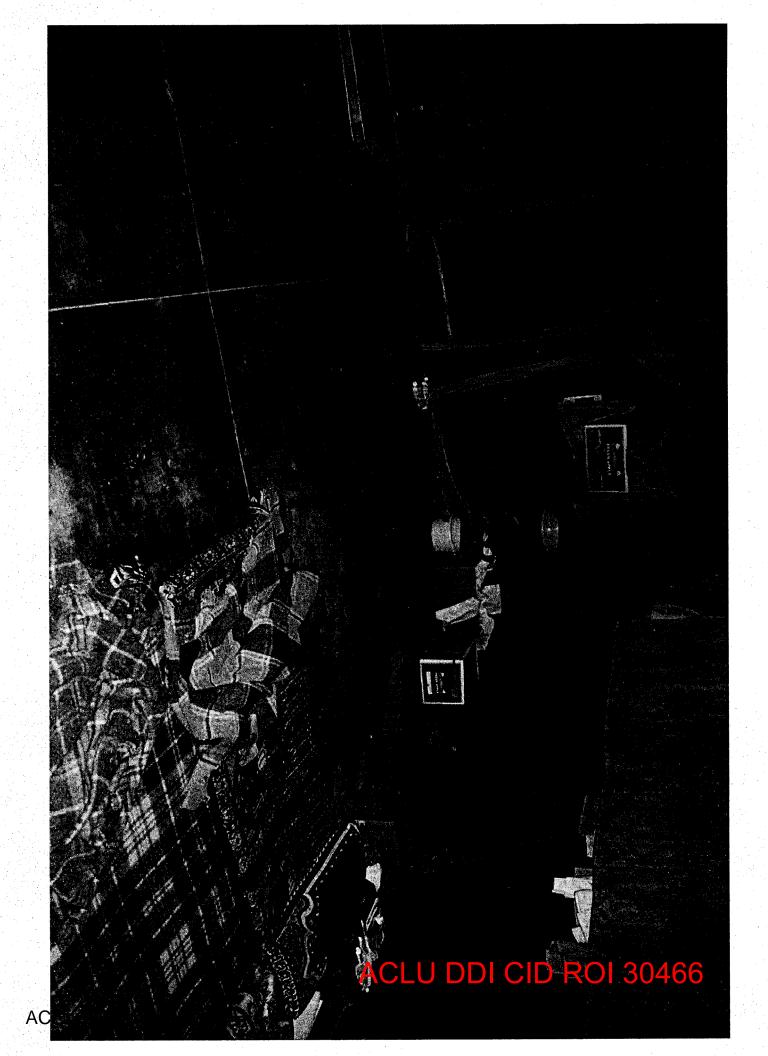


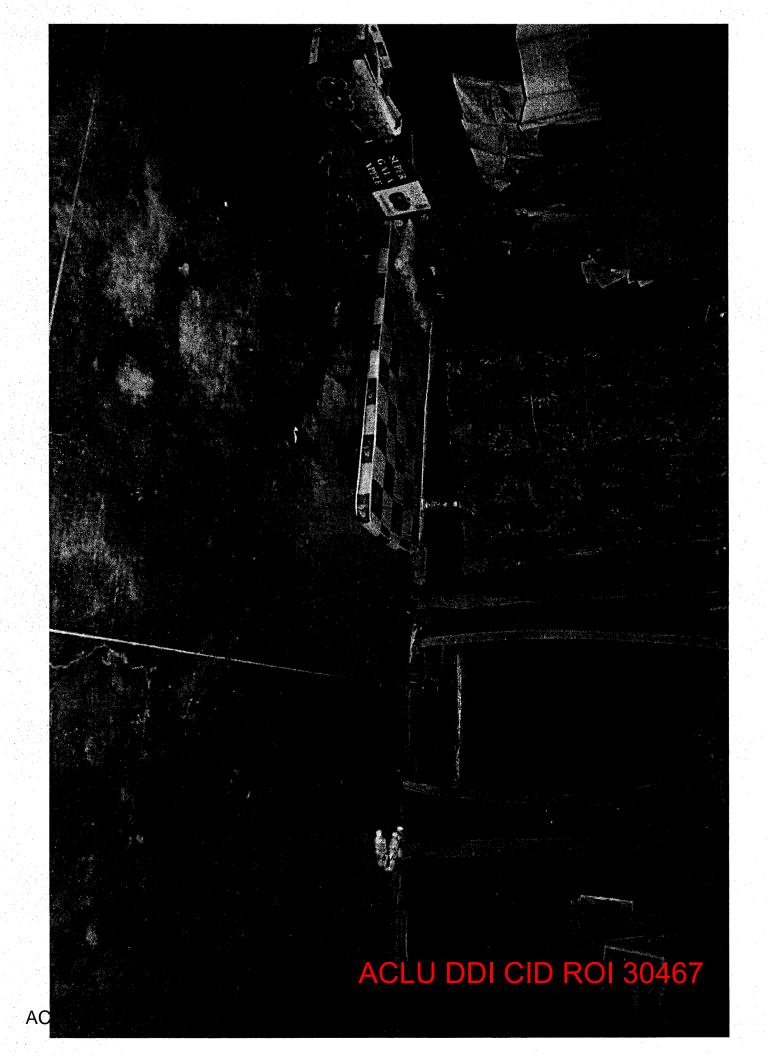


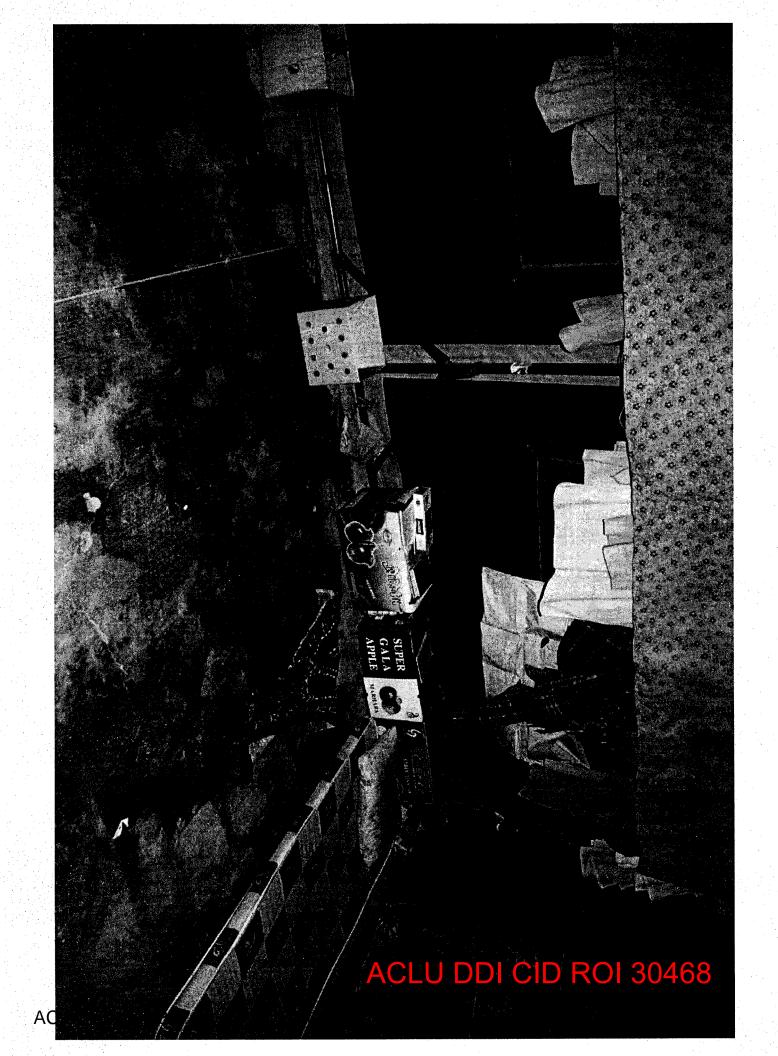


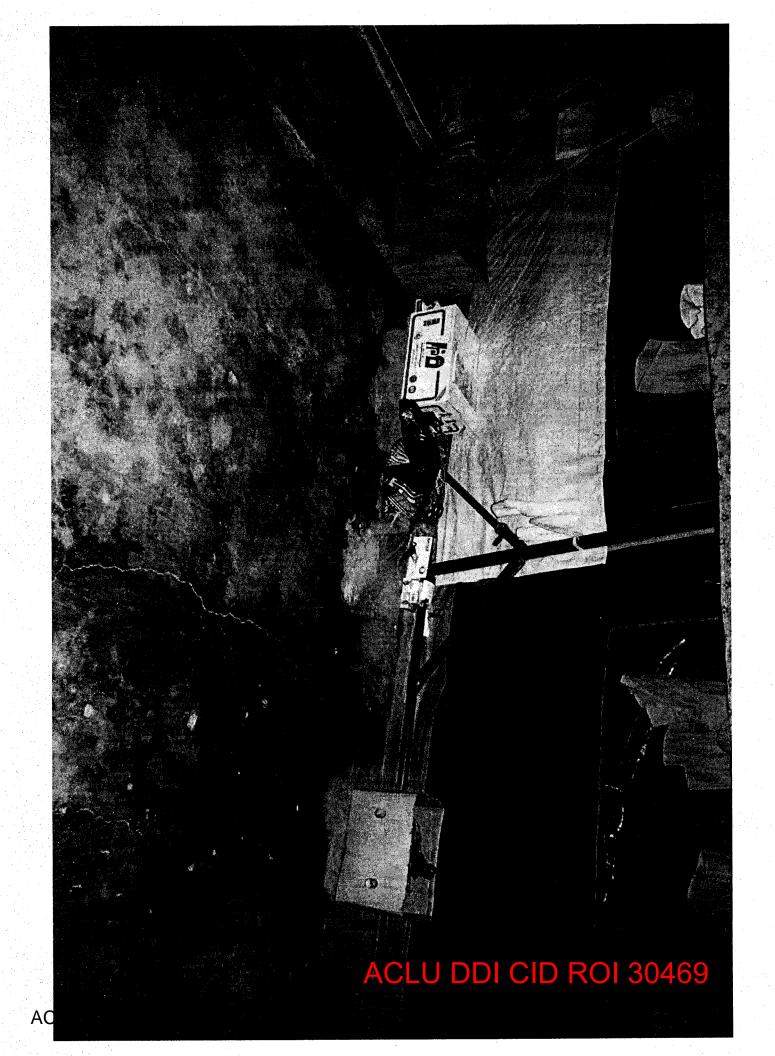


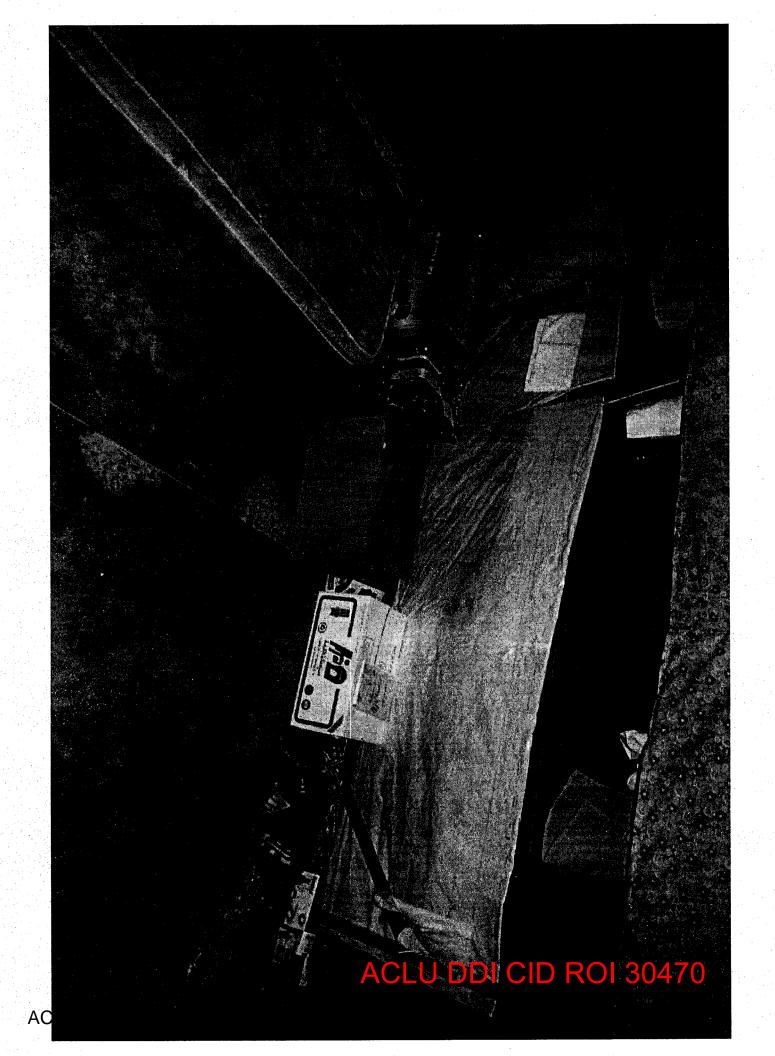


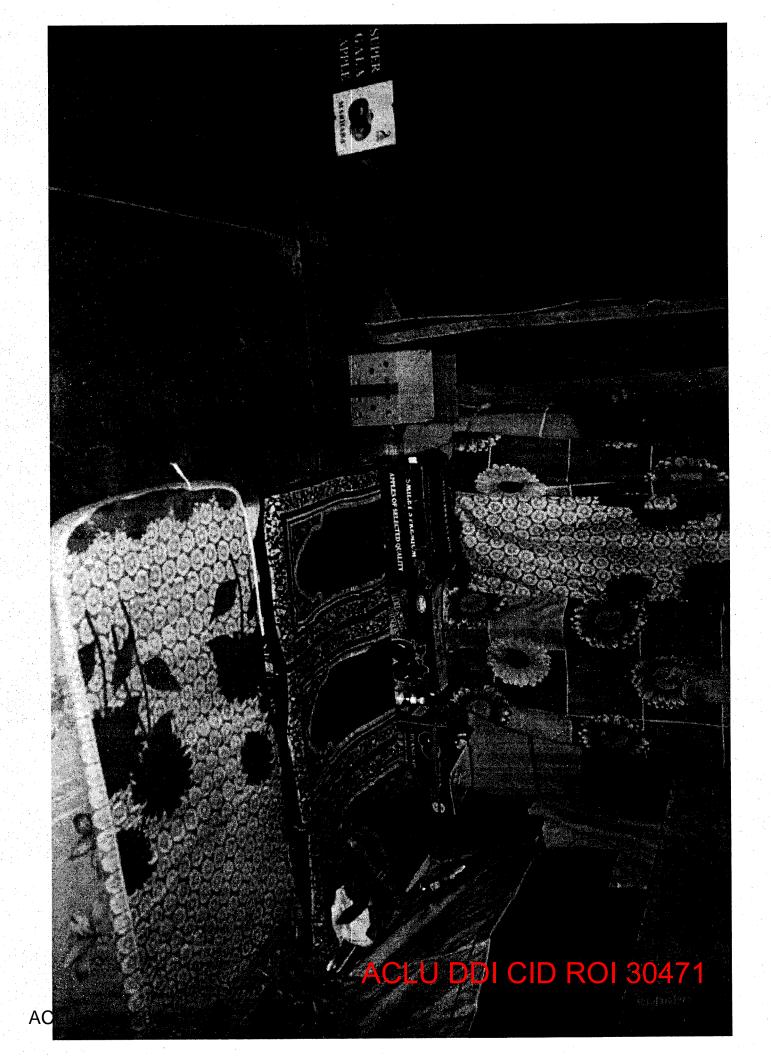










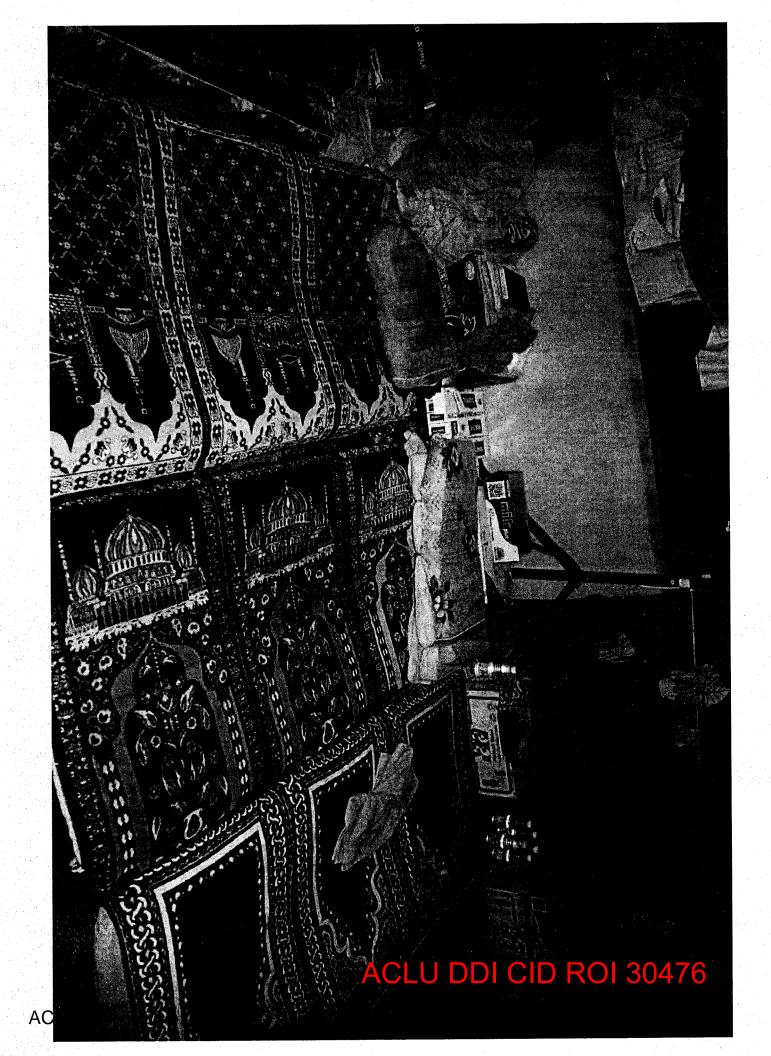


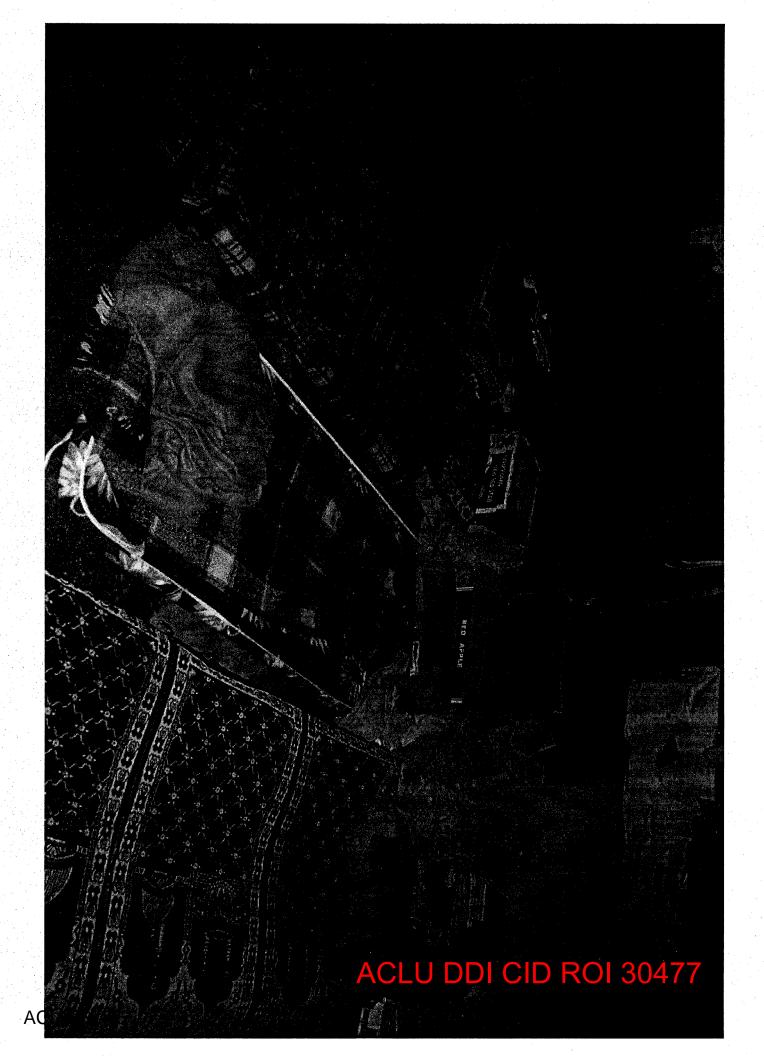
ACLU DDI CID ROI 30472

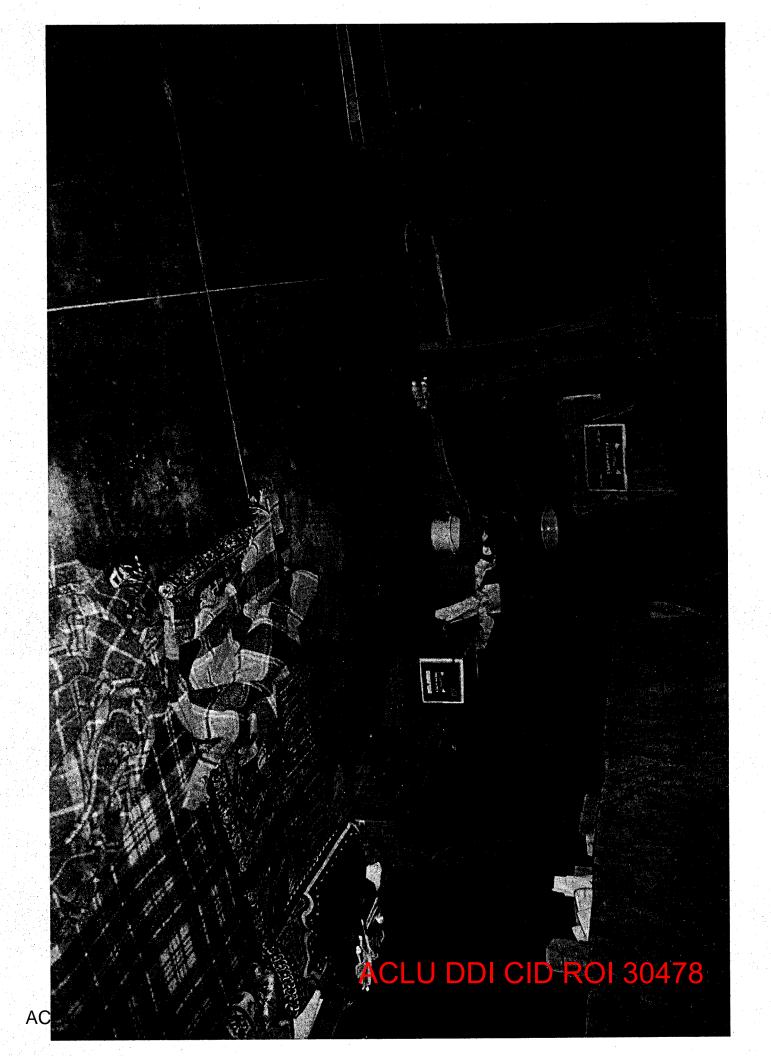


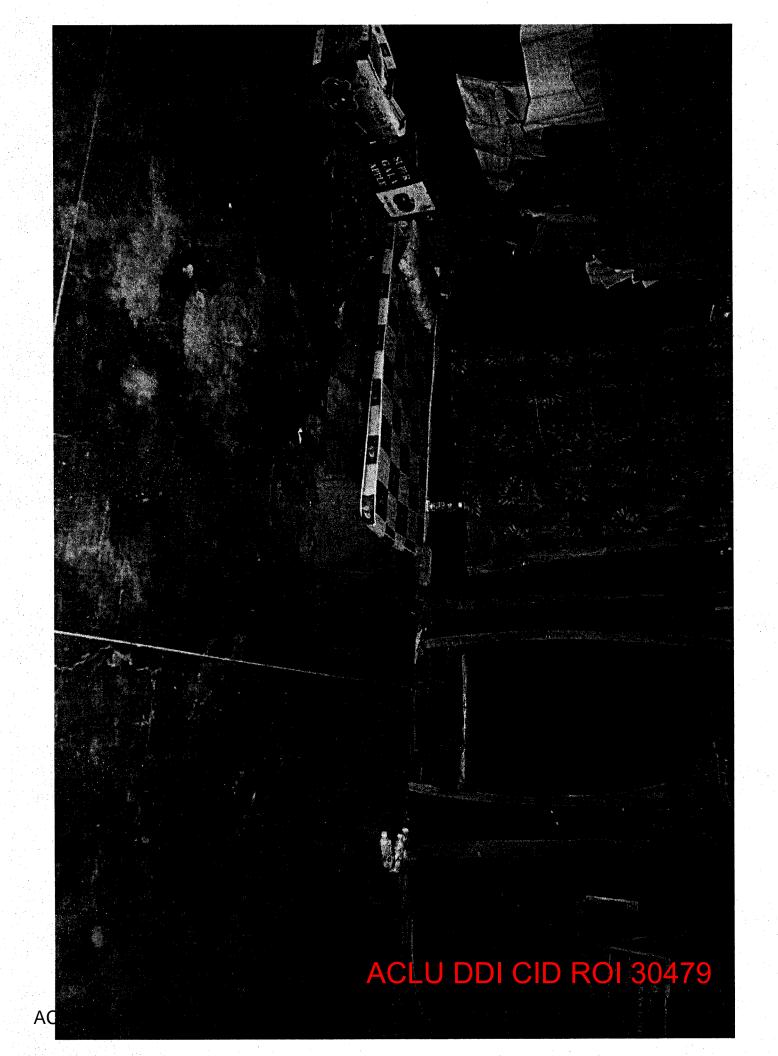




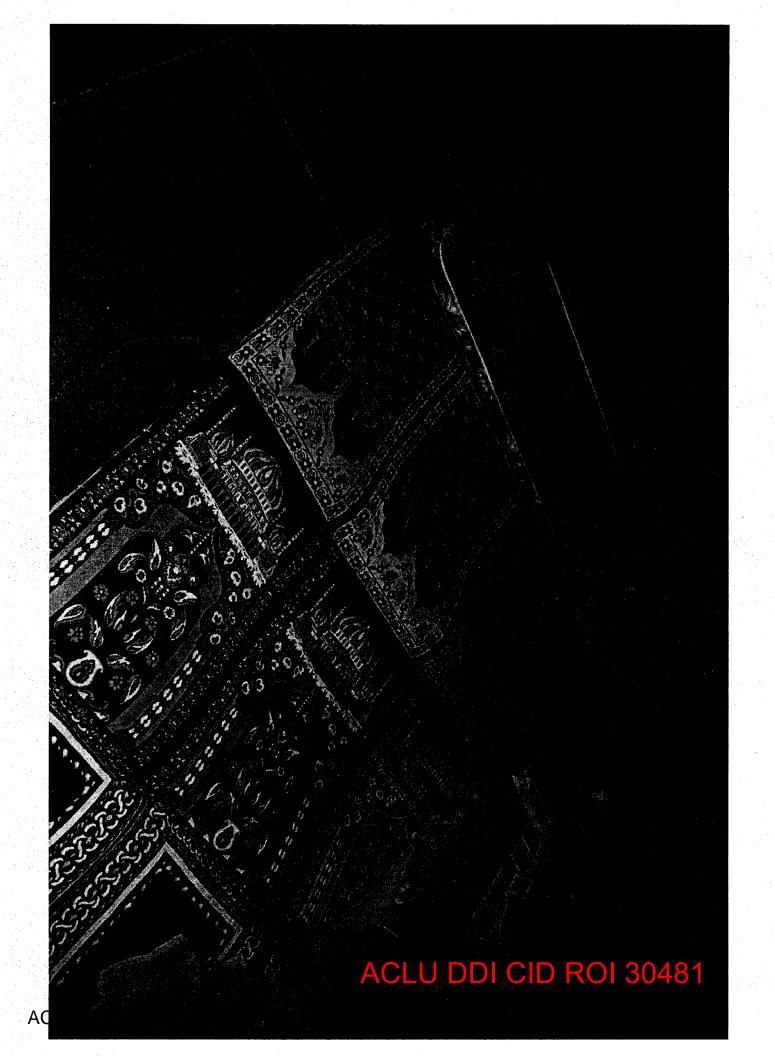


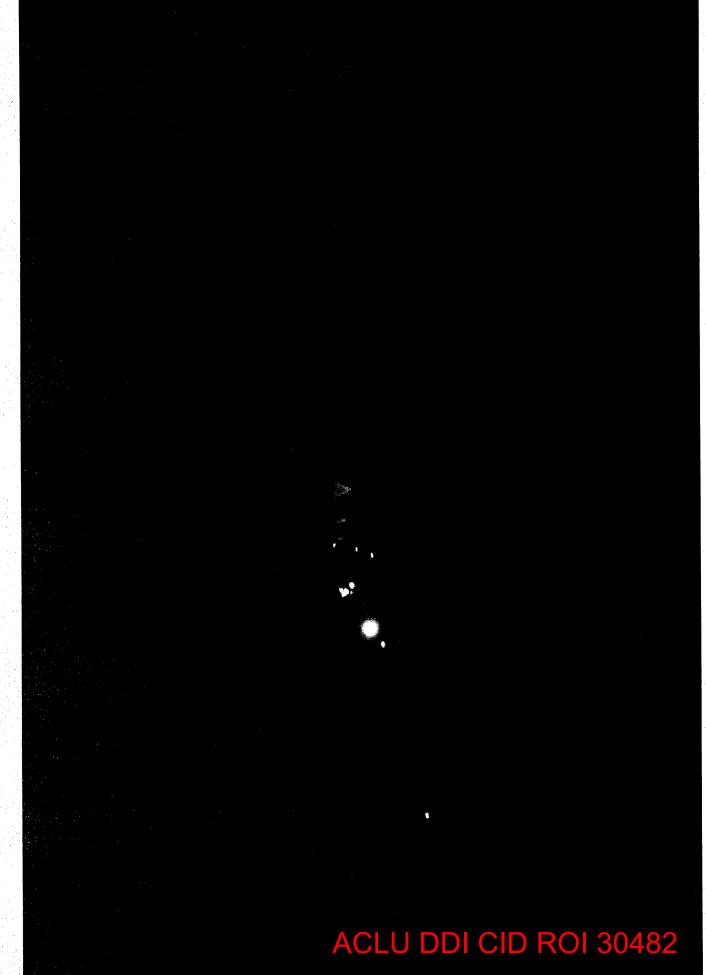


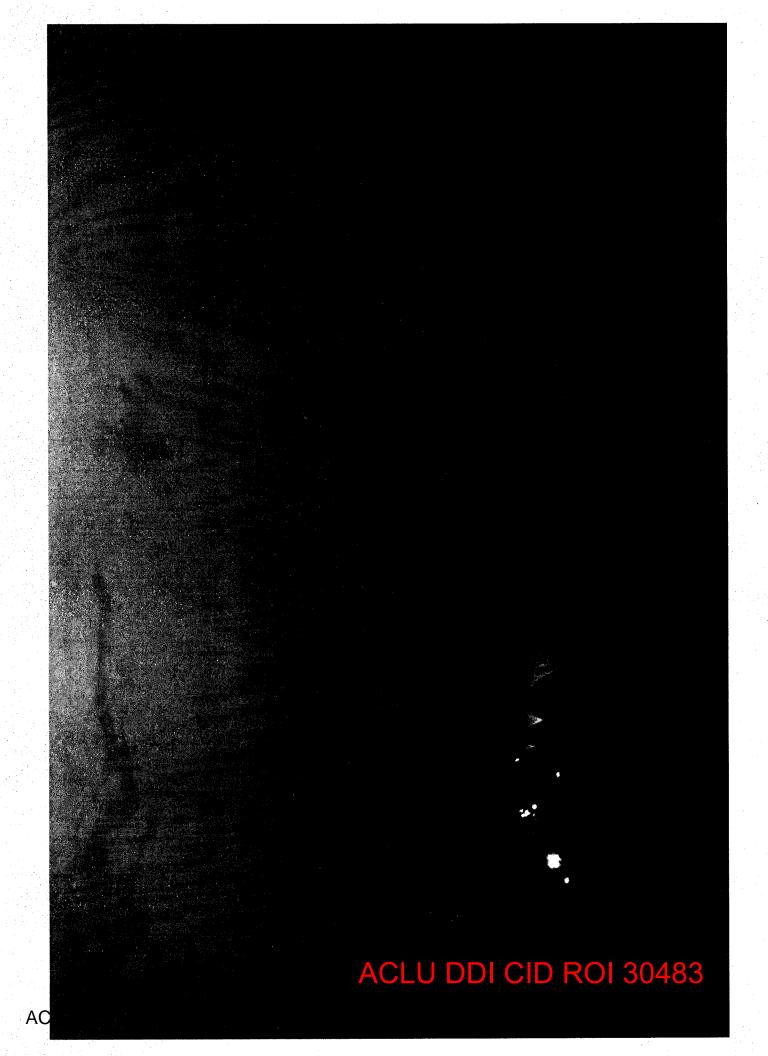






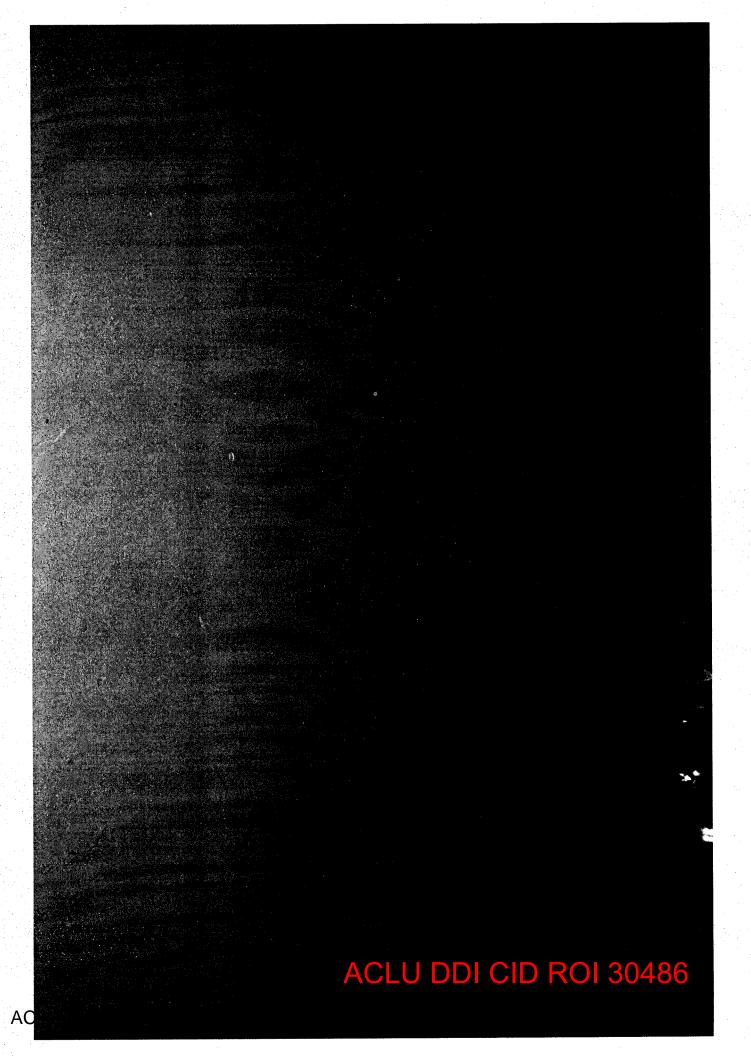


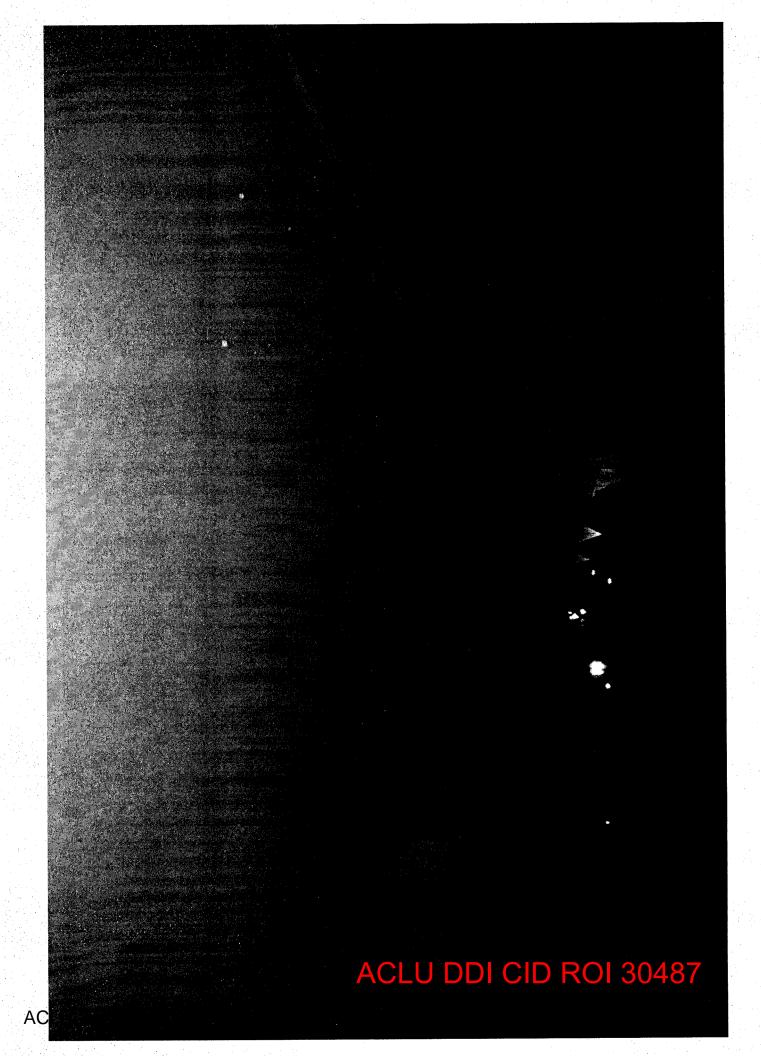


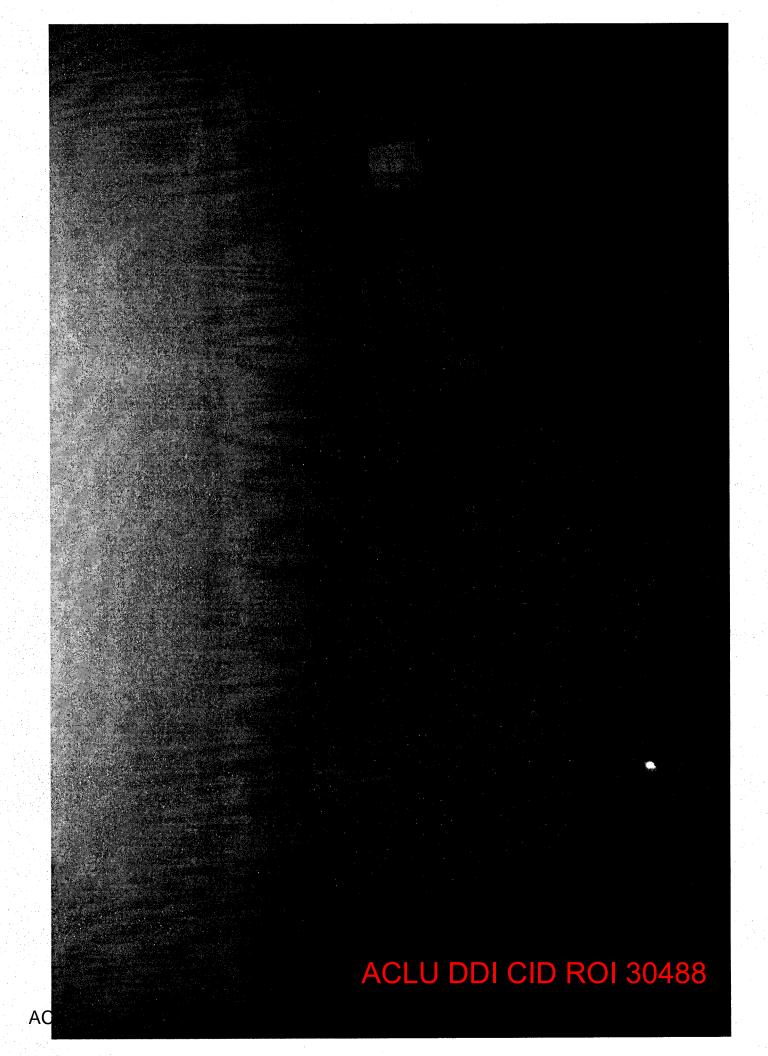


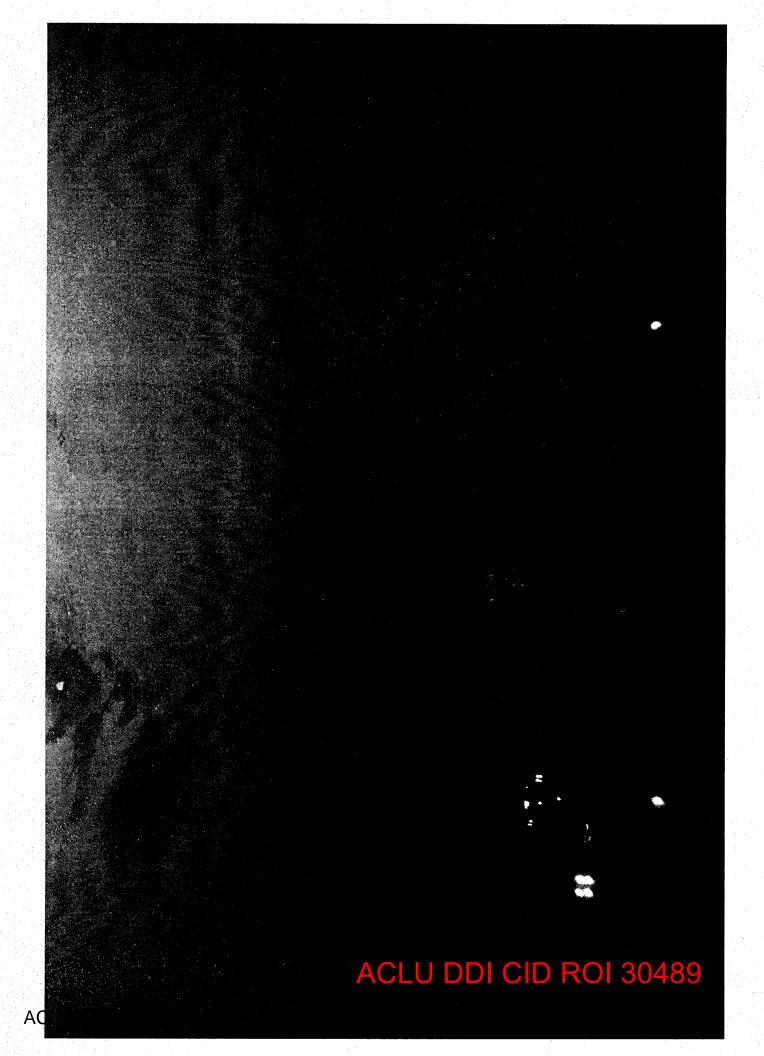


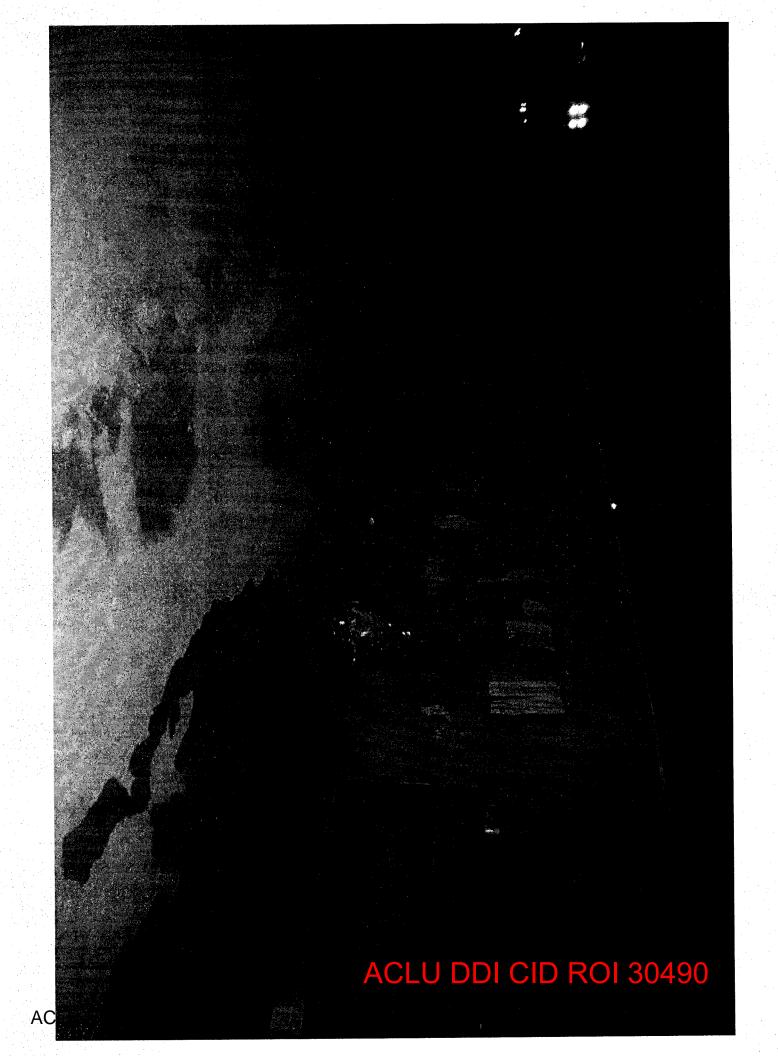
ACLU DDI CID ROI 30485

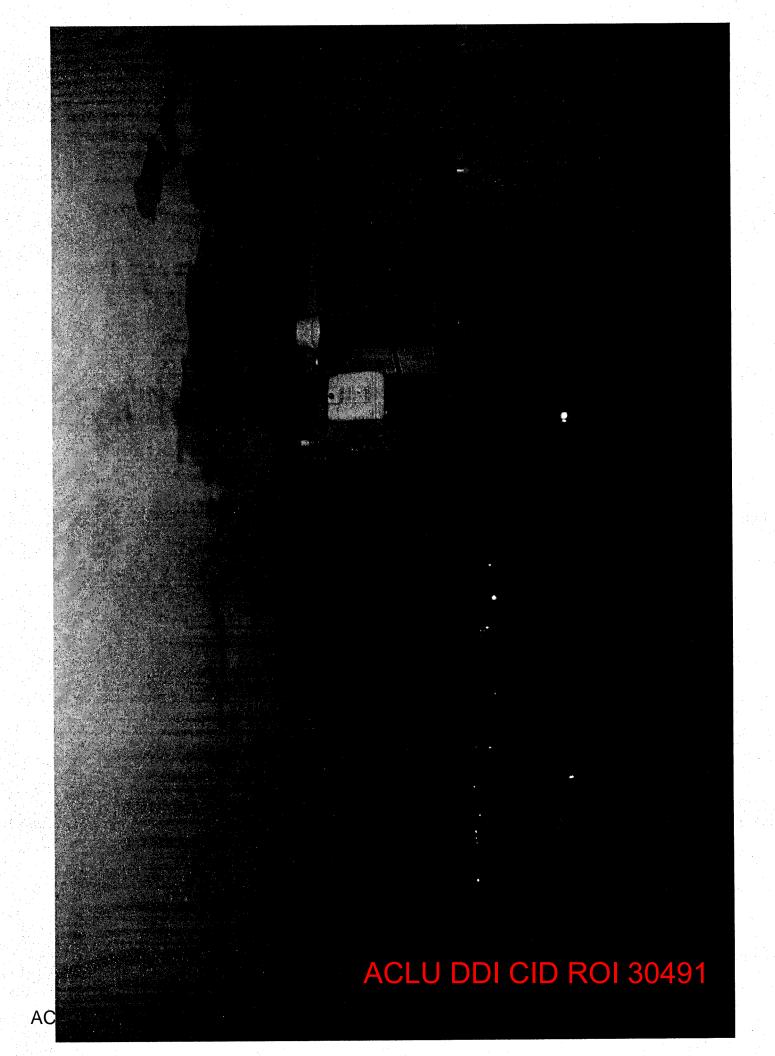


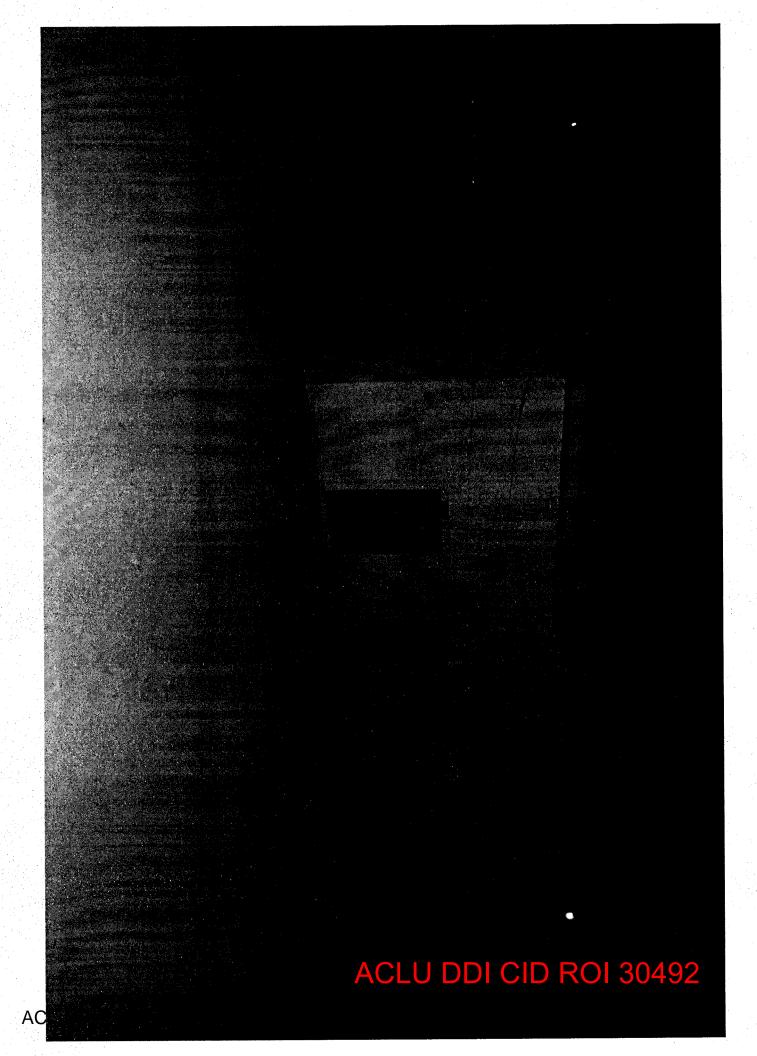








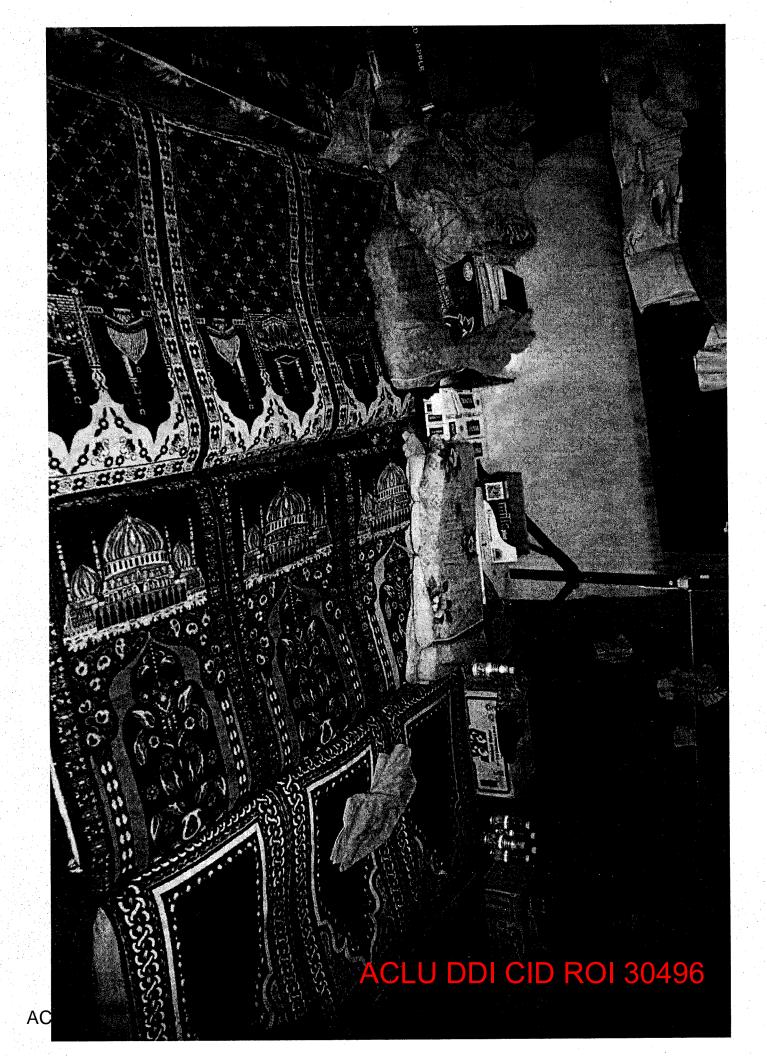




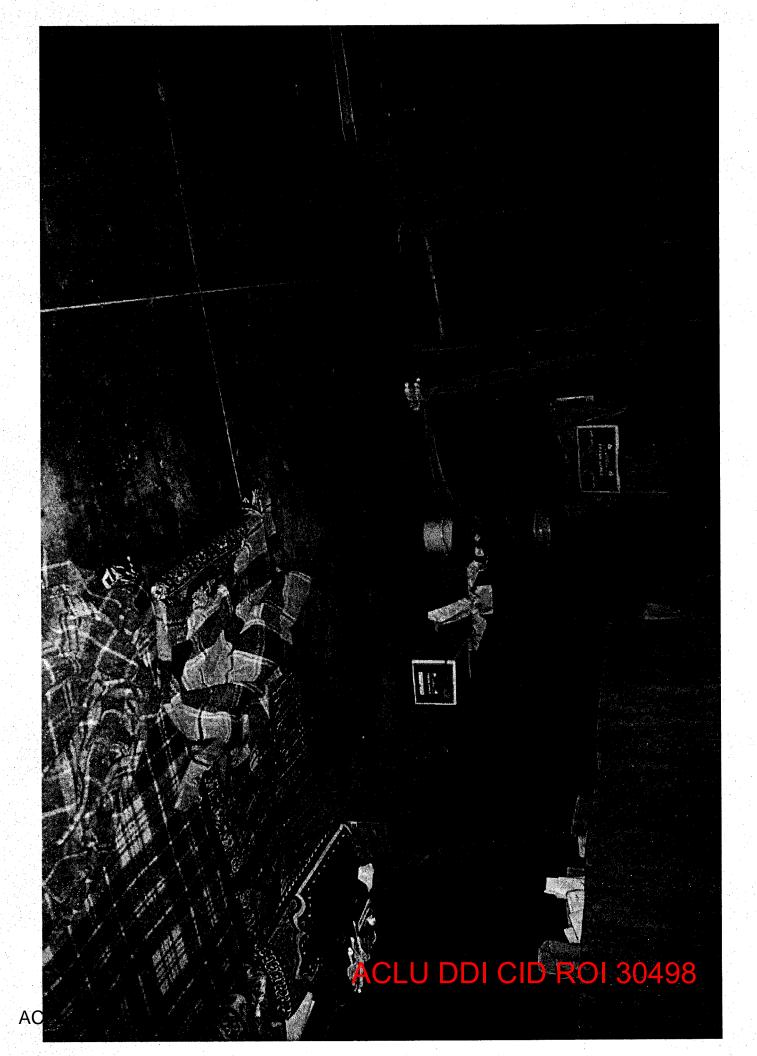
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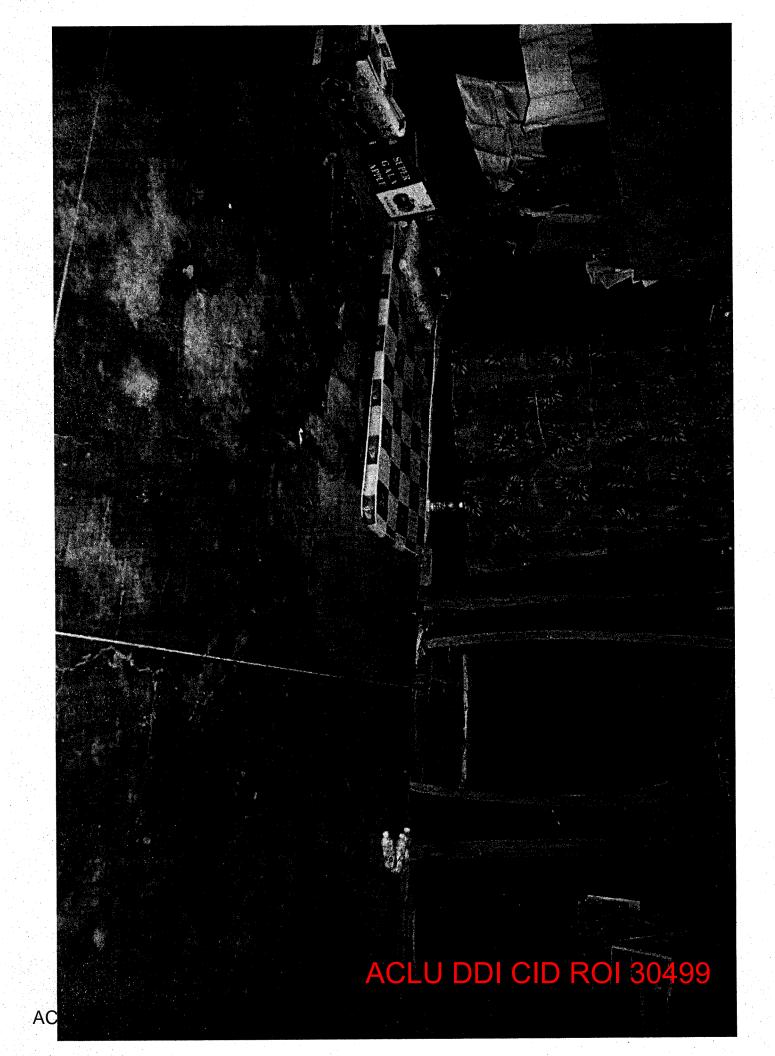


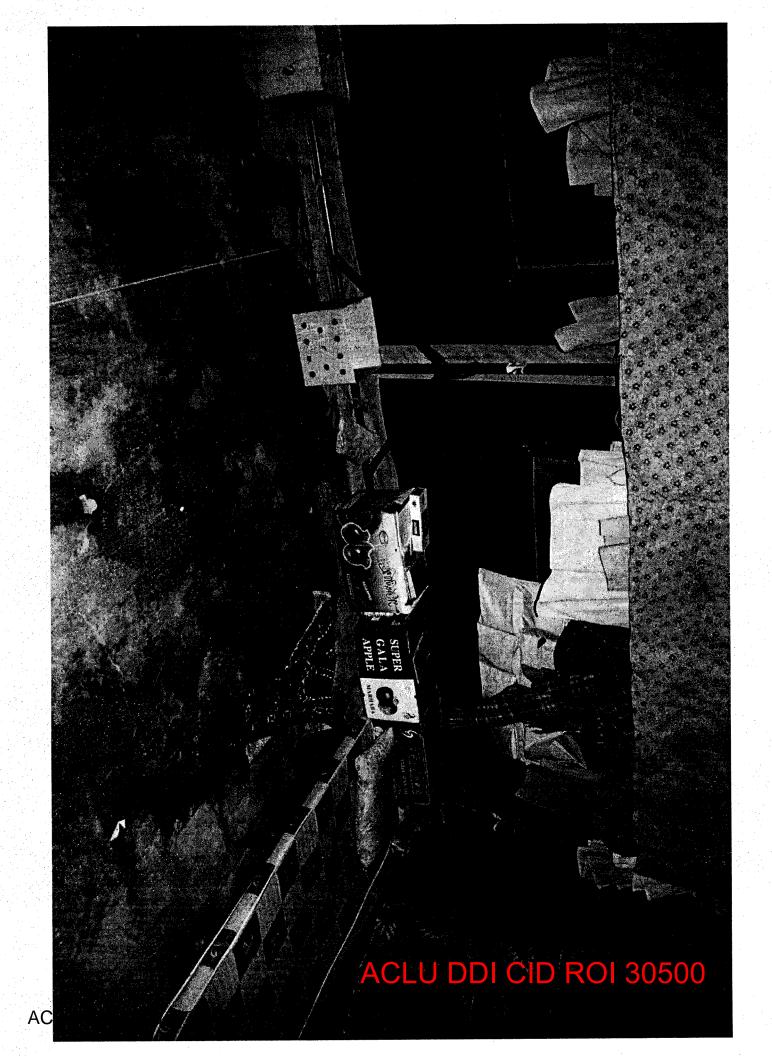


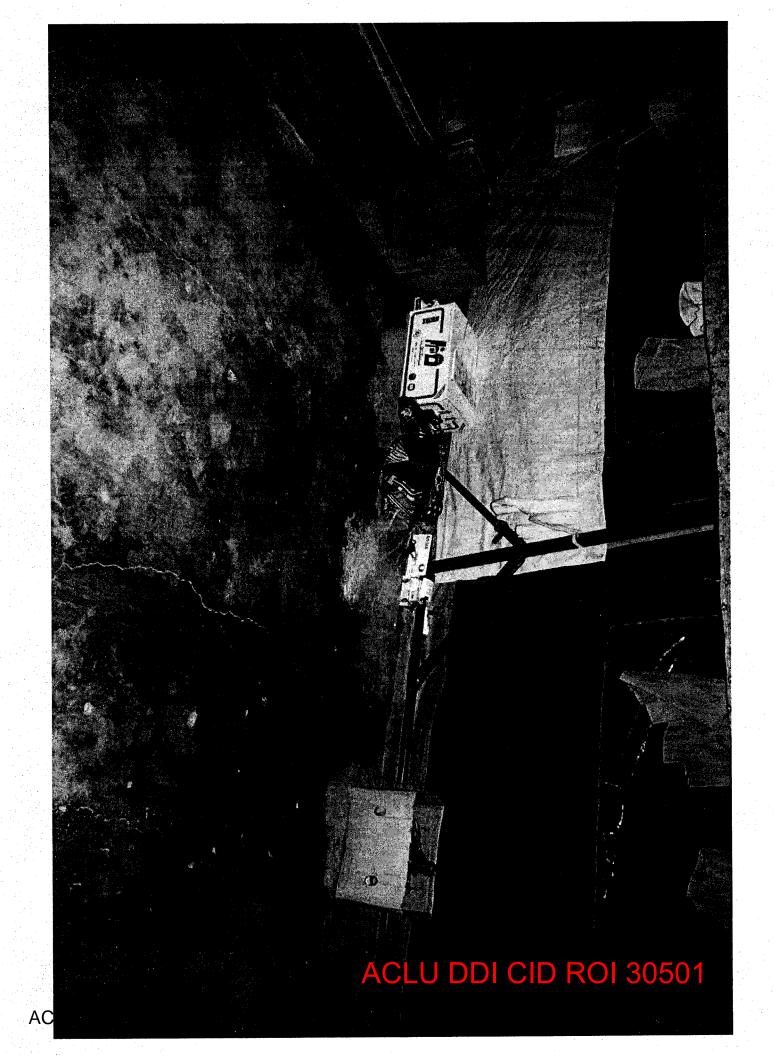


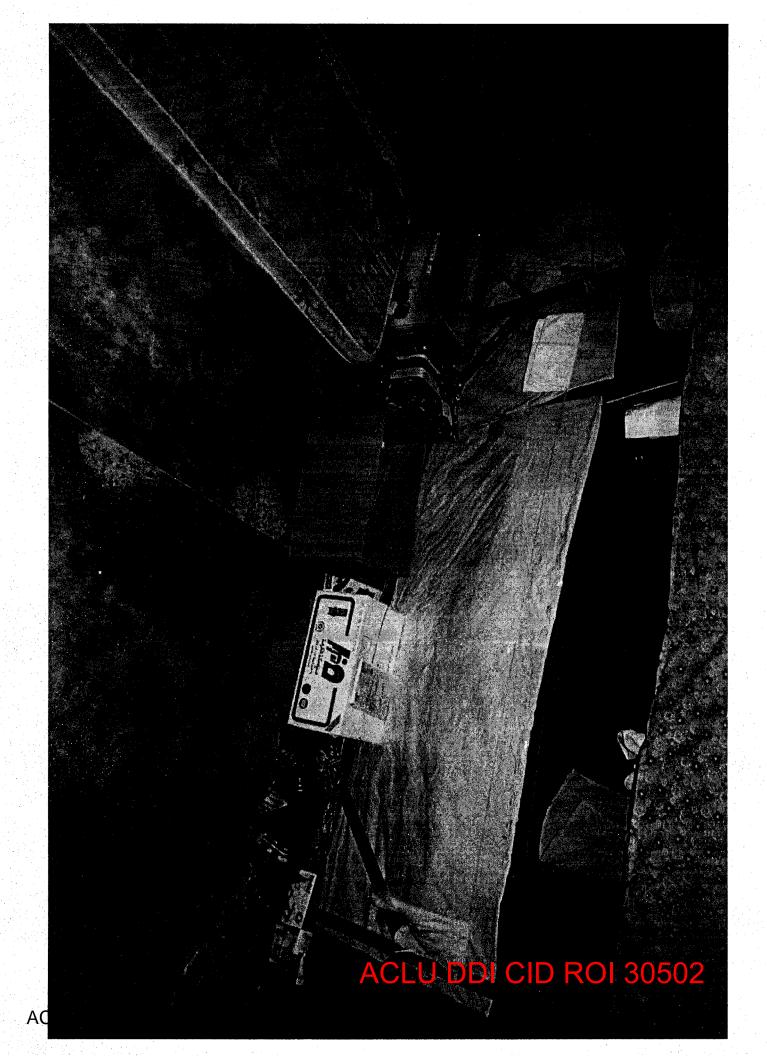


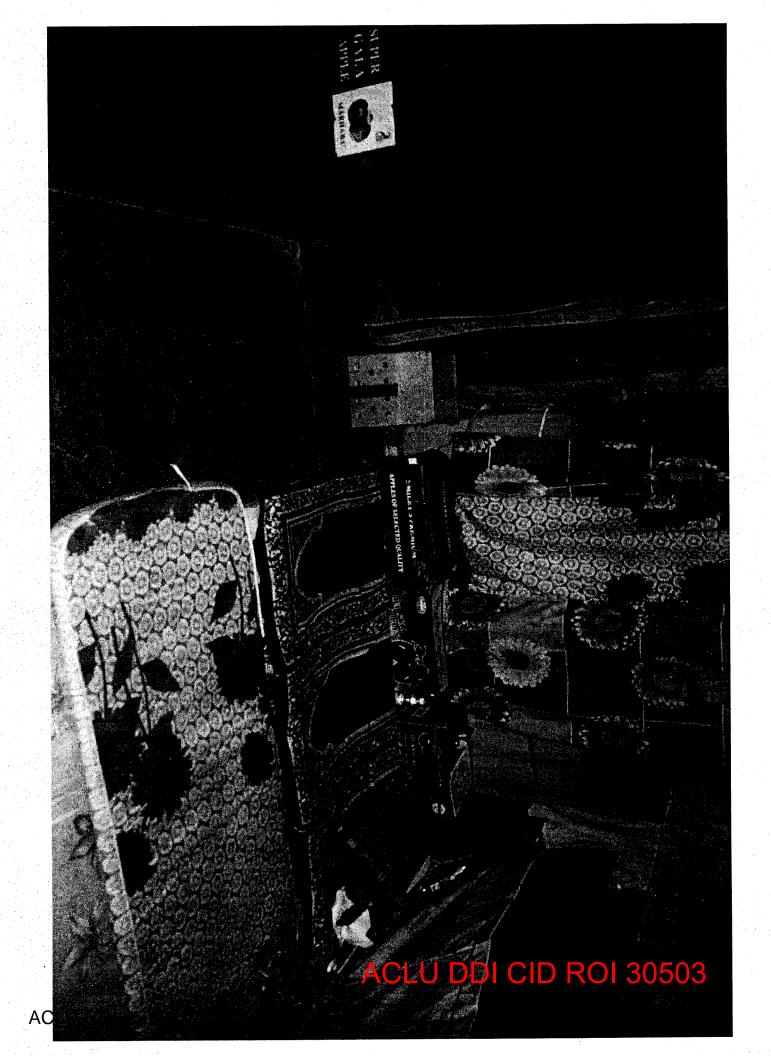


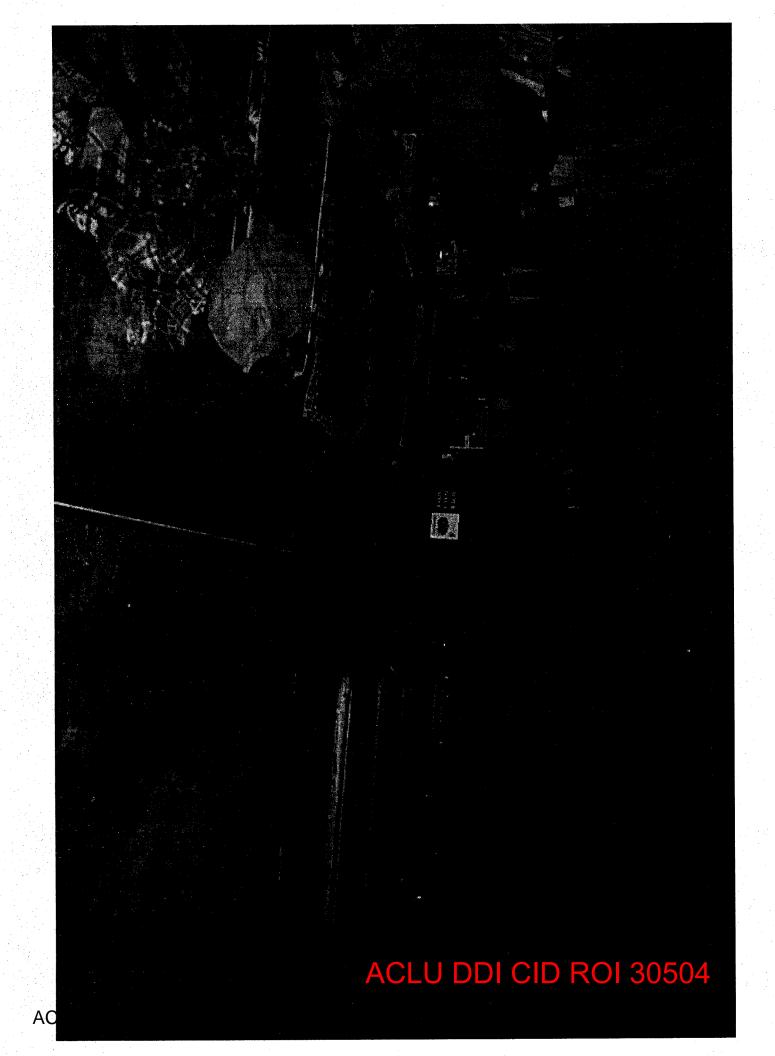








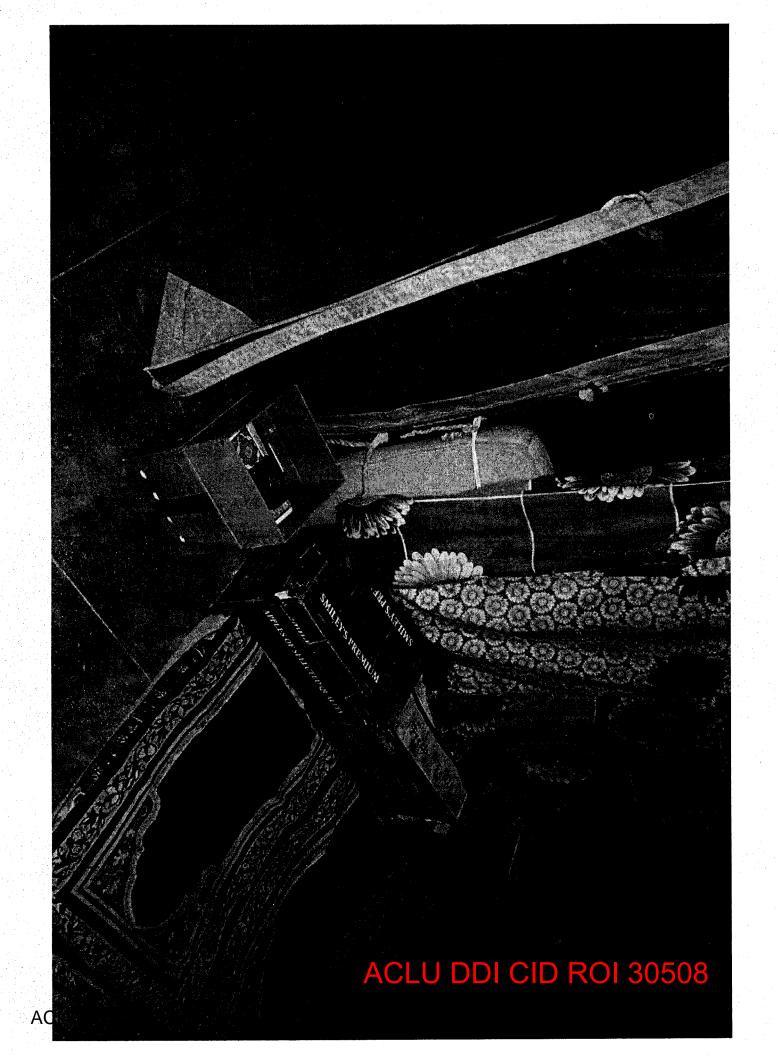


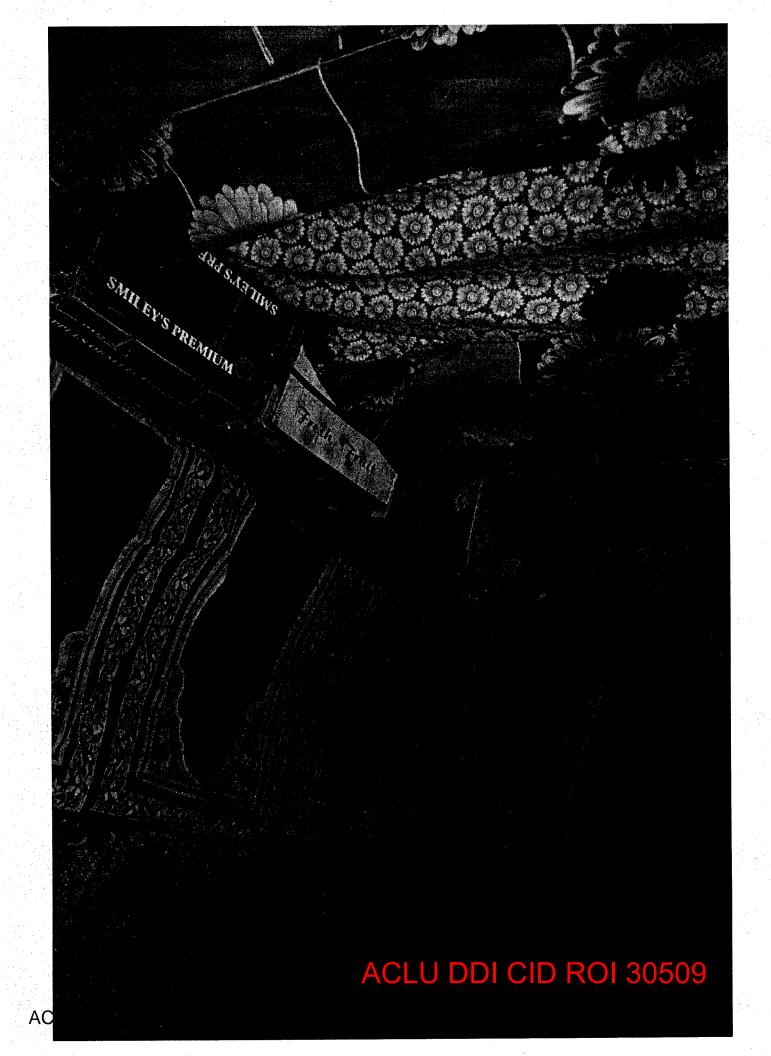




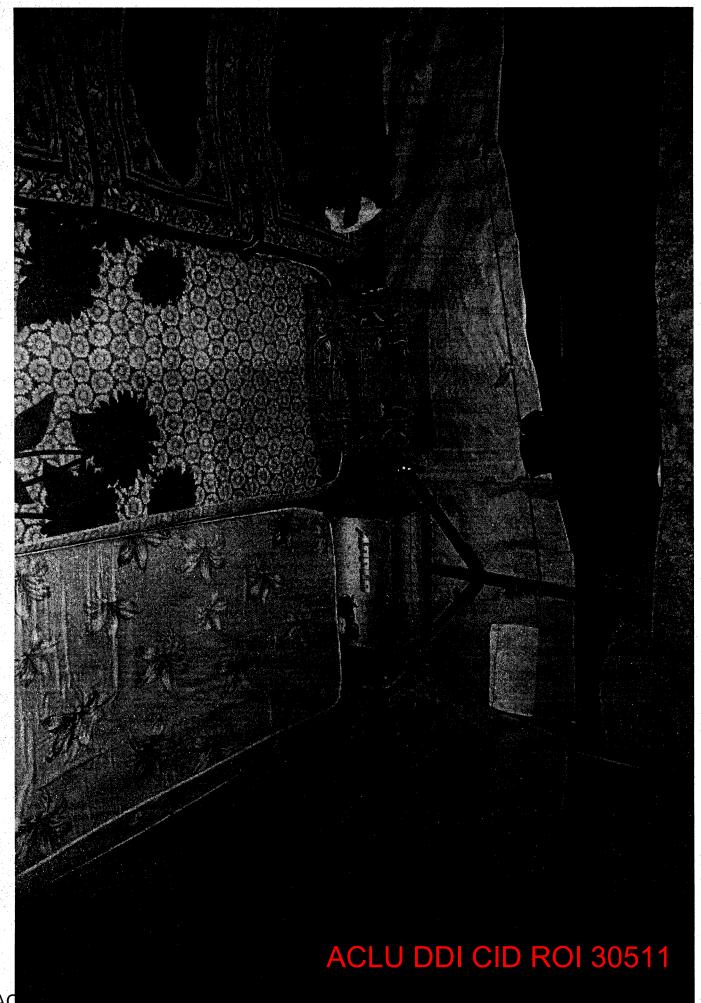


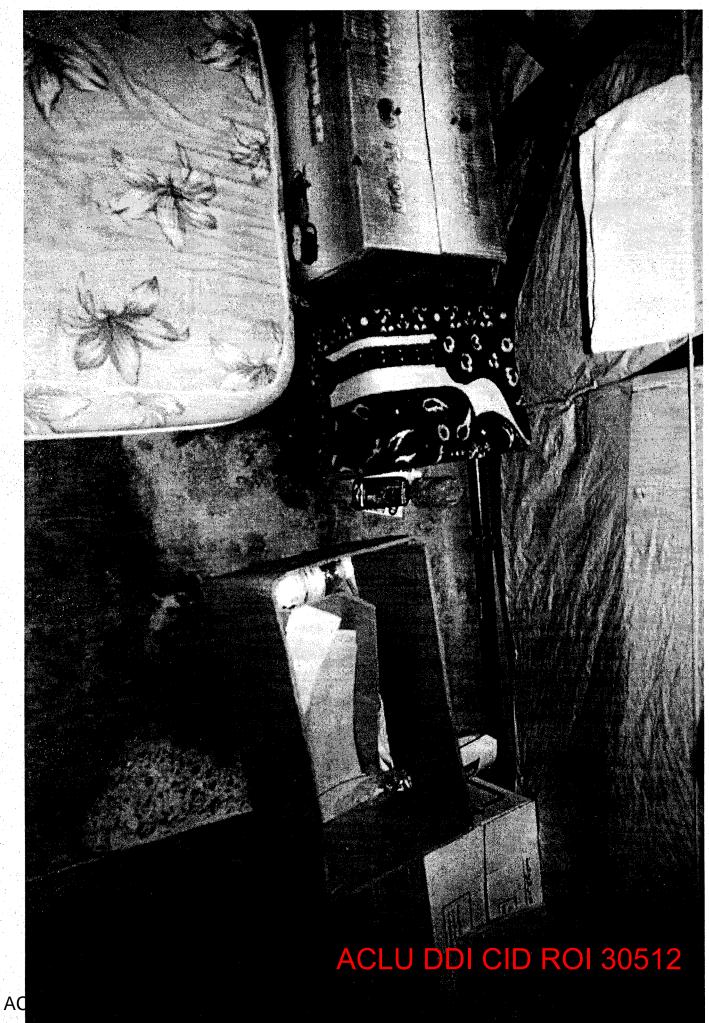


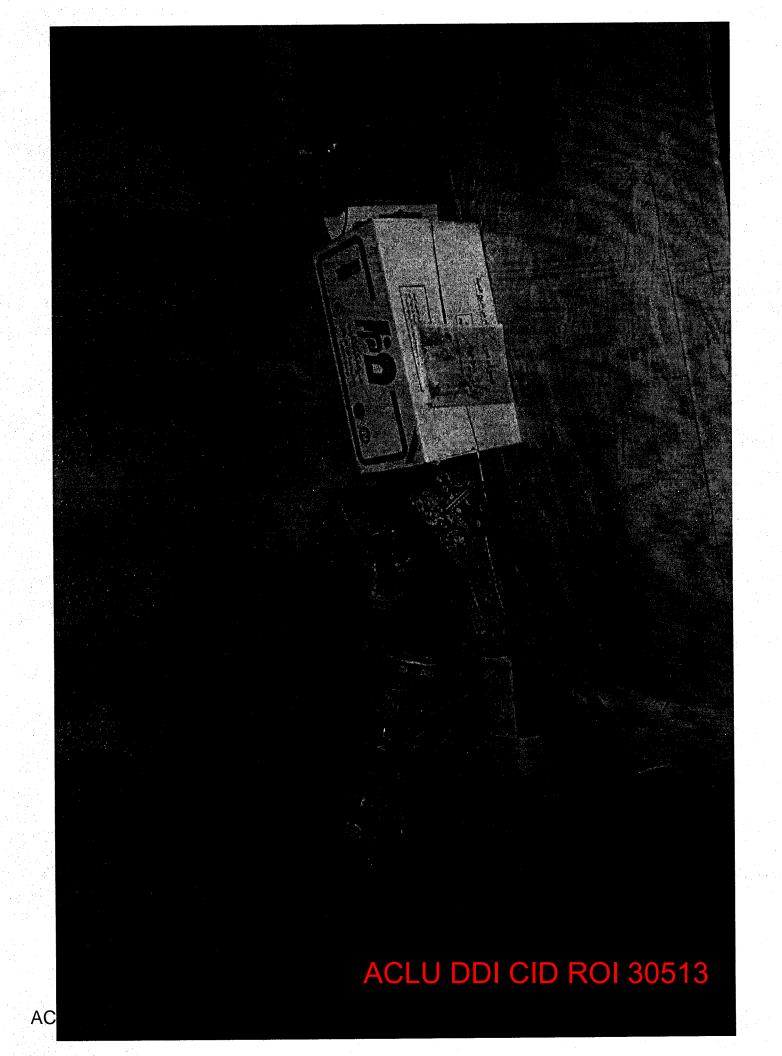


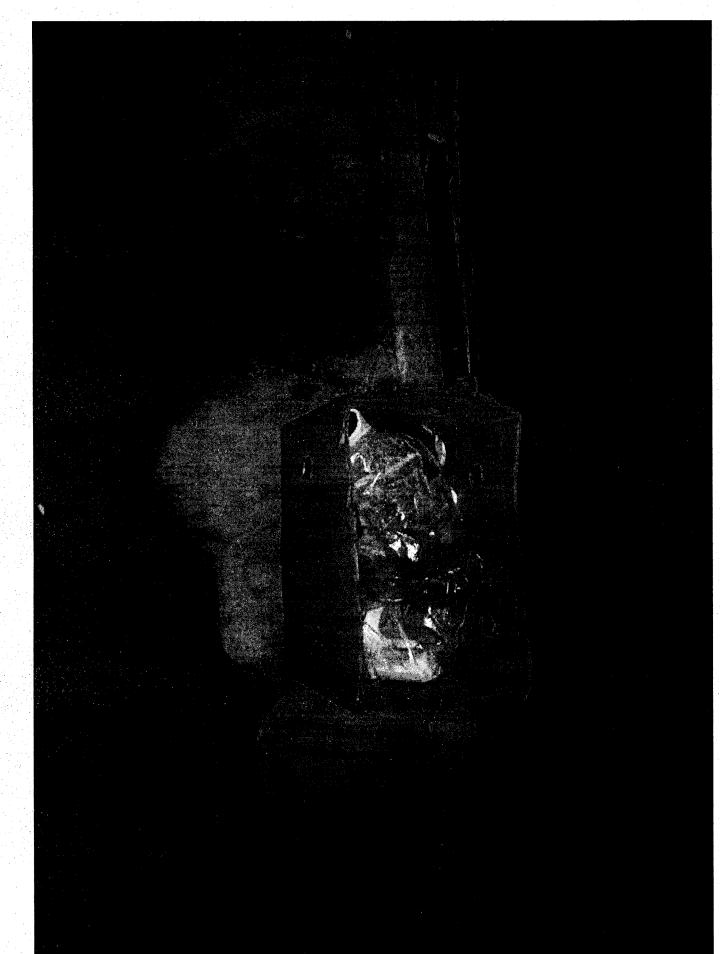






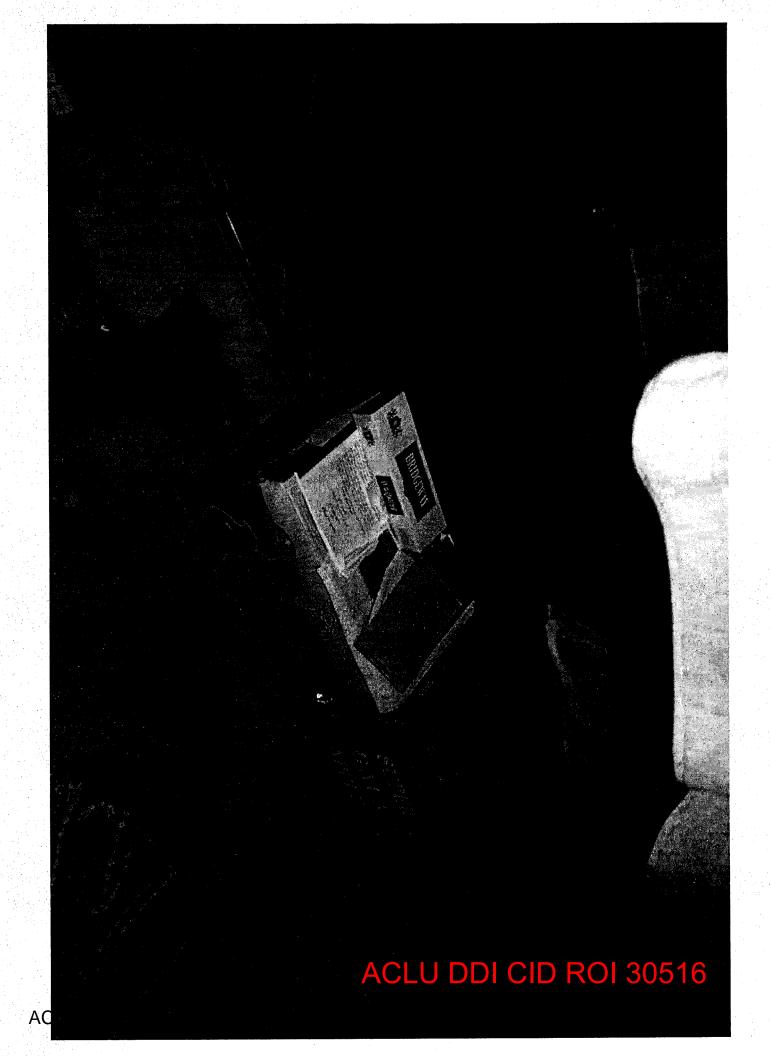




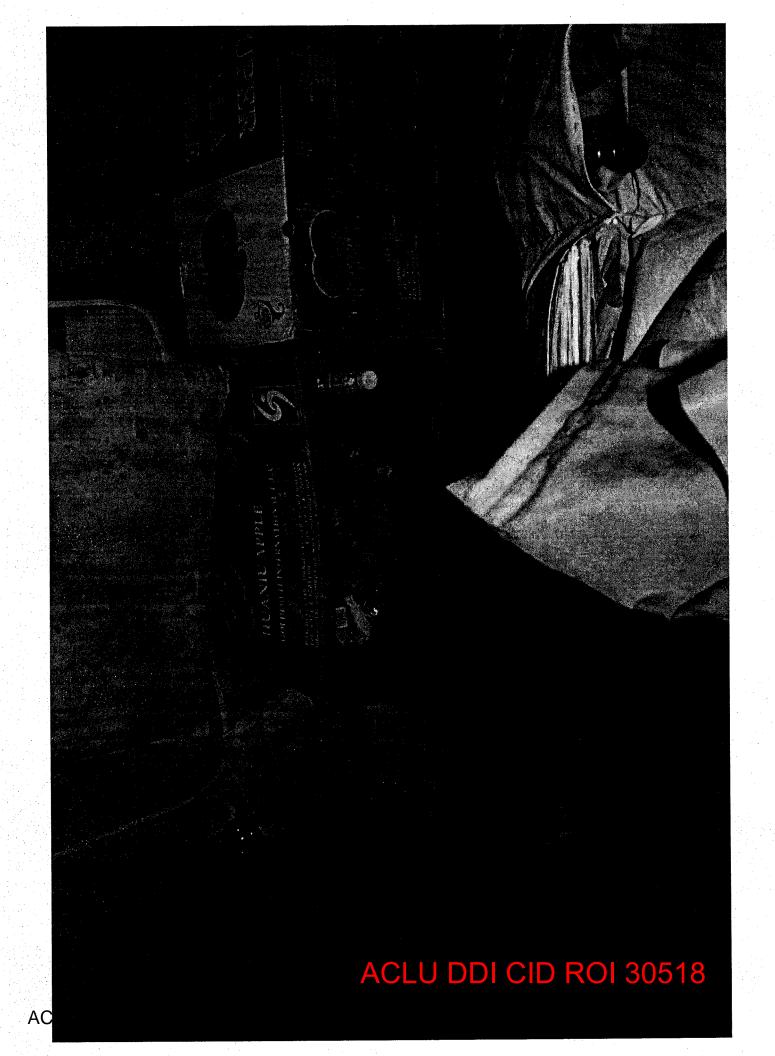


ACLU DDI CID ROI 30514

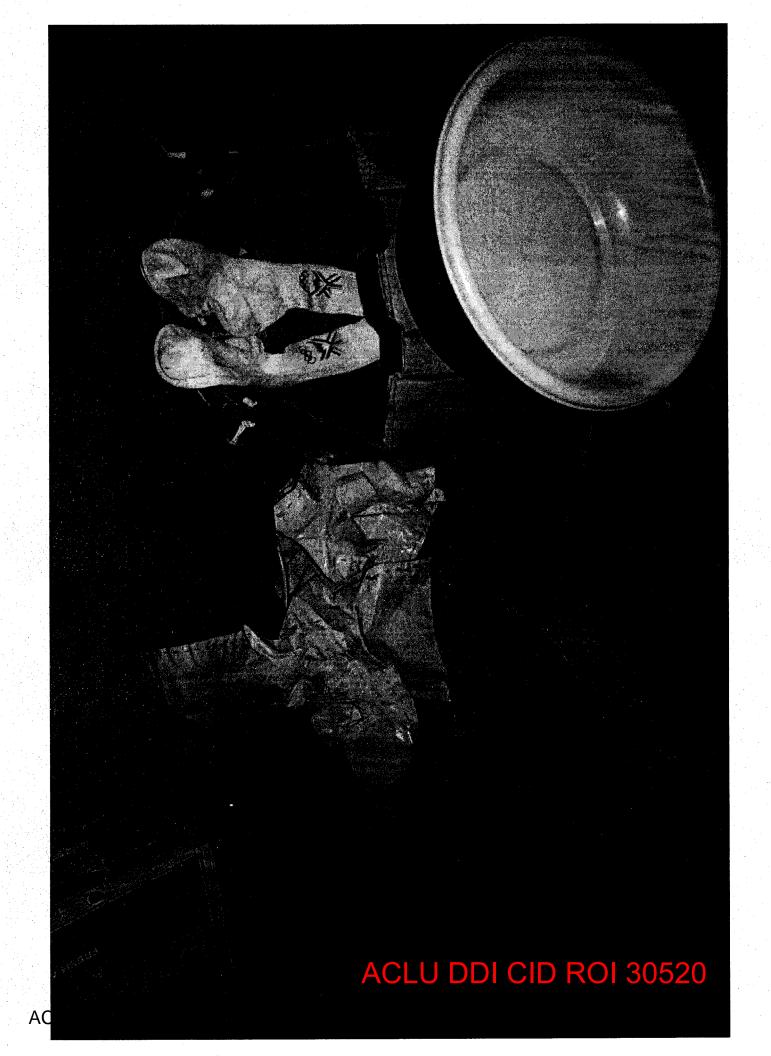


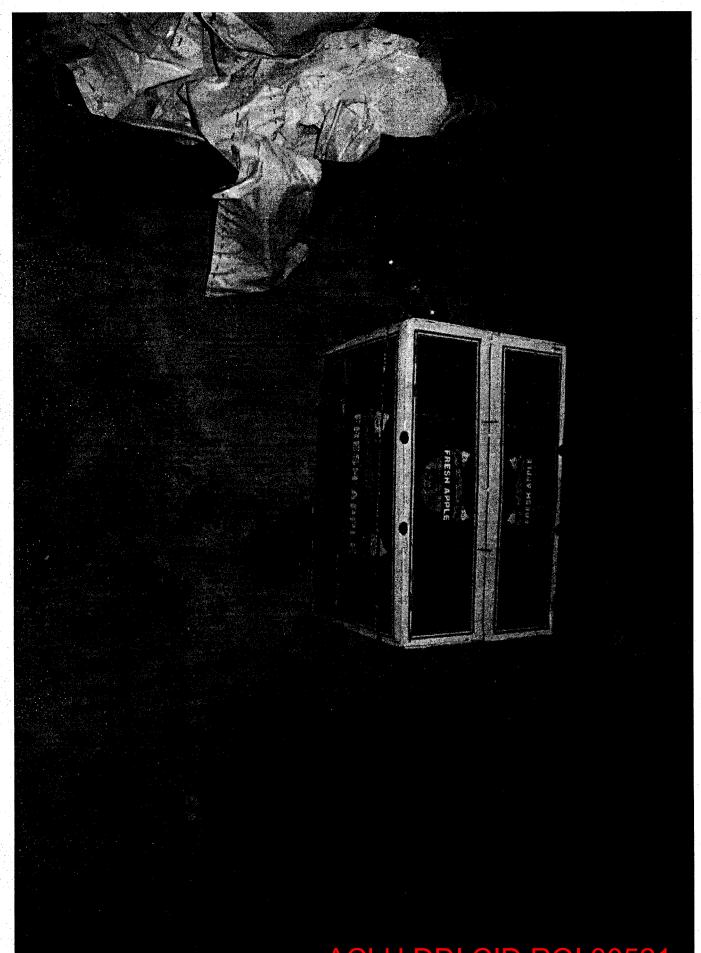




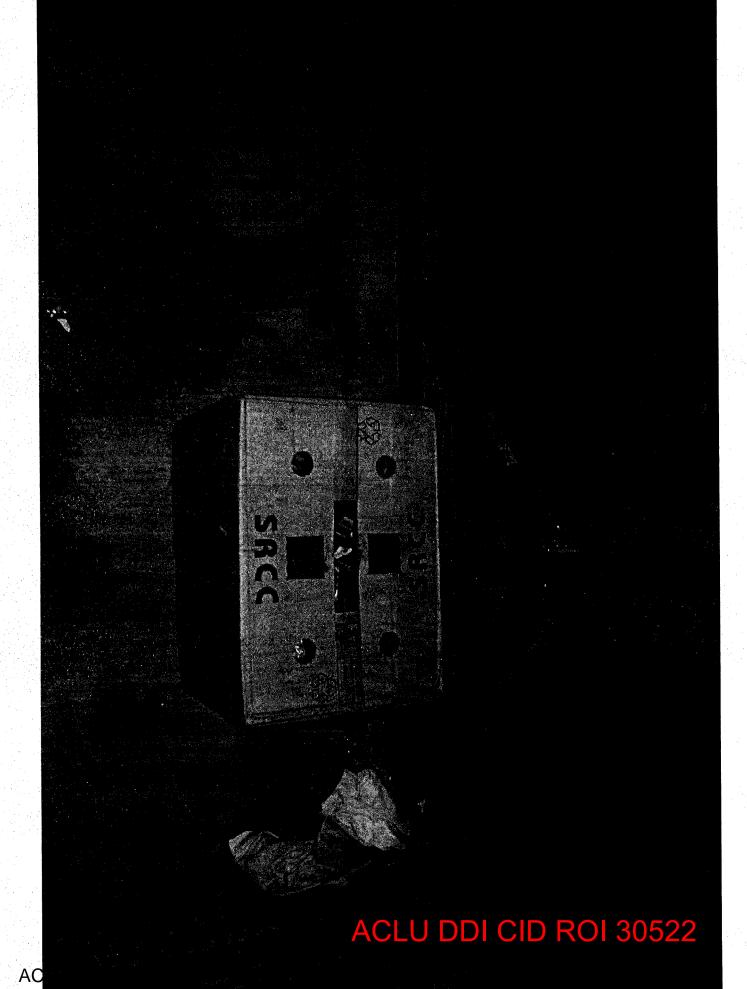


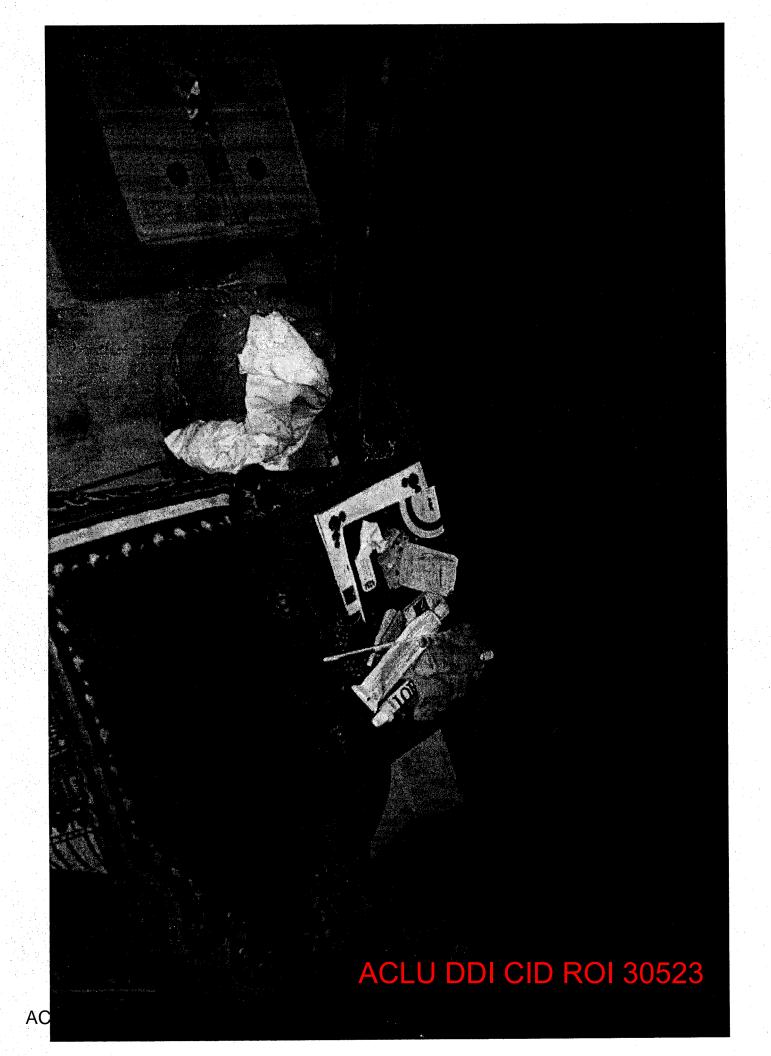


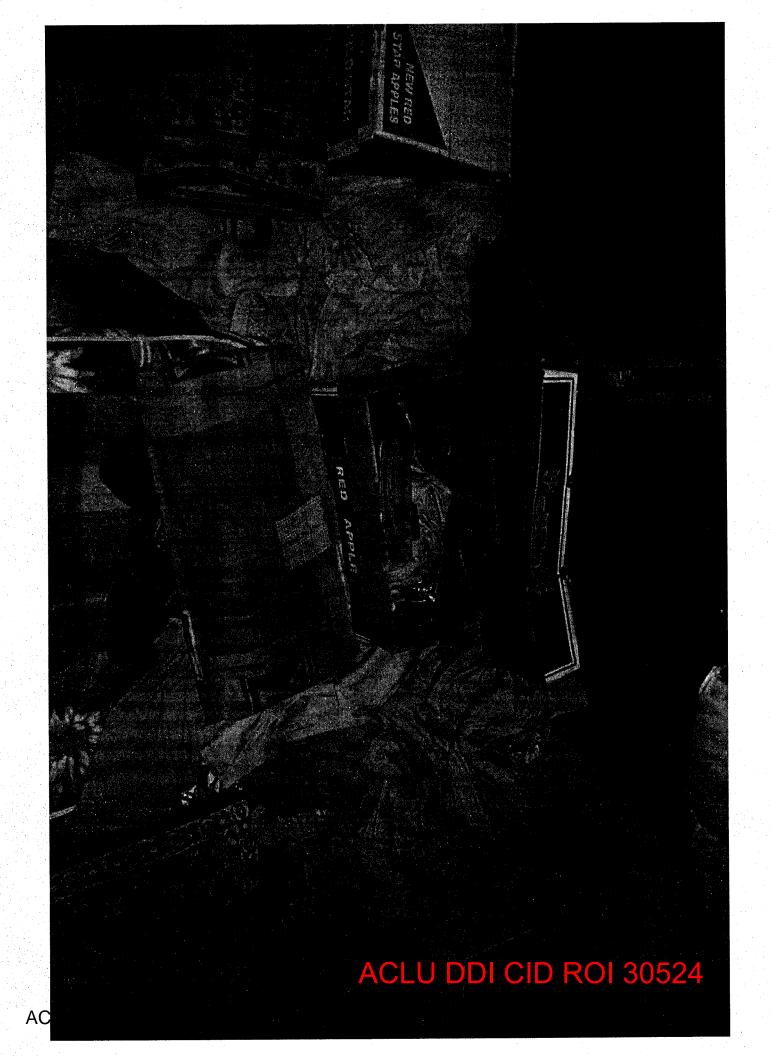


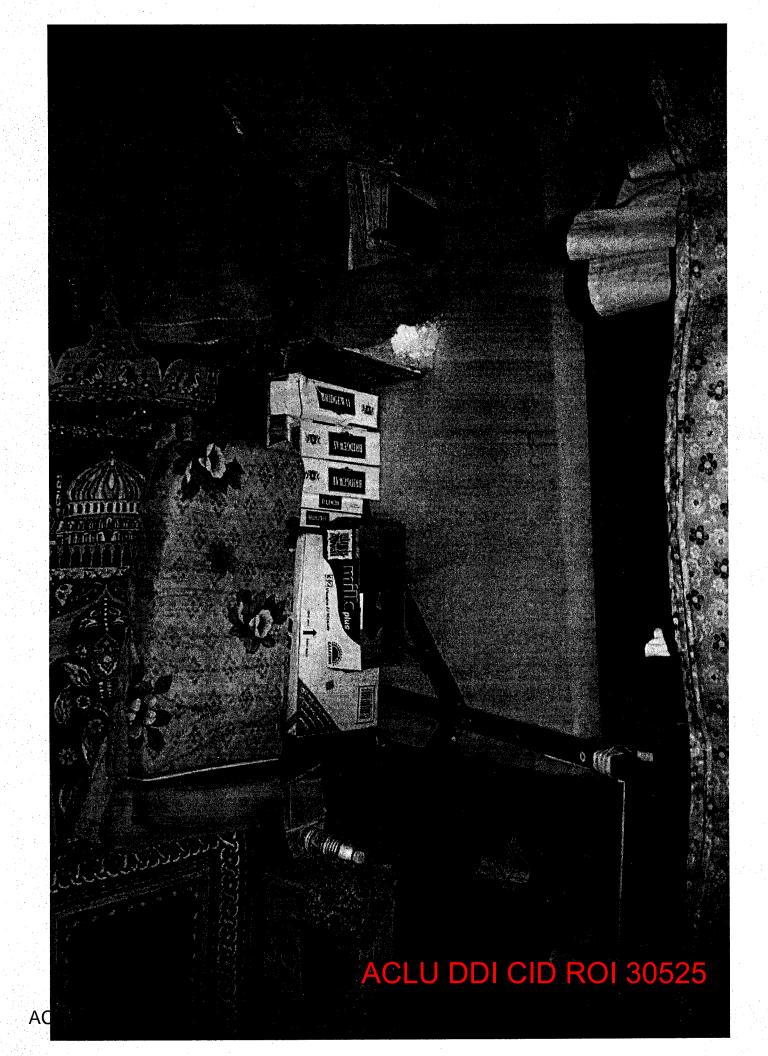


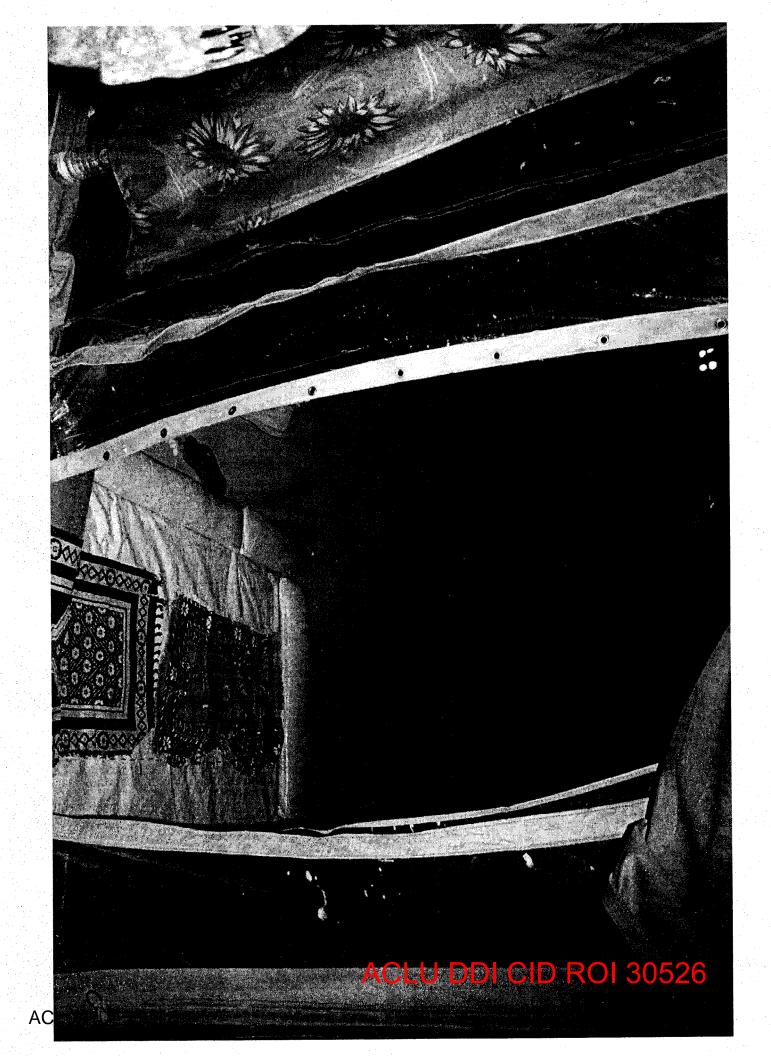
ACLU DDI CID ROI 30521

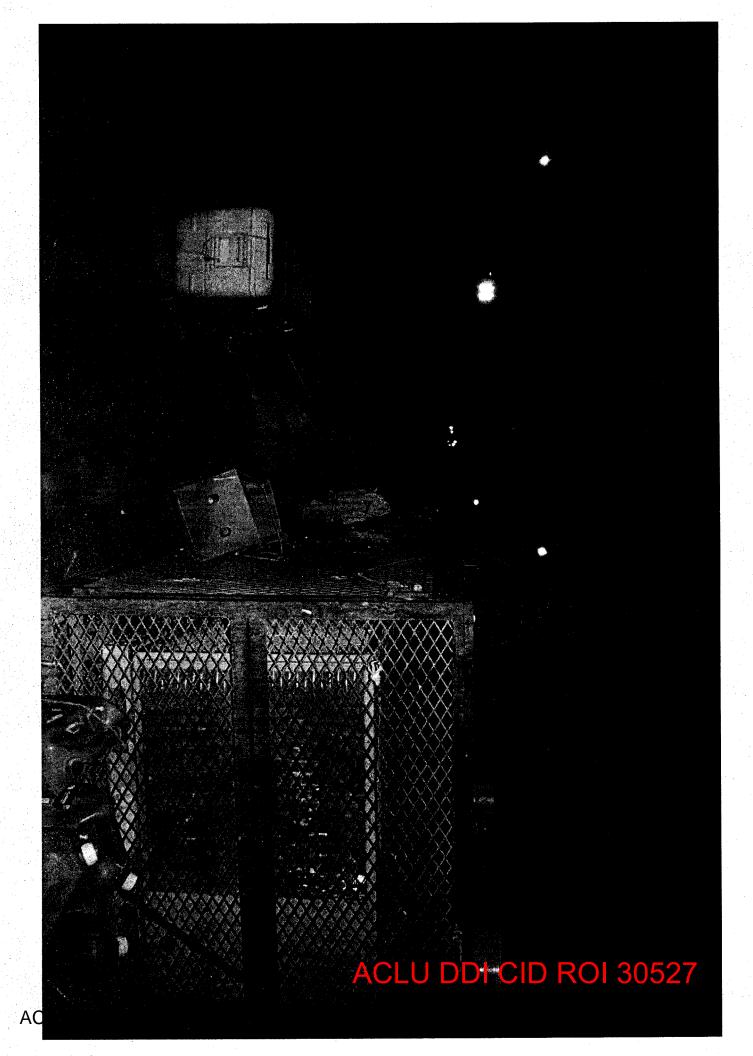


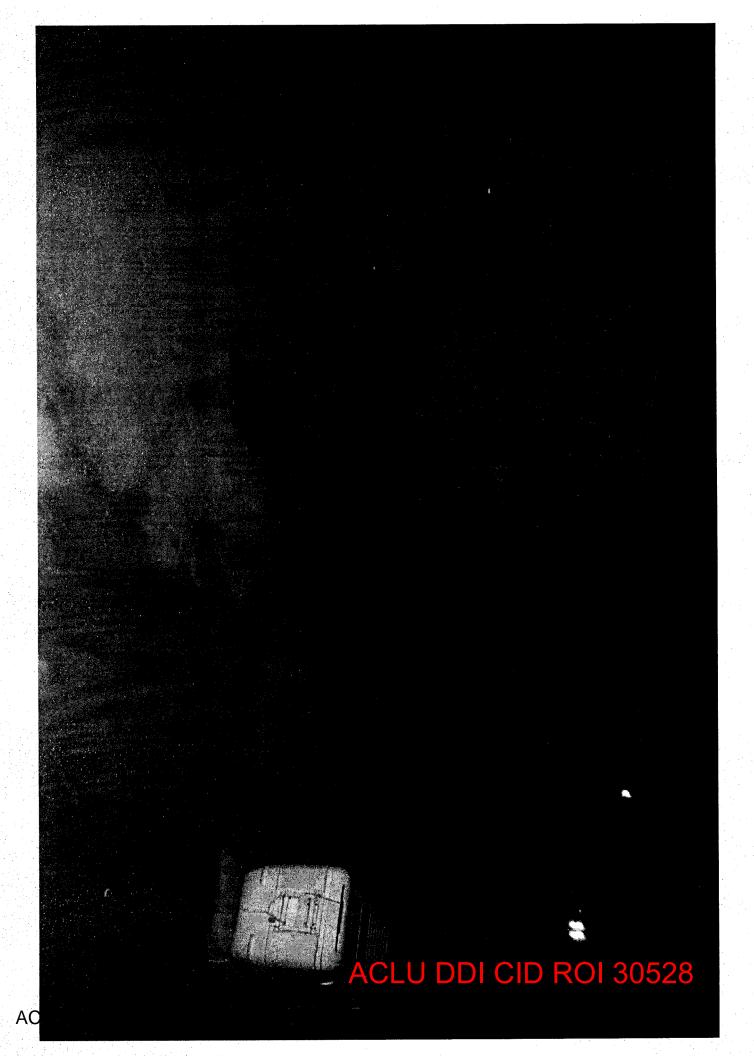


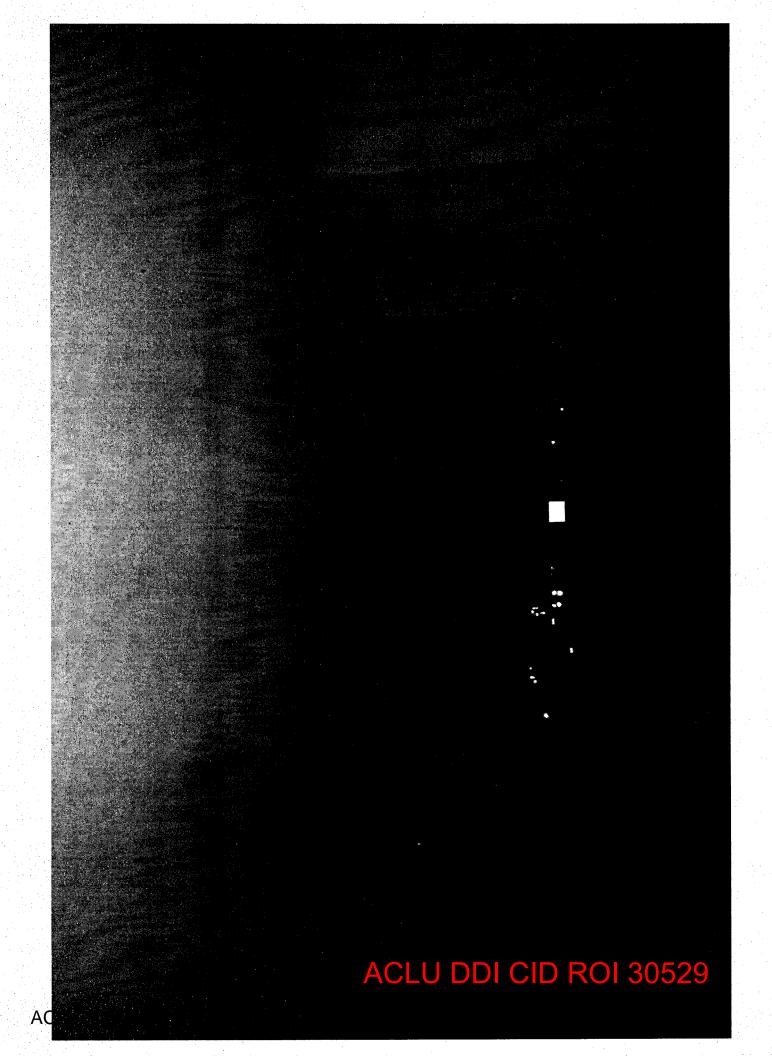


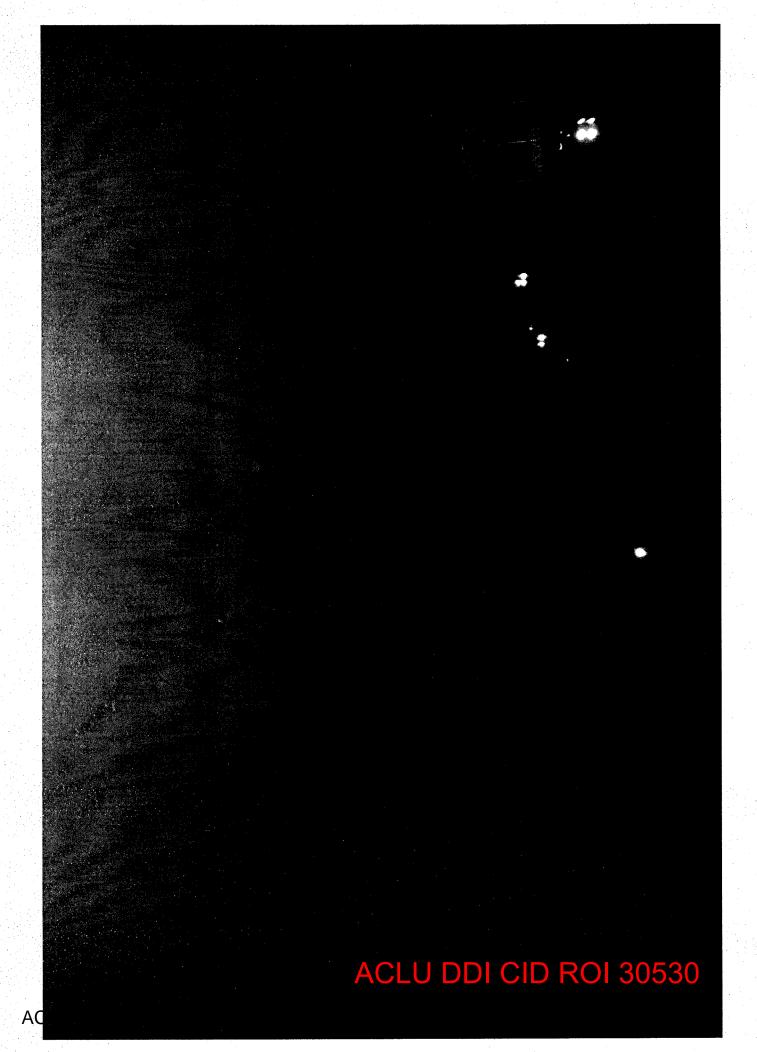


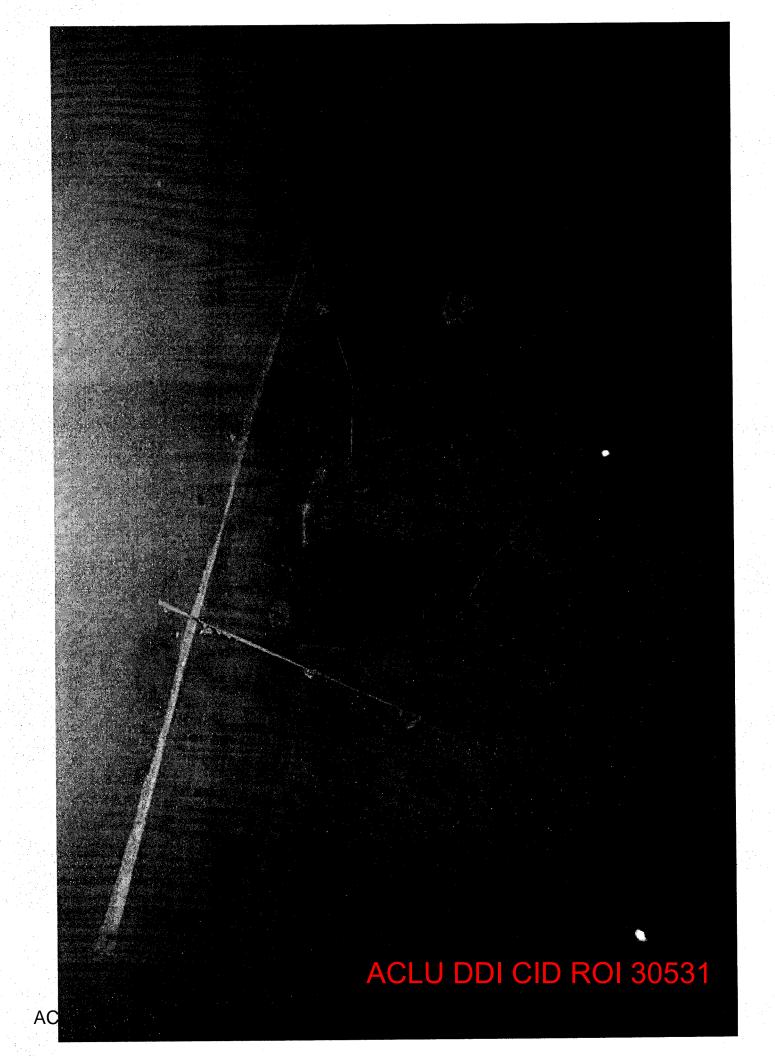






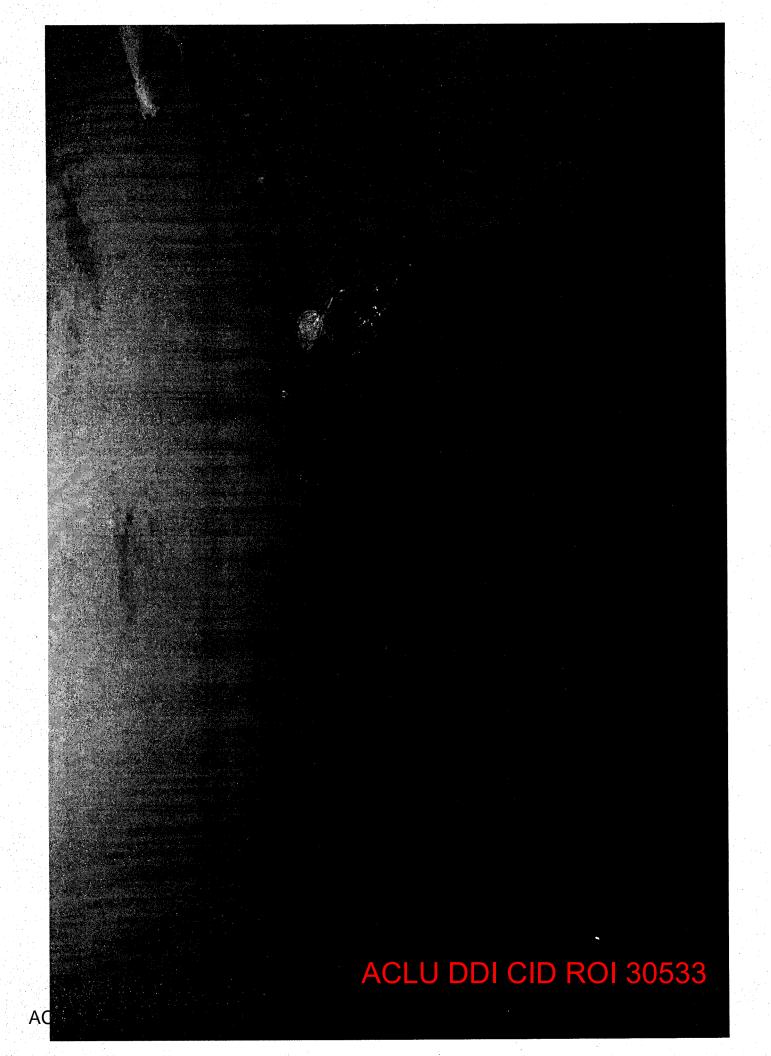




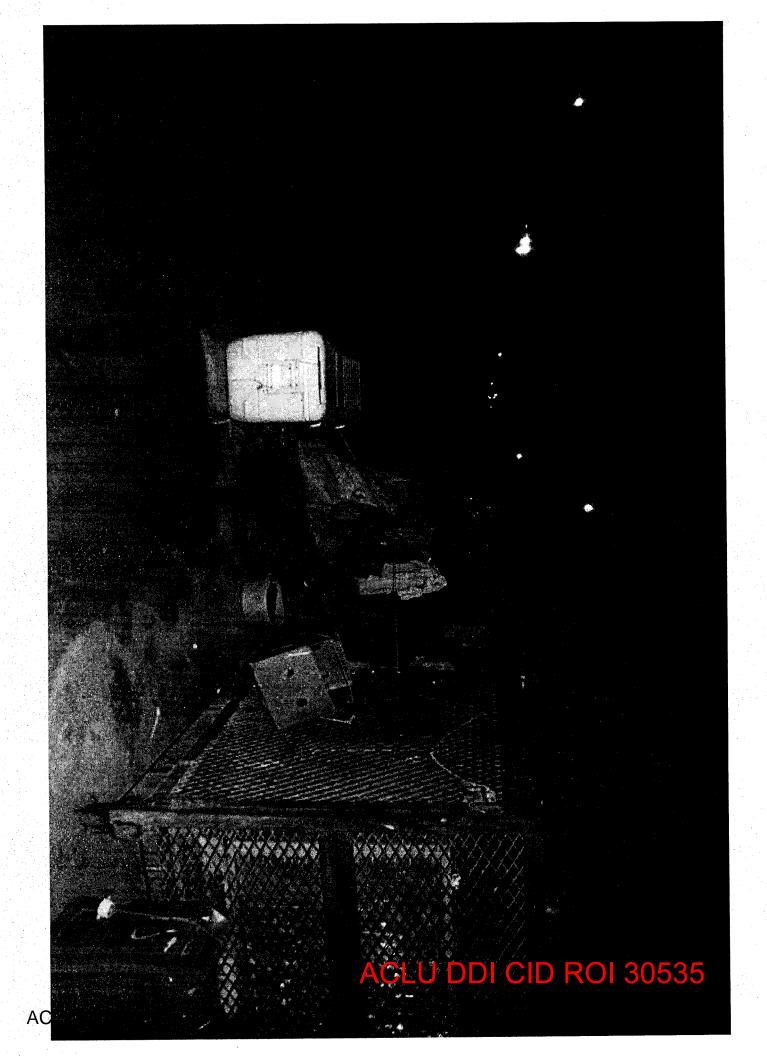


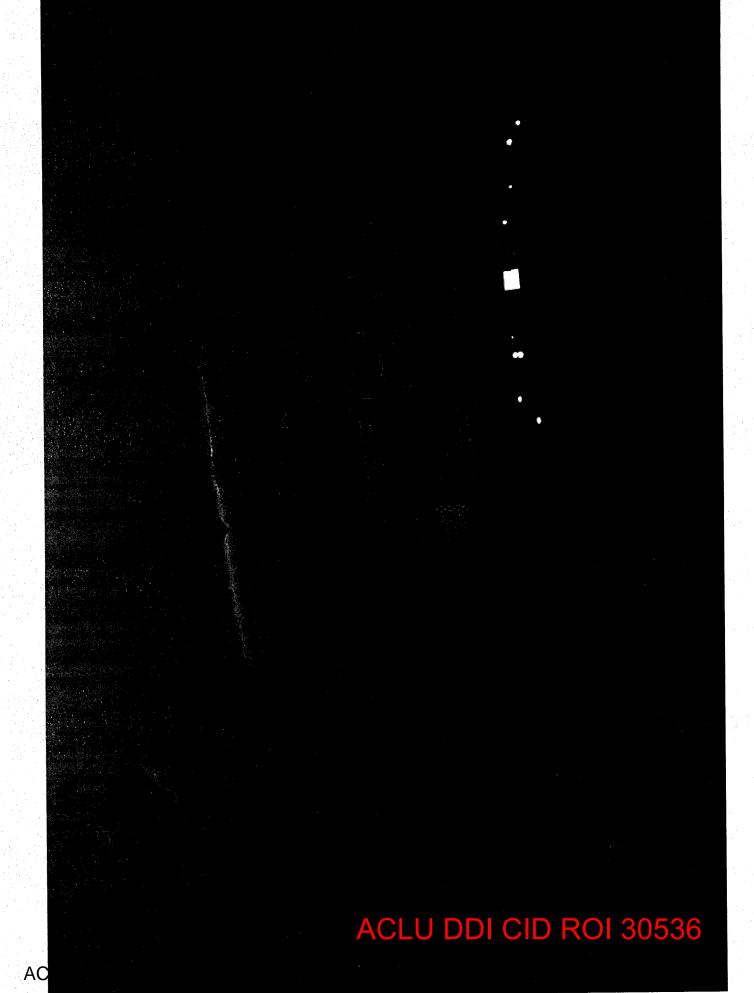
b(6), b(7)(C)

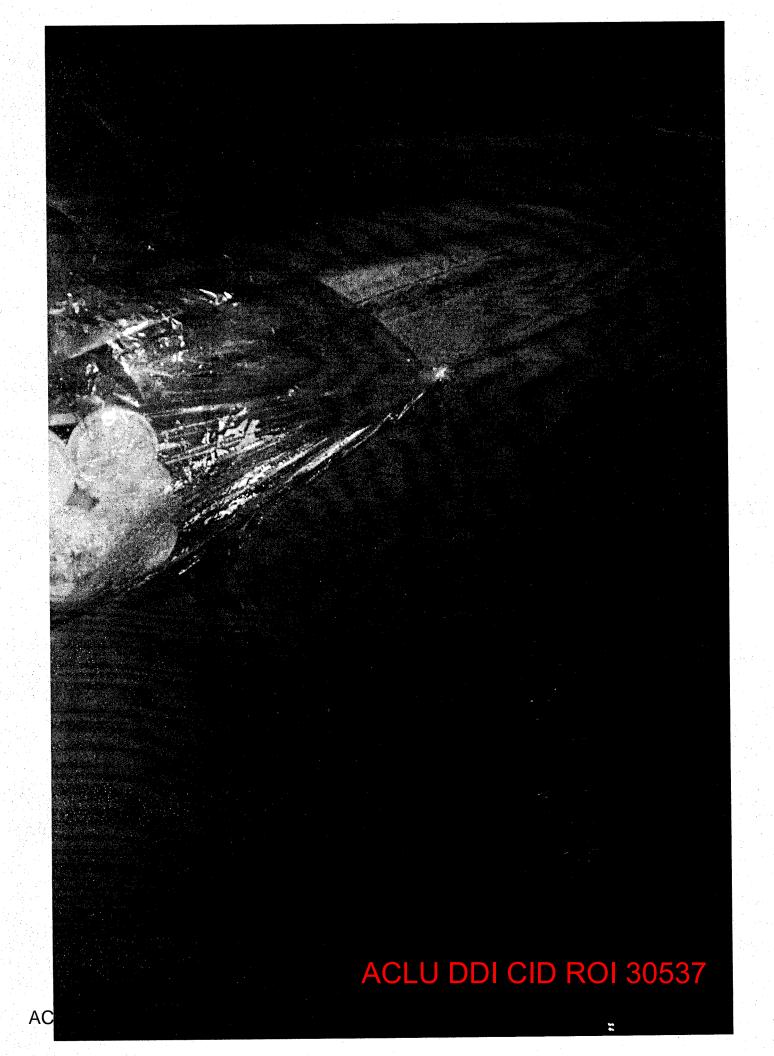
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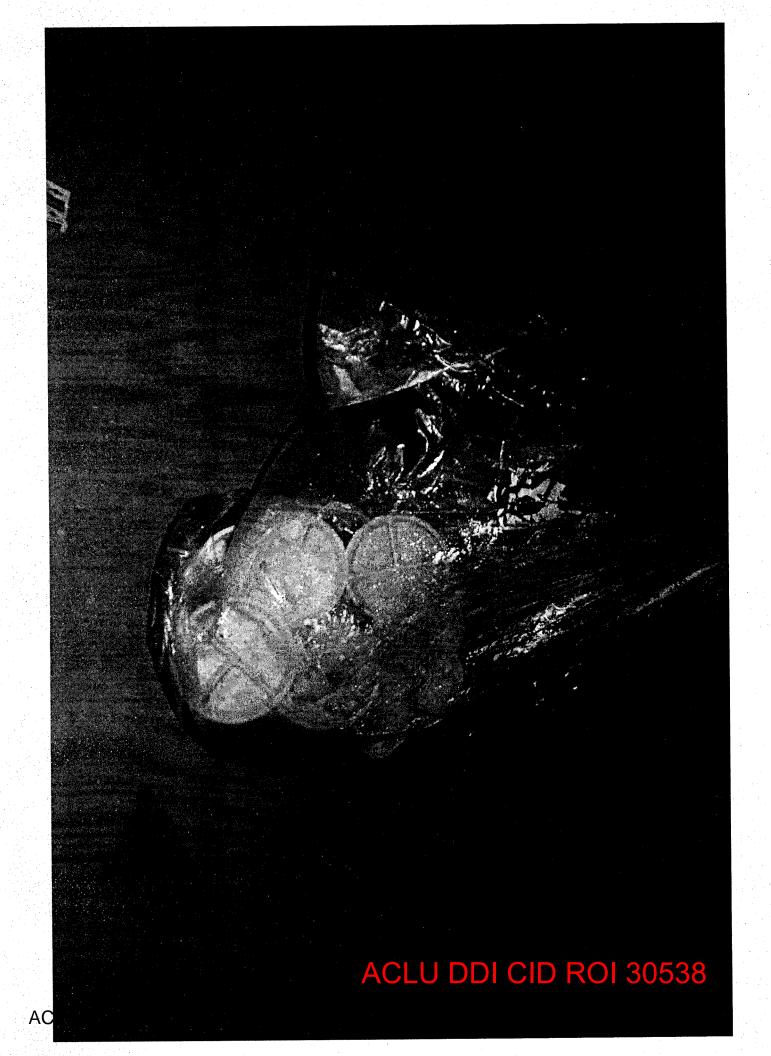


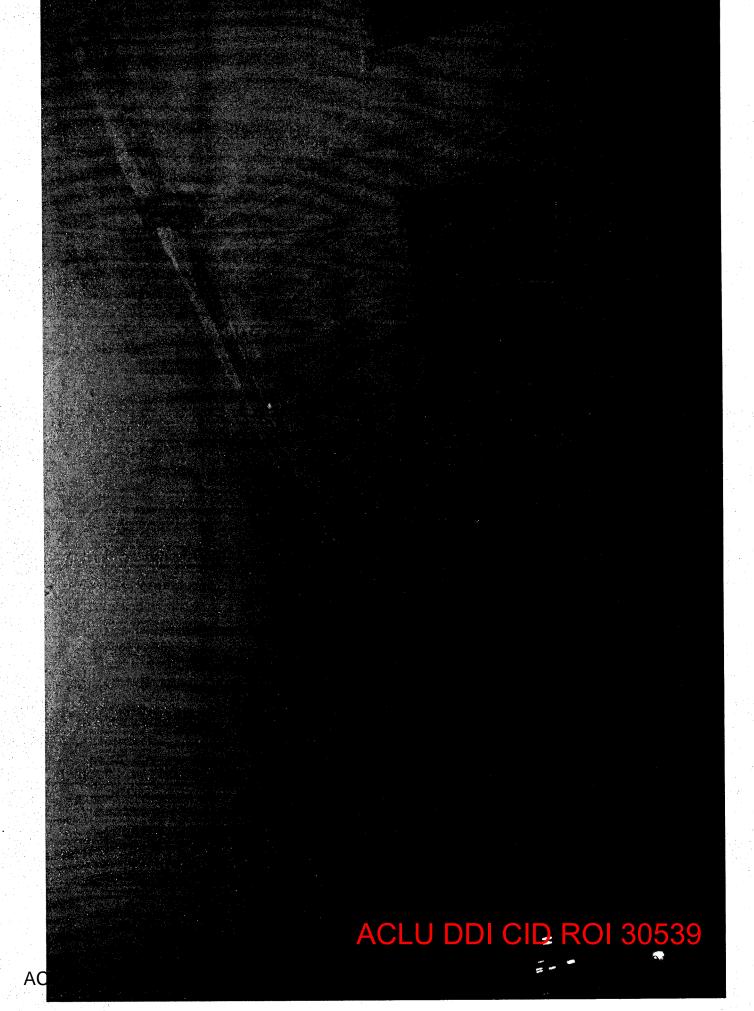












USE THIS PAGE IF NEEDED. IF THIS	PAGE IS NOT NEEDED, PLEASE P	ROCEED TO FINAL PAGE OF	THIS FORM.
STATEMENT OF	TAKEN AT	DATED	·
			AND THE PROPERTY OF THE PROPER
9. STATEMENT (Continued)			

PAGE 2, DA FORM 2823, DEC 1998

APD PE v1.01

0005 09 CID579-73112

Time: 1036

Date translated: 24 Jan 2009

- 1- After we went to sleep around 11 O'clock at night. Some friends woke up at the noises were made by this man. It was the breath of death. And that was at 0110.
- 2- I woke up at 0110 tried to help him, I put him on my hand, and he was unconscious
- 3- . After five minutes he died.
- 4- We carried him fast to the gate, the guard tried to help him by giving him CPR they moved him to the hospital immediately. They told us from the hospital that he died.
- 5- He was in good health, and he did not take any medication.
- 6- He had no problem with any of the detainees or others.
- 7- Before he went to sleep he was happy joking with his brothers the detainees.

-STATEMENT END-

Translated By: CATII Linguist, CODE b(6), b(7)(C)Signature: b(6), b(7)(C)

Address or Location: CID Office, Camp Bucca, IZ, APO AE 09375

			DEATH (OVERSEAS) es (D'Oure-Mer)		
NAME OF CECEASED IZA	M. First, Middlej Nam du décéde	(Nom el prenoms)	GRACE Grace	BRANCH OF SERVICE	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale 400-32-101
ORGANIZATION Organis	sation		NATION (e.g. Cinited States) Pays  MAQ	DATE OF BIRTH Date de naissance SIOEC 1987	SEX Sex:  MALE Masculin  FEMALE Féminin
R)	ACE Race	MAR:TAL STAT	TUS État Civil	RELIGIO	ON Culle
CAUCASCIO Cauca	asiqua	SMGLE Céntrata le	DIVORCED Diverce	PROTESTANT Protestant	OTHER (Specify) Autre (Specify)
NEGROO Nagraide		MARRIED Marie	SEPARATED	Catholique	X Sum-
Autre (Specify)		WICOMED Vaca	Sécaré	JEWISH Juil	
NAME OF MEXT OF KIN	Nom du plus proche parent		RELATIONSMIF TO DECEAS	SED Parenté du décéde avec le s	uscil
STREET ACCRESS Dem	nicilá à (Rue)		CITY OF TOWN: AND STATE	(Include ZIP Code) Ville (Code po	osta) compris)
		MEDICAL STATEMENT	Declaration médicale		
		OF DEATH (Enter anti-americane) décès (Mindiques qu'une sause	S. A.		INTERVAL BETVIEEN ONSET AND DEATH Intervalle entre (attaque et le décès
	DIRECTLY LEADING TO DEATH	CAROIAC	ARREST		1 the, Ichning
CAUSES	MORBO CONCITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire				
de la mort	UNDERLYING CAUSE, IF ANY. GIVING RISE TO PRIMARY CAUSE Raison fondamentals, stilly a lieu, ayant suscite la cause primaire				
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NATURAL Montracite			4	·	
ACCICENT Montaccicentelle					
Suicise NA	ME OF PATHOLOGIST Nom du path	clogiste			
HOMICICE SIC	SNATURE Signature		ATE Date	AVIATION ACCIDENT Accident	a Avion  NO Non
and the second s	EWED THE REMAINS OF THE DECE	to the state of th	D. C. AD BLC DAT THE TIME INDICATED A	. Sur la	ED ABOVE.
6)	examiné les restes montels du défunt e		b)(6)	a suite des causes enumerees circ	CSSUS
(b)(6)	INSTALLATION CR	CORESS Insulfation to a tie	sse		
114/2009	(b)(6)				
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FORM 2064 AF	DR 1077 BEDI ACE TO	R'OFFICIAL U	SE-ONL'Y	- yaq . yaq	EXHIBIT!

LAW ENFORCEMENT SENSITIVE

ACLU-RDI 5598 p.114

HOSPITAL REPORT OF FOR USE OF THIS FORM, SEI AR 40400; THE PROPONENT AGENC			TF 1151	h MED,	Camp B	HOSPITAL Jucca Iraq,	APO AE 09375
Prepare, in one copy only, Items 1 through 10 to Print or type entries.		ions - Medical Offi 11.	Send form	, without for neces	delay to th	ne Registrar in and for pre	or Administrative Officer eparation of required
S	ECTION A - /	ATTENDING MED	ICAL OFFI	CER'S RI	EPORT		
		PERSONAL					
1. PATIENT DATA (Patient's ward plate will be identifying data if available)	used to impri		TIME OF		68	nth-year)	3. MEDICAL EXAMINER/ CORONER'S CASE
US91Z-321017C1	# # # # # # # # # # # # # # # # # # #	72. 10. 10.	214hrs; 1		2009		YES NO
ABRAHIM, AHMAD AWWAD 20/900-32-1017	867		RELIGION ISLAM-S				5. CHAPLAIN NOTIFIED  X YES NO
Patient's name (Last, first, middle initial) Grade		To the second se	RESENT A			ATIONSHIP	OF RELATIVE OR FRIEND
Social Security Account No., Register Number	and Ward Nu				2750		APPROXIMATE INTERVAL
	CAUSE O	FDEATH					BETWEEN ONSET AND DEATH
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)	Mess 14 hs	as a consequence	of)				1hr, 14mins
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)	DUE TO (or	as a consequenc	e of)				
	(2)						
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. b.	a. b.					
9. DATE 10. TYPED OR PRII	NTED NAME AN	D GRADE OF MEDICA	L OFFICER	(b)(6)	12- 22	COLORI OFFIC	CONTENDANCE
1/14/2607 INA (b)(6)			<	(0)(0)			in the first of th
	SECT	TON B - ADMINIS	TRATIVE				
TYPE OF ACTION		HOUR	DAYL				SIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZ	ZED PERSON					<u> </u>	
13. POST ADJUTANT GENERAL NOTIFIED  14. IMMEDIATE CO OF DECEASED NOTIFIED							
15. INFORMATION OFFICE NOTIFIED							
16. POST MORTUARY OFFICER NOTIFIED	€						
17. RED CROSS NOTIFIED						es • <u>•</u>	The state where wh
18. OTHER (Specify)							
19.							
	SE	CTION C - RECO	RD OF AUT				
20. AUTOPSY PERFORMED (If yes, give date and place,				21. AUTOI	PSY ORDER	ED BY (Signal	ure)
22. PROVISIONAL PATHOLOGICAL FINDINGS	# 2000 43 to 200 em io 40 (# 1920) 1 - 1919		ž				
			56 56		39	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
23. DATE 24. TYPED NAME AUTOPSY	AND GRADE OF	PHYSICIAN PERFOR	RMING	25. SIGNA	ATURE OF P	HYSICIAN PE	REPORMING AUTOPSY
26. DATE 27. TYPED NAME	AND GRADE OF	REGISTRAR		28. SIGN	ATURE OF F	REGISTRAR	
	<b>3</b> 9						94 12

DA FORM 3894, OCT 1972

REPLACES DA FORM 8-257, MANGI WHICH WILL DE USED CID ROI 30548

FOR OFFICIAL USE ON THE COLUMN TO THE WAY OF T

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

			TAB			
CERTI	FICATE OF DEATH			NT SERIAL NUMBER		
For use of this form, see Al	R 190-8; the proponent agency	/ is DCSPER.	ISN 321	L017		
M: TF 115 <sup>TH</sup> MFD CΔMP	BUCCA, IRAQ, APO AE	09375	\$3			
		<b>5</b> 0				
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			₩			
			<b>8</b>	다. 그리고 보다		
				W St		
AE (Last, first, MI)		(	GRADE	SERVICE NUMBER		
RAHIM, AHMAD AWWA	<b>ND</b>	<u> </u>	SI	900-32-1017		
TIONALITY POWER SERV		ITERNMENT AND DA	NTE			
AQ				DATE OF DIDTH		
CE OF BIRTH		39		DATE OF BIRTH 31 DEC 1987		
ME, ADDRESS AND RELATIONSHIP O	F NEXT OF KIN			FIRST NAME OF FATHER		
			45			
CE OF DEATH	DATE OF DEATH	**************************************	CAUSE OF DEA	TH		
115 <sup>TH</sup> MED, CAMP BUC	CA 14 JAN 09 @021	4	CARDIAC	ARREST		
CE OF BURIAL		DATE OF BRUIAL		32 AU SE		
NTIFICATION OF GRAVE						
SONAL EFFECTS (To be filled in by O	ffice of Deputy Chief of Staff for Pe	ersonnel)				
RETAINED BY DETAINING POWER	FORWARDED WITH	97 4,57	Market result to the section	ED SEPARATELY TO		
	CERTIFICATE TO (S)	pecijyj	(Specify)			
EF DETAILS OF DEATH/BURIAL BY PEctor, nurse, Minister of Religion, Fel						
brought to guard by fel						
to ER by medics and fou						
tubated. Received a tota	200	€76643 CL				
ng of Narcan, D stick 15!						
inimum time down of 1		89		). <b>4</b>		
		(b)(6)		LCAL-OFFICER		
NOT WRITE IN THIS SPACE	DATE / 14/) 100					
	I I LATE ONLY					
CERTIFIED A TRUE COPY	(b)(6)					
	(b)(6)					
	(b)(6)					
	(b)(6) <b>SIGNATU</b> (b)(6)					
	SIGNATURE/		ADDRESS			
	SIGNATU(b)(6)					
	SIGNATURE/			USAPPC V1.00		

ACLU-RDI 5598 p.116

#### CHRONOLOGICAL RECORD OF M' CAL CARE

Patient: DETAINEE, ISN321017

Facility: WBH6B1

Date: 14 Jan 2009 0218 AST

Appt Type: ROUTN

AutoCites Refreshed by @ 14 Jan 2009 0442 AST

Problems

No Problems Found.

**Active Medications** 

No Active Medications Found.

Allergies

No Allergies Found.

Screening Written by (b)(6)

@ 14 Jan 2009 0218 AST

Appointment Reason For Visit: RESPIRATORY ARREST:

Selected Reason(s) For Visit:

RESPIRATORY ARREST (New) Comments:

Vitals Written by (b)(6)

@ 14 Jan 2009 0218 GST

T: 96.4 °F.

Comments: pt had no hr, and no resperations at time of arrival.

S/O Note Written by (b)(6)

@ 14 Jan 2009 0449 AST

History of present illness

The Patient is a 29 year old male.

encounter Background Information: Late 20's early 30's detainee BIB EMS w/ CPR in progress found pulseless with fixed and dilated pupils. Per EMS pt was brought to the wire at approx 0100hrs by fellow detainees stating that pt was pulseless at that time, down for unknown period of time. Guard at scene began CPR after 2 precordial chest thumps w/o effect, transported by medics w/ ongoing CPR. No previous encounters listed in TMIP.

Physical findings

Vital signs:

Vital signs: apnea and pulseless.

General appearance:

General appearance: Unresponsive to painful stimulus.

Head:

Normal.

Eyes:

General/bilateral:

· Eyes: fixed and dilated 5mm bilaterally without any EOM.

Chest:

Normal No evidence of trauma.

Lungs:

\* Normal Coarse rhonchorous breath sounds bilaterally w/ BVM respirations. Easily ventilated.

Cardiovascular system:

· Cardiovascular system: No carotid pulse felt.

Abdomen:

Normal.

Genitalia:

Normal.

Perineum:

Normal.

Skin:

Normal.

Neurological:

· System: Unresponsive to any stimuli.

Name: DETAINEE, ISN321017

Sex:

Sponsor:

DETAINEE, ISN321017

(XX)13:

FMP/SSN: 20/900321017

31 Dec 1979

Tel H: Tel W: Rank: Unit:

K78 FOREIGN PCat: NATIONAL-POW/INTERNEE CS:

Outpt Rec. Rm:

MC Status:

Insurance: No

WS:

PCM: Tel. PCM:

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THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS ACLU-RDI 5598 p.1717 Information is a violation of federal law. violators will be prosecuted.

Page Lof 2

Clinic: TF 115 (BUCCA)

Provider: (b)(6)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MI CAL CARE

14 Jan 2009 0218

Facility: WBH6B.

Llinic: TF 115 (BUCCA)

Provider: (b)(6)

A/P Written by (b)(6)

@ 14 Jan 2009 0454 AST

1. CARDIAC ARREST

Comments: Code team organized w/ BVM rescue breaths and CPR continued, 16ga IV access established w/ defibrillator pads placed, v-fib identified and initial defibrillation at 150J per Lifepack default w/ continuation of CPR. Pt intubated w/o difficulty on first pass, confirmed by colorimetric end tidal monitor, and equal breath sounds bilaterally. Additional IV access unsuccessful after multiple attempts, therefore a IO placed on first pass without difficulty using EZ-IO on R proximal tibia. NGT placed w/ gastric contents only suctioned. Code continued per ACLS guidelines to include administration of epinephrine, lidocaine, atropine, narcan, sodium bicarb, calcium chloride, and continued defibrillation. ABG's attempted by nursing staff with results likely indicating venous cannulation, however pt found w/ initial pH 7.080 H's and T's explored, pt found temp 96.4 rectal, d stick 155, bilateral needle decompression without any expulsion of air, bedside ultrasound with fibrillating myocardium and no evidence of tamponade, corrected acidosis with NaHCO3, unable to obtain rapid potassium level and so empirically given 1 amp CaCl, no evidence of trauma, narcan administered without effect. Additional 14 ga DART placed on R anterior chest as prior dislodged during CPR. See nursing record for details. Death pronounced in ED at 0214 after review of details of code with all participants in ED and without further suggestion or objections.

Death packet and procedures initiated per TF 115th SOP with involvement of CID, PAD, TOC, and compound chief. Prior to placement in body bag ET tube, bilateral needle decompression catheters, foley catheter, and peripheral IV removed by medic staff inadvertently. Memorandum of record written by medic shift leader.

Disposition Written by (b)(6)

@ 14 Jan 2009 0454 AST

Expired

Injury & Illness: Not Work Related; Not Battle Related; Category: All Other, Medical/Surgical Cause: Non-Battle Illness

Appointment Class: Outpatient

E&M Code: 99212 - Estab Outpatient Focused H&P - Straightforward Decisions

Signed By

@ 14 Jan 2009 0455 AST

(b)(6)

**WBH6B1** 

Name: DETAINEE, ISN321017

Sex M

Tel H:

Sponsor:

DETAINEE, ISN321017

FMP/SSN: 20/900321017

- 31 Dec 1979

Tel W: CS:

Rank: Unit:

Outpt Rec. Rm:

NATIONAL-POW/INTERNEE

K78 FOREIGN

MC Status: insurance: No

DQB:

l'Cat

WS:

PCM: Tel. PCM:

FOR OFFICEMENTSENSERDING TO ROLL SUBSECTION OF THE PROPERTY OF

January 14, 2009 Detainee #320017

## Nurses Notes

0120 – Pt arrived to ER via FLA in full arrest. Pt blue in color in face. Pt moved to trauma room #1 and placed on bed. Pt's clothes cut off. BVM used for respirations. (b)(6) present immediately. Additional nurse requested from ICU. (b)(6) came to assist in code. CPR started after clothes removed. Pt connected to monitor via pads. Initial rhythm showed V-Fib. Pt's pupils fixed and dilated

0124 - Pulse checked. shock administered for v-fib. At 150J. no change in rhythm. CPR continued.

0125 – IV's est to bilateral AC. 16g to RAC, 18g to LAC. NS 1L started to both. 7.5 ETT placed by on first attempt. Tube was inserted past numbers. Breath sounds confirmed by Breath sounds present in both lungs. End tidal CO2 detector used. Positive color change. ETT secured with after market device.

0127 - EPI (1:10,000) x1 given IV. 24F OG placed. Placement confirmed by auscultation over stomach. Connected to suction.

0129 – Pulse checked. None felt. Pt remains in VF rhythm. Another unit dose (UD) epi given IV. Shocked delivered at 200J. pt remained in VF. CPR resumed

0130 - Rectal temperature obtained, 96.4 F

0131 - Epi UD given IV

0132 - CBG obtained, 155 mg/dl

0133 - Pulse checked, none felt. Pt remains in VF rhythm. Shock delivered at 200J. VF after shock

0134 – Lidocaine 100mg IV given

Cardiac Arrest Nurses Note Detainee #321017

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0136 - RAC IV infiltrated. Right tibial IO started by (b)(6) with EZ IO drill on first attempt with adult needle. 1L NS started to IO 0137 - EPI UD given through IO. No signs of infiltration to IO. IO secured 0138 - Pulse checked, none felt. Pt remains in VF rhythm. Shock delivered at 200J. VF after shock 0143 - Pulse checked, none felt. Pt remains in VF rhythm. Shock delivered at 200J. VF after shock 0144 - 0.4mg Narcan given IV 0146 - EPI UD given through IO. ABG obtained right femoral. 0147 - 1.6mg Narcan given IV 0149 - EPI UD given through IO. Pulse checked, none felt. Pt remains in VF rhythm. Shock delivered at 200J. rhythm change to VT after shock. Converted back to VF shortly after 0150 - 18F foley placed by (b)(6) Clear yellow urine returned. 1 amp Sodium Bicarb given through IO 0153 – 1 unit dose calcium chloride given through IO by (b)(6) Pulse checked, none felt. Pt remains in VF. Shock delivered at 200J. pt remains in VF after shock. CPR continued 0155 - Bilateral needle decompressions performed with 14g needles under direct supervision of (b)(6) completed by (b)(6) EPI UD given IO (b)(6)0157 - EPI UD given IO. Pt remains in VF. Pulse checked, none felt. CPR

O201 – Lidocaine 50mg via IO given CLU DDI CID ROL 30553

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Cardiac Arrest Nurses Note

LAW ENFORCEMENT SENSITIVE

0159 - Pulse checked, none felt. Pt remains in VF. Shock delivered at 200J.

continued

VF after shock

- 0203 ETT suctioned. Frothy pink sputum returned
- 0205 Repeat ABG obtained from right femoral
- 0206 Pulse checked, none felt. Pt remains in VF. Shock delivered at 200J. Pt remains in VF after shock. CPR continued. UD EPI given IO
- 0210 1 amp Sodium Bicard given IO
- 0210 pulse checked, none felt. Pt remains in VF. Shock delivered at 200J. Pt remains in VF after shock. CPR continued.
- 0213 UD EPI given IO
- 0214 Code called by (b)(6)
- 0225 Chiefs (3) from patient's compound allowed to see body under supervision of compound 7 officer's. Pt's body had been turned so feet were facing towards East.
- 0230 (b)(6) notified of death via phone. TOC and PAD notified of detainee death by (b)(6)
- 0310 MPs from 320<sup>th</sup> at ER for retinal scan. Pt moved to area of bed 4 in order for SIPR cable to reach from PAD.
- 0318 CID arrived
- 0415 Notified by (b)(6) that he had removed, bilateral AC IV's, ETT, OG, bilateral DART needles, and foley catheter. IO needle remains. (b)(6) told to right memorandum for record of actions that is to be included in patient's chart. Items removed from body placed in biohazard bag and placed in body bag.

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0423 - Pt placed in body bag	. Toe tag applied. Pt taken to morgue by EMT
medics	(b)(6)

(b)(6)

TF 115 MED
Camp Bucca, Iraq

ACLU DDI CID RQH30555)

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#### **SWORN STATEMENT**

For use of this form, see AR 190-45; the proponent agency is PMG.

#### PRIVACY ACT STATEMENT

AUTHORITY:

Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE:

To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline,

law and order through investigation of complaints and incidents.

**ROUTINE USES:** 

Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention,

placement, and other personnel actions.

DISCLOSURE:

Disclosure of your SSN and other information is voluntary.

1. LOCATION

Emergency Department Camp Bucca, Iraq

5. LAST NAME, FIRST NAME, MIDDLE NAME

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

2. DATE (YYYYMMDD)
2. DATE (YYYYMMDD)
3. TIME
04:30

7. GRADE/STATUS
SGT/E-5

8. ORGANIZATION OR ADDRESS

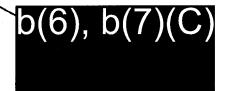
TF 115th Medical Camp Bucca Iraq APO AE 09375

9.

#### $_{1, SGT}b(6), b(7)(C)$

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On January 14, 2009 at 03:30 I miss under stood the SOP on Detainee Death Standards 8-23. I asked if I could prepare the body to move to the morgue. I was told ok and I ask if the CID was done with there investigation, I was told yes. I than went to prepare the body. I knew not to remove any thing from the body before CID was done taking pitchers. I than removed this items from the body. a 7.5 et tuba, a 24 fr oral gastric tuba, 18 ga catheter from left AC, 16 ga catheter from right AC, 14 ga catheter from right and left 2nd to 3rd intercostals space of chest, An 18fr foly catheter extinction tuba from IO right tibia, and the life pack 12 pad from chest. All items were placed in a red bio bag placed between lower legs.



10. EXHIBIT

11. INITIALS cb(6), b(7)(C) TATEMENT

PAGE 1 OF

PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF

\_\_ TAKEN AT

ROCHLIN

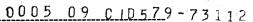
DATED

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIAL OF THE PERS DINNAHING THE STATE HEN AND PAGE 1515-56

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#### AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

0013-09-CID112 0005-09-CID579-73112 PAGE 1 OF 1 PAGES

**DETAILS:** 

BASIS FOR INVESTIGATION: About 0900, 15 Jan 09, the Aberdeen Proving Ground CID Office, Aberdeen Proving Ground, MD 21005, received a Request for Assistance(RFA), 0005-09-CID579-73112, from the Camp Bucca CID Office, Camp Bucca, Iraq APO AE 0937. The RFA requested a USACIDC Special Agent attend the autopsy of Detainee Ahmad A. IBRAHIM, Internment Serial Number (SN): USD(6), b(7)(C) CI, Theater Internment Facility, Camp Bucca, Iraq, APO AE 09375 being conducted at The Charles C. Carson Center for Mortuary Affairs, Building 116, Dover Air Force Base, DE 19902 (DAFB).

About 1000, 22 Jan 09, SAb(6), b(7)(C) SA b(6), b(7)(C) and Internb(6), b(7)(C) attended the autopsy of Detainee IBRAHIM (ME#: 09-0049), conducted at The Charles C. Carson Center for Mortuary Affairs, Building 116, DAFB, by Dr (USN CDR) b(6), b(7)(C) Medical Examiner, Office of the Armed Forces Medical Examiner (OAFME), Armed Forces Institute of Pathology (AFIP), 1413 Research Blvd, Building 102, Rockville, MD 20850 (RMD). Dr stated the cause and manner of Detainee IBRAHIM's death were pending. He further stated during the autopsy he did not identify any external or internal injuries to Detainee IBRAHIM. Photographers from AFIP exposed all images exposed. SAb(6), b(7)(C) SAb(6), b(7)(C) and Internb(6), b(7)(C) bbtained from AFIP personnel a copy of the CD containing all images taken during the autopsy of Detainee IBRAHIM. SAb(6), b(7)(C) SAb(6), b(7)(C) and Internb(6), b(7)(C) and

Agent's Comment: The official results of the autopsy will be documented in the Final Autopsy Report which will be provided upon completion.///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

ORGANIZATION

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

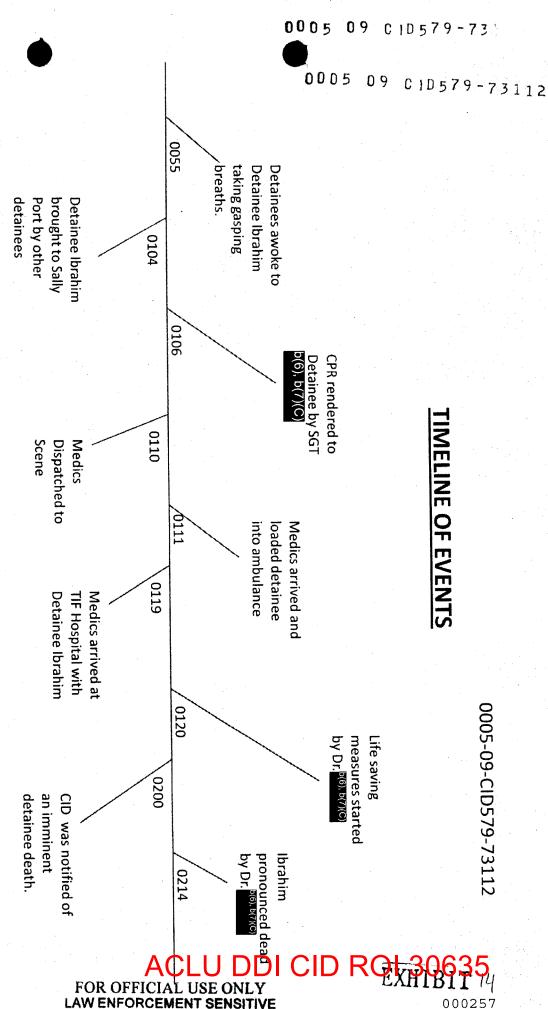
Fort Myer CID Office, Fort Myer, VA 22211

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

DATE EXHIBIT

22 Jan 09

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Law Enforcement Sensitive



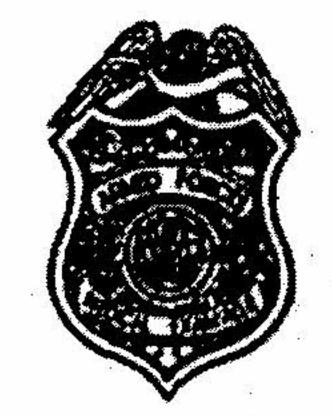
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ACLU-RDI 5598 p.125



# ARMED FORCES INSTITUTE OF PATHOLOGY Office of the Armed Forces Medical Examiner 1413 Research Blvd., Bldg. 102

Rockville. MD 20850



#### **AUTOPSY EXAMINATION REPORT**

Name: BTB Ibrahim, Ahmad Awwad

ISN: 9IZ-321017

Date of Birth: BTB 13 Dec 1987

Date of Death: 14 Jan 2009

Date/Time of Autopsy: 22 Jan 2009 @ 1000

Date of Report: 07 APR 2009

Autopsy No.: (b)(6)

AFIP No. (b)(6)

Rank: Civilian Detainee

Place of Death: Iraq

Place of Autopsy: Port Mortuary,

Dover AFB, DE

Circumstances of Death: This 21-year-old Iraqi Civilian was a detainee at Camp Bucca, Iraq when he reportedly awoke with shortness of breath and clutching his chest. He lost consciousness and was transported to the guard by other detainees. Medical personnel were dispatched and brought him to the medical facility where all resuscitative efforts were unsuccessful.

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

Identification: Presumptive identification is established by mortuary identification tags. Fingerprints and a DNA sample are taken for comparison to an exemplar if one becomes available.

CAUSE OF DEATH:

Lymphocytic Myocarditis

MANNER OF DEATH:

Natural

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#### EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished unclad male. The body weighs 177 pounds, is 73 inches in length and appears compatible with the reported age of 21 years. The body is cold. Rigor is absent in all extremities. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. There is slight marbling of the torso and both lower extremities.

The head is normocephalic, and the scalp hair is short black. Facial hair consists of black beard and moustache stubble. The irides are brown. The corneae are cloudy. The conjunctivae are congested. The sclerae are white. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton and maxilla are palpably intact. There is a 3/8 x 1/8 inch dried abrasion on the left side of the forehead. On the left temple is a 3/4 x 1/2 inch abrasion. On the bridge of the nose is a 1/4 x 1/16 inch abrasion. The lips are without evident injury. The teeth are natural and in good condition. Examination of the neck reveals no evidence of injury; the trachea is palpably in the midline of the neck.

The chest is symmetric with normally formed male breasts that are free of masses. There is a  $4 \times 3$ -inch patterned burn / abrasion on the right side of the chest. On the lateral left side of the chest is a  $3-1/2 \times 3-1/2$  patterned burn / abrasion. The abdomen is flat without recent trauma. Healed surgical scars are not noted on the torso. The external genitalia are those of a circumcised adult male, and the public hair is in an appropriate distribution. There is mild folliculitis on the posterior torso and the anus is without note.

The extremities are symmetric and normally formed without evidence of significant recent trauma. There is a 2 x 1 inch contusion on the dorsal surface of the left hand. There are three abrasions each measuring 1/8 x 1/8-inch on the dorsal surface of the left hand. The fingernails are trimmed and intact. The toenails are unremarkable. A tattoo (Ahmad in Arabic) is noted on the left anterior forearm (black, 2-1/2 x 1/2-inch).

#### CLOTHING AND PERSONAL EFFECTS

- Personal effects (contained in a green personal effects bag attached to the left wrist) are removed by Port Mortuary personnel prior to autopsy
- Accompanying the body are yellow boxer shorts (cut), yellow pants (cut), and yellow sweat pants (cut)

#### MEDICAL INTERVENTION

- \* EKG patch on the left lower quadrant of the abdomen
- \* Multiple needle sticks on the chest, bilateral antecubital areas, and right inguinal area
- Interosseous catheter is noted in the anterior right leg
- Burn abrasions on the chest from the defibrillator pads

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#### RADIOGRAPHS

A complete set of postmortem radiographs and CT images are obtained and demonstrates the following:

- Multiple bilateral anterior rib fractures (CPR related)
- No skull, vertebral, or long bone fractures
- No metallic foreign bodies are noted

#### EVIDENCE OF INJURY

There is no evidence of recent significant injury.

#### INTERNAL EXAMINATION

#### **BODY CAVITIES:**

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The ribs, sternum, and vertebral bodies are visibly and palpably intact. There are bilateral pleural adhesions with areas of loculated clear fluid in the pleural space. There are adhesions between the diaphragm and the right lobe of the liver. There are no abnormal collections of fluid in the pericardial or peritoneal cavities. All body organs are present in normal anatomical position.

## HEAD AND CENTRAL NERVOUS SYSTEM:

The scalp is reflected. The galeal and subgaleal soft tissues of the scalp are free of injury. There are no skull fractures. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural, subdural or subarachnoid hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The blood vessels at the base of the brain are intact and symmetrical without significant atherosclerosis. The cranial nerves are likewise symmetrical and intact.

The brain weighs 1,436-grams and is fixed prior to further examination and submission for expert consultation. See Addendum A for complete details.

#### 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 tongue is free of bite marks, hemorrhage, or other injuries.

#### CARDIOVASCULAR SYSTEM:

The 460-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally and are present in a normal distribution, with a right-dominant pattern. Cross sections of the major coronary arteries demonstrate no luminal narrowing. The heart is fixed prior to further examination and submission for expert consultation. See Addendum B for complete details.

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0005 09 CID579-73112 Page 4 of 11

AUTOPSY REPORT (b)(6)

BTB Ibrahim, Ahmad Awwad

The aorta is without atherosclerosis and gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

#### RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The parietal pleural surfaces have extensive adhesions bilaterally.

The right lung weighs 1,720-grams; the left 1,040-grams. The pulmonary parenchyma is diffusely congested and edematous, exuding copious amounts of blood and frothy fluid; no focal lesions are noted. The visceral pleural surfaces have extensive adhesions bilaterally.

The pulmonary arteries are normally developed, patent and without thrombus or embolus.

#### HEPATOBILIARY SYSTEM:

The 1,760-gram liver has an intact smooth capsule covering moderately congested tan-brown parenchyma with no focal lesions noted. There are adhesions over the right lobe of the liver extending to the diaphragm.

The gallbladder contains 1-milliliter of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

#### GASTROINTESTINAL SYSTEM:

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 400-milliliters of brown granular fluid.

The small and large bowels are unremarkable. The pancreas has a normal pink-tan lobulated appearance. The appendix is present.

#### GENITOURINARY SYSTEM:

The right kidney weighs 160-grams; the left 140-grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces.

The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable.

White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 5-milliliters of cloudy yellow urine. The testes, prostate gland and seminal vesicles are without note.

#### LYMPHORETICULAR SYSTEM:

The thymus is small, fatty and otherwise unremarkable. The 280-gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable.

Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

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ENDOCRINE SYSTEM:

The pituitary gland is examined in situ and is grossly unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The parathyroid glands are not identified. The right and left adrenal glands are symmetric, with bright yellow cortices and red-brown meduliae; no masses or areas of hemorrhage are identified.

#### MUSCULOSKELETAL SYSTEM:

Superficial posterior skin incisions are negative for traumatic injuries. Superficial incisions of each ankle and wrist region show no evidence of trauma or binding. No non-traumatic abnormalities of muscle or bone are identified.

#### SLIDE KEY AND MICROSCOPIC EXAMINATION

- Kidney Unremarkable glomeruli with post mortem autolysis of the tubules.
   Liver Normal hepatic architecture with congestion and mild chronic peri-portal inflammation.

   Spleen Congestion with autolysis and no focal lesions.
- 2. Lung (all five lobes) Pulmonary congestion with extravasated red blood cells in the alveolar spaces and pulmonary edema.

#### **TOXICOLOGY**

The blood and vitreous fluid are examined for the presence of volatile compounds including ethanol at a cutoff of 20-milligrams per deciliter. No ethanol is detected.

The blood is screened for medications and drugs of abuse including 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:

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

The carboxyhemoglobin saturation in the blood was less than 1% as determined by spectrophotometry with a limit of quanitation of 1%.

There was no cyanide detected in the blood. The limit of quanitation for cyanide is 0.25-milligrams per liter.

#### ADDITIONAL PROCEDURES

- 1. Documentary photographs are taken by (b)(6) OAFME staff photographer.
- 2. Personal effects are released to the appropriate mortuary operations representatives.
- 3. Specimens retained for toxicology testing and/or DNA identification are: vitreous fluid, blood, bile, gastric contents, heart, spleen, liver, lung, kidney, myocardium, adipose tissue and skeletal muscle.

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## AUTOPSY REPORT (b)(6)

#### BTB Ibrahim, Ahmad Awwad

Page 6 of 11

- 4. The dissected organs are forwarded with body except for the heart and brain.
- 5. The heart is sent for Cardiovascular Pathology consultation.
- 6. The brain is sent for Neuropathology consultation.

#### FINAL AUTOPSY DIAGNOSES

- I. Cardiovascular System (see Addendum B)
  - A. Lymphocytic Myocarditis
  - B. Right ventricular dilatation, mild
- II. Natural diseases or pre-existing conditions identified:
  - A. Pulmonary congestion, edema, and adhesions
  - B. Hepatosplenomegaly
  - C. Cerebral edema
- III. Evidence of Medical Therapy:
  - A. EKG patch on left lower quadrant of the abdomen
  - B. Multiple therapeutic needle sticks
  - C. Interosseous catheter in the right anterior leg
  - D. Burn abrasions on the chest from the defibrillator pads
- IV. Post-Mortem Changes:
  - A. Rigor is absent in all extremities
  - B. Lividity is posterior and fixed except in areas exposed to pressure
  - C. There is marbling of the torso and both lower extremities
  - D. The body temperature is cold to touch
- V. Identifying Body Marks:
  - A. Tattoo on the anterior left forearm
- VI. There is no evidence of trauma or physical abuse.
- VII. Toxicology:
  - A. No ethanol was detected in the blood and vitreous fluid
  - B. Lidocaine is detected in the blood
  - C. No carbon monoxide was detected in the blood
  - D. No cyanide was detected in the blood

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#### **OPINION**

This 21-year-old, BTB Ahmad Awwad Ibrahim, died of lymphocytic myocarditis. Per investigation, Mr. Ahmad Ibrahim was found by other detainees complaining of shortness of breath and clutching his chest. While the other detainees were bringing him to the guard he lost consciousness. Medical personnel were dispatched and took Mr. Ahmad Ibrahim to the medical facility where resuscitative efforts were unsuccessful. At autopsy, he had extensive adhesions around both his lungs as well as on the right upper lobe of the liver. His heart showed mild right ventricular dilatation with histological evidence of lymphocytic myocarditis. There is no evidence of trauma or foul play. A review of the limited medical records available was non-contributory. The toxicological screen for ethanol, carbon monoxide, cyanide, and illicit drugs of abuse are negative. The toxicological screen for medications was positive for lidocaine which if more than likely from resuscitative efforts.

Myocarditis is defined as inflammatory changes in the heart muscle and is characterized by myocyte (individual heart muscle cells) necrosis (death). The causes of myocarditis are numerous and can be roughly divided into infectious, toxic, and immunologic etiologies, with viral etiologies most common. Coxsackievirus B is the most common viral cause of myocarditis but other viruses implicated in causing myocarditis include influenza virus, echovirus, herpes simplex virus, hepatitis, Epstein-Barr virus, and cytomegalovirus. Nonviral infectious causes include diphtheria, Chagas disease, Streptococcal species, Staphylococcal species, Bartonella, Brucella, Leptospira, and Salmonella species. Toxic myocarditis can be caused by medications such as penicillin, doxorubicin, zidovudine (AZT) or environmental toxins such as lead, arsenic, and insect stings (scorpion or spiders). Immunologic etiologies of myocarditis encompass a number of clinical syndromes and include systemic lupus erthematosus, rheumatoid arthritis, scleroderma, Kawasaki disease, sarcoidosis, and giant cell arteritis.<sup>1234</sup> The decedent has no history of toxic exposure and there is no evidence of bacterial or systemic disease. The histological finding in this case of a lymphocytic infiltrate within the heart muscle is suggestive of a viral cause of his myocarditis.

The manner of death is Natural.

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Baboonian C, Davies MJ, Booth JC, McKenna W: Coxsackie B viruses and human heart disease. Curr Top Microbiol Immunol 1997; 223:31-52.

<sup>&</sup>lt;sup>2</sup>Feldman AM, McNamara D: Myocarditis. N Engl J Med 2000; 343:1388-1398.

Weinstein C, Fenoglio JJ: Myocarditis. Hum Pathol 1987; 18:613-618.

<sup>&</sup>lt;sup>4</sup>Maron BJ: Medical progress: Sudden death in young athletes. N Engl J Med 2003; 349:1064-1075.

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#### ADDENDUM A: Neuropathology Consultation Report

ARMED FORCES INSTITUTE OF PATHOLOGY NEUROPATHOLOGY REPORT CASE NUMBER: (b)(6)

PATIENT NAME: IBRIHIM, AHMAD A DATE OF EXAMINATION: 02/19/09

## GROSS DESCRIPTION:

Brain weight: 1436 gm

The specimen consists of the brain of an adult.

The brain is diffusely swollen with widened gyri, narrowed sulci, effaced basilar cisterns, swollen cerebellar tonsils and an effaced cerebellomedullary cistern. Moderately deep tentorial grooves indent each uncus approximately 0.6 cm from the medial margins. There is no associated visible uncal cortical or cerebellar tonsil cortical injury.

The leptomeninges are thin, delicate and transparent. Except as noted, the cerebral gyri have normal configuration and consistency.

There is no sign of midline shift. Except as noted, the external aspects of the brainstem and cerebellum are not remarkable. The arteries at the base of the brain follow a normal distribution and are free of atherosclerosis. There are no aneurysmal dilatations or sites of occlusion. The identifiable cranial nerve roots are not remarkable.

Coronal sections of the cerebrum reveal dissolution of the septum pellucidum due to edema and early autolysis. The demarcation between cerebral gray and white matter is blurred due to swelling and edema. There are no focal lesions in the cortex, white matter or deep nuclear structures. There is no midline shift. Sections of the midbrain, pons, medulla and cerebellum show no focal abnormalities. The substantia nigra and locus coeruleus are well pigmented.

The ventricular system and aqueduct of Sylvius are patent. The third ventricle is compressed due to brain swelling. The ventricular system is otherwise unremarkable with an anatomically normal configuration. The choroid plexus is unremarkable and the ependymal surfaces are smooth and glistening.

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AUTOPSY REPORT (b)(6)

BTB Ibrahim, Ahmad Awwad

PHOTOGRAPHS: Yes

#### MICROSCOPIC EXAMINATION:

Blocks of tissue for microscopic examination are removed from: (1) right frontal lobe, (2) anterior corpus callosum/cingulate gyri/septum pellucidum, (3) right mid frontal lobe, (4) left uncus, (5) left insula/claustrum/putamen/globus pallidus/anterior limb of internal capsule, (6) left thalamus/substantia nigra/red nucleus/posterior limb of internal capsule, (7) right hippocampus/lateral geniculate nucleus/temporal horn of lateral ventricle/ choroid plexus, (8) mid corpus callosum/cingulate gyri/caudate nucleus/internal capsule, (9) right calcarine cortex/occipital horn of lateral ventricle, (10) cerebellum, (11) midbrain, (12) pons and (13) medulla.

Sections from each block are stained with H&E and LFB/Bodian techniques and immunostained for  $\beta$ -amyloid precursor protein ( $\beta$ -APP).

#### COMMENT:

Microscopic sections show diffuse edema and widespread eosinophilic neurons (acute ischemic neuronal injury) in the frontal, cingulate gyral, hippocampal (subiculum), occipital, and basal ganglia gray matter.

There is no evidence of inflammation or trauma.

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NEUROPATHOLOGIST

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#### ADDENDUM B: Cardiovascular Pathology Consultation Report



DEPARTMENT OF DEFENSE ARMED FORCES INSTITUTE OF PATHOLOGY WASHINGTON, DC 20308-6000

## AFIP Interdepartmental Consultation Report

AFIP ACCESSION NO. SEQUENCE NO. (b)(6)

IBRAHIM, AHMAD A

(b)(6) SSN:

**ME** (b)(6)

APB

February 17, 2009

(b)(6)

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

DIAGNOSIS: ME (b)(6)

Heart, autopsy:

- -Lymphocytic myocarditis
- -Mild right ventricular dilatation

History: 21 year old Iraqi male; height 185 cm, weight 80 kg; awoke with shortness of breath, collapsed, and could not be resuscitated; autopsy showed pleural adhesions

Heart: 460 g (per contributor) (predicted normal value 341 g, upper limit 481 g for 184 cm male); closed foramen ovale; mild right ventricular dilatation: left ventricular cavity diameter 27 mm, left ventricular free wall thickness 13 mm, anterior ventricular septum thickness 12 mm, posterior ventricular septum thickness 17 mm, right ventricular cavity diameter from acute angle to septum 43 mm, posterior right ventricle thickness 4 mm; valves grossly unremarkable; aortic root diameter 17 mm, pulmonary trunk diameter 15 mm; focal anterior and lateral left ventricular white discoloration; histologic sections demonstrate lymphocytic infiltrates primarily involving the subepicardial region of the left ventricle with patchy infiltrates in the subendocardial and mid myocardial regions and in the right ventricle with associated myocyte necrosis and healing areas with granulation tissue and fibrosis

Coronary arteries: Normal ostia; right dominance; no gross atherosclerosis

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AUTOPSY REPORT (b)(6) BTB Ibrahim, Ahmad Awwad

AFIP ACCESSION NO. SEQUENCE NO. (b)(6)

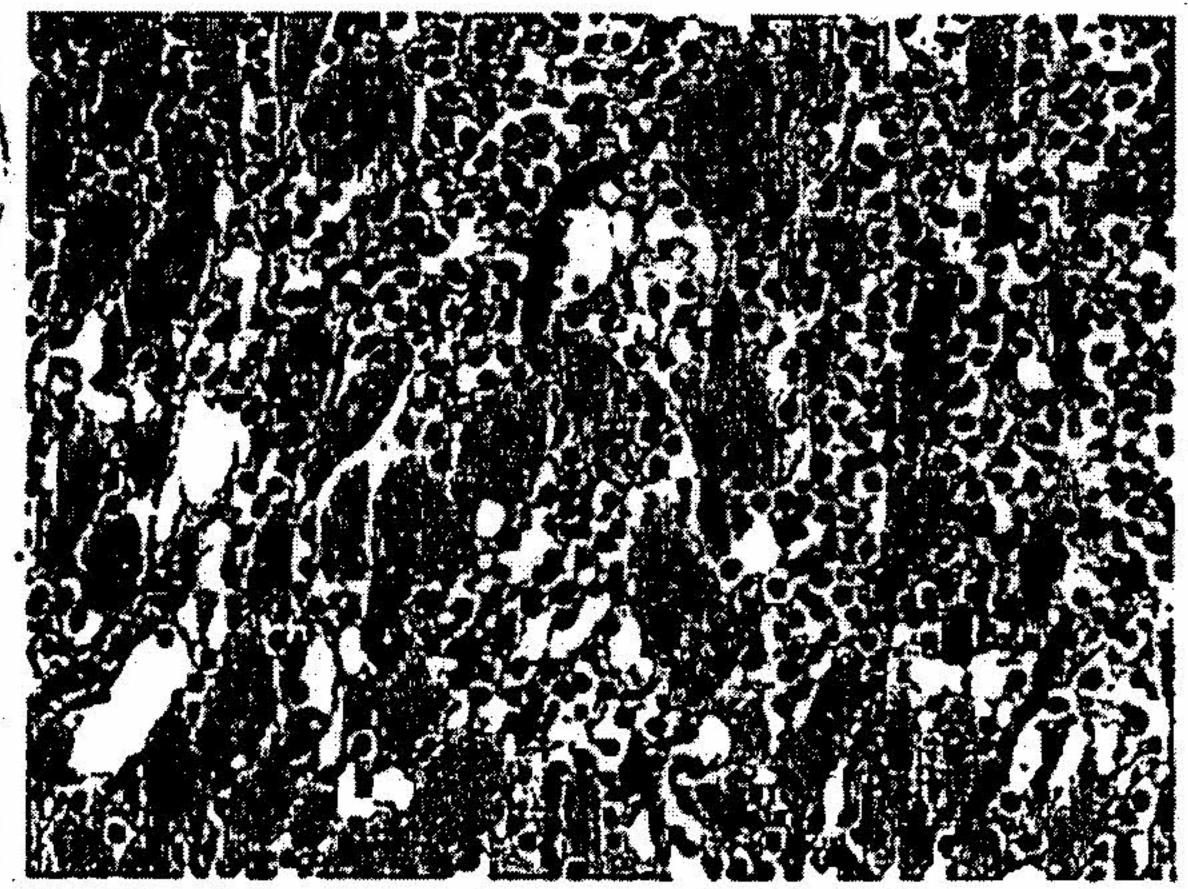
IBRAHIM. AHMAD A

SSN:

APB

February 17, 2009





Lymphocytic myocarditis in the left ventricle (left) with myocyte necrosis (right)

A copy of this report has been faxed to you at (b)(6)

(b)(6)

Department of Cardiovascular Pathology

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

REPLY TO ATTENTION OF

AFIP-CME-T

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

BTB IBRAHIM, AHMAD AWWAD

Autopsy: ME (b)(6) 91Z-32-1017 Toxicology Accession #: (b)(6)

Date Report Generated: January 29, 2009

## CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 1/14/2009

Date Received: 1/27/2009

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, mesloquine, 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:

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

## REPORT OF TOXICOLOGICAL EXAMINATION (CONT-(b)(6) BTB IBRAHIM, AHMAD AWWAD):

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

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