



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 301-319-0000



AUTOPSY EXAMINATION REPORT

Name: BTB Kazim, Fayis Halim

SSAN: (b)(6)

Date of Birth (b)(6) 1965

Date of Death (b)(6) 2007

Date and time of Autopsy: 06 AUG 2007 9:00 AM

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Detainee

Place of Death: Iraq

Place of Autopsy: Port Mortuary
 Dover AFB, Dover DE

Date of Initial Report: 09 AUG 2007

Date of Final Report: 05 DEC 2007

Circumstances of Death: (b)(6) was being detained pending interrogation when he was reportedly found in his cell unresponsive. He had previously complained of dyspepsia and ranitidine had been prescribed for him.

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

Identification: by means of capture tag and continuous chain of custody

CAUSE OF DEATH: Coronary Thrombosis

MANNER OF DEATH: Natural

AUTOPSY REPORT (b)(6)
BTB Kazim, Fayis Halim

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EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing male, 63-1/4 inches tall, weighing 139 pounds, whose appearance is consistent with the reported age of 42 years. Lividity is posterior. Rigor is resolving. The body is cool to touch.

Black hair is distributed in the usual male pattern. The irides are brown, with a prominent arcus senilis. The pupils are round, 0.3 cm and equal in diameter. The external auditory canals are clear; the lobes of both right and left ears are pierced; the ears are otherwise unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. A moustache and closely trimmed beard are distributed in the usual pattern. The teeth are natural with evidence of mild to moderate neglect.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is slightly protuberant. The genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is present in the usual male distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing, cyanosis or edema.

CLOTHING AND PERSONAL EFFECTS

The remains are clad in a white gown

EVIDENCE OF INJURY

An old, healing 1 x 1/2 inch abrasion is present on the central forehead. An old, healing 2 x 1/2 inch abrasion is present on the upper back, slightly to the right of the midline. Extremity injuries include a group of old-healing abrasions and contusions clustered over the posterior right elbow, ranging from 1/2 inch up to 3/4 x 1/2 inch. A healing 1/2 inch abrasion is present just above the left elbow. A group of punctate defects surrounded by a 1/2 inch green-blue contusion is present just above and lateral to the right knee.

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. The cerebral blood vessels are engorged with blood, but are otherwise unremarkable. Clear cerebrospinal fluid surrounds the 1100 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable. A posterior neck dissection confirms that the abrasion identified over the posterior back is superficial and remote chronologically.

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NECK:

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

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. There is a small pleural effusion bilaterally (radiographic finding). Multiple adhesions extend from the right lung to the parietal pleural surface. Otherwise, there is no excess fluid in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The congested right and left lungs weigh 630 and 490 gm, respectively. The right pleural adhesions have been noted. Intraparenchymal calcifications are identified radiographically, but are not identified on direct inspection. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are grossly evident.

CARDIOVASCULAR SYSTEM:

The 330 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with moderate fat investment. Mottling with focal pale color change is present. The coronary arteries are present in a normal distribution, with a right-dominant pattern. On cross sections of the vessels a hemorrhagic occlusive plaque is present in the left anterior descending coronary artery. Calcifications are also evident radiographically in the circumflex and left anterior descending coronary arteries. A tan cut surface with irregular mottling is noted on sections through the myocardium. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum and right ventricles are 0.9, 1.0 and 0.4 cm thick, respectively. The aorta displays atheromatous plaque deposition, with prominent calcified lesions at the level of the iliac bifurcation. There is no evidence of congenital or infectious lesion. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1330 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains approximately 10 cc of green-black bile. There are no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 170 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

The pancreas is congested, with the usual lobulated architecture on cut surface. 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 90 and 80 gm, respectively. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The urinary bladder contains approximately 80cc of clear amber urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. Brown material is expressed from the ducts; the seminal vesicles are otherwise unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 200 cc of partially digested food. The gastric wall is intact. The duodenum, loops of small bowel and colon are unremarkable. The appendix is present.

MUSCULOSKELETAL SYSTEM:

Muscle development is normal. Degenerative changes of the thoracic and lumbar spine are identified radiographically. Otherwise, there are no bone or joint abnormalities noted.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin, without preparation of histologic slides.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff photographers.
2. Specimens retained for toxicologic testing and/or DNA identification are: vitreous fluid, blood, bile, gastric contents, urine, brain, myocardium, lung, kidney, spleen, skeletal muscle and adipose tissue.
4. The dissected organs are forwarded with body.
5. Personal effects are released to the appropriate mortuary operations representatives.

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AUTOPSY DIAGNOSES

- I. Evidence of Disease**
- A. Arcus senilis
 - B. Engorgement of the cerebral cortical vessels
 - C. Calcification of the left anterior descending coronary artery (radiographic finding and direct examination)
 - D. Calcification of the circumflex coronary artery (radiographic finding and direct examination)
 - E. Occlusive thrombus superimposed on an atheromatous plaque, left anterior descending coronary artery
 - F. Mottling of the myocardium
 - G. Calcification of the aortic root (radiographic finding)
 - H. Aortic intimal erosion
 - I. Calcification of the abdominal aorta at the iliac bifurcation (radiographic finding and direct examination)
 - J. Bilateral pulmonary congestion (radiographic finding and direct examination)
 - K. Right sided pleural adhesions
 - L. No radiographically identifiable trauma
 - M. No radiographically identifiable foreign body
 - N. No significant extremity injury identified
 - O. Scattered small abrasions and contusions
 - 1. forehead (1), of chronologically remote origin
 - 2. upper back (1), without significant underlying trauma
 - 3. posterior right elbow (3)
 - 4. left elbow (1)
 - 5. right knee (1)
- II. Evidence of Medical Intervention: none noted**
- III. Natural Disease**
- A. Degenerative changes of the thoracic spine (radiographic finding)
 - B. Degenerative change of the lumbar spine (radiographic finding)
- IV. Identifying Marks:**
 The lobes of both ears are pierced
- V. Toxicology: negative**
- VI. Post-mortem Changes: no significant change noted**

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OPINION

Fayis Halim Kazim, a 42 year-old detainee, died when his left anterior descending coronary artery became occluded by superimposition of a thrombus on a pre-existing atheromatous lesion. The cause of death is therefore coronary thrombosis. The manner of death is natural.

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

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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) BTB Kazim, Fayis, Halim		GRADE Grade	BRANCH OF SERVICE Arme Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1965	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race	MARITAL STATUS État Civil		RELIGION Culte	
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant	<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)
<input type="checkbox"/> NEGROID Négride	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> JEWISH Juf	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus		
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)		

MEDICAL STATEMENT Déclaration médicale

CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort.		Coronary Thrombosis
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle		
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE (b)(6)	DATE 6 August 2007
		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) (b)(6) 2007	PLACE OF DEATH Lieu de décès Iraq
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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 funtuel 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 Medical Examiner
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE
DATE Date 8/6/2007	SIGNATURE (b)(6)

¹ State disease, injury or complication which caused death, but not mode.
² State conditions contributing to the death, but not related to the disease or condition causing death.
³ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du cœur, etc.
⁴ Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.

FORM DD-1 APR 77 **2064** REPLACES DA FORM 3866, 1 JAN 72 AND DA FORM 3866-R(PAS), 26 SEP 76, WHICH ARE OBSOLETE.

MEDCOM 0811

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

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

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

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CJSOTF-AP Detainee Medical Screening Form (b)(6)

EPW Tag #

First Name: FAIZ Second Name: HALIM Family Name: KATHIM

Tribe Name: AL-SHALIBI Age: 42 DOB: (b)(6) 1965

Date of Screening: 27 Jul 07 Time of Screening: 1005

PMHX: Dyspepsia

PSHX: None

Med Allergies: NKA

Meds: None

Initial Vital Signs: B/P 160/98 Pulse 72 Resp 14 Temp 99.9 Pulse Ox % Weight 145 lbs

General: WNWD ♂ ♀ Skin: No/C/K/E HT 63 inches

Head: Atraumatic

Neck: Atraumatic

Chest: Atraumatic

Heart: RR & R

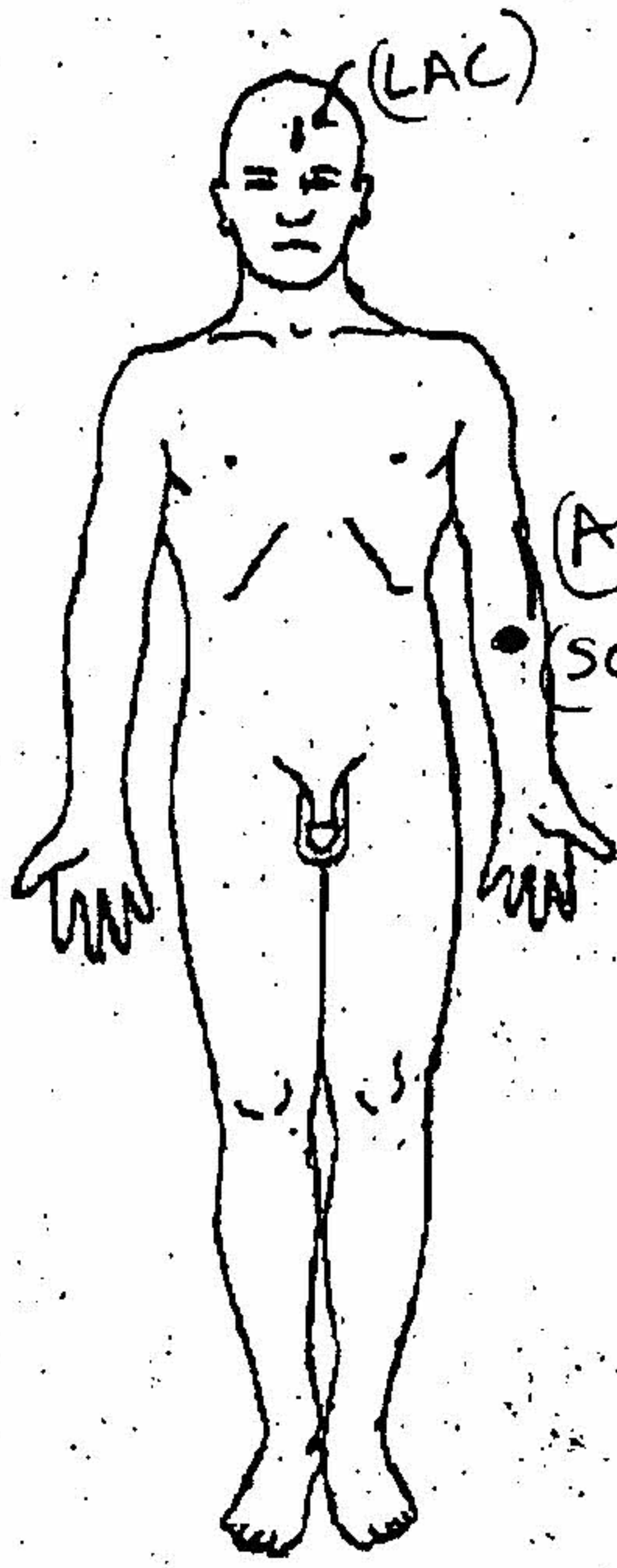
Lungs: CTAB

Abdomen: Atraumatic

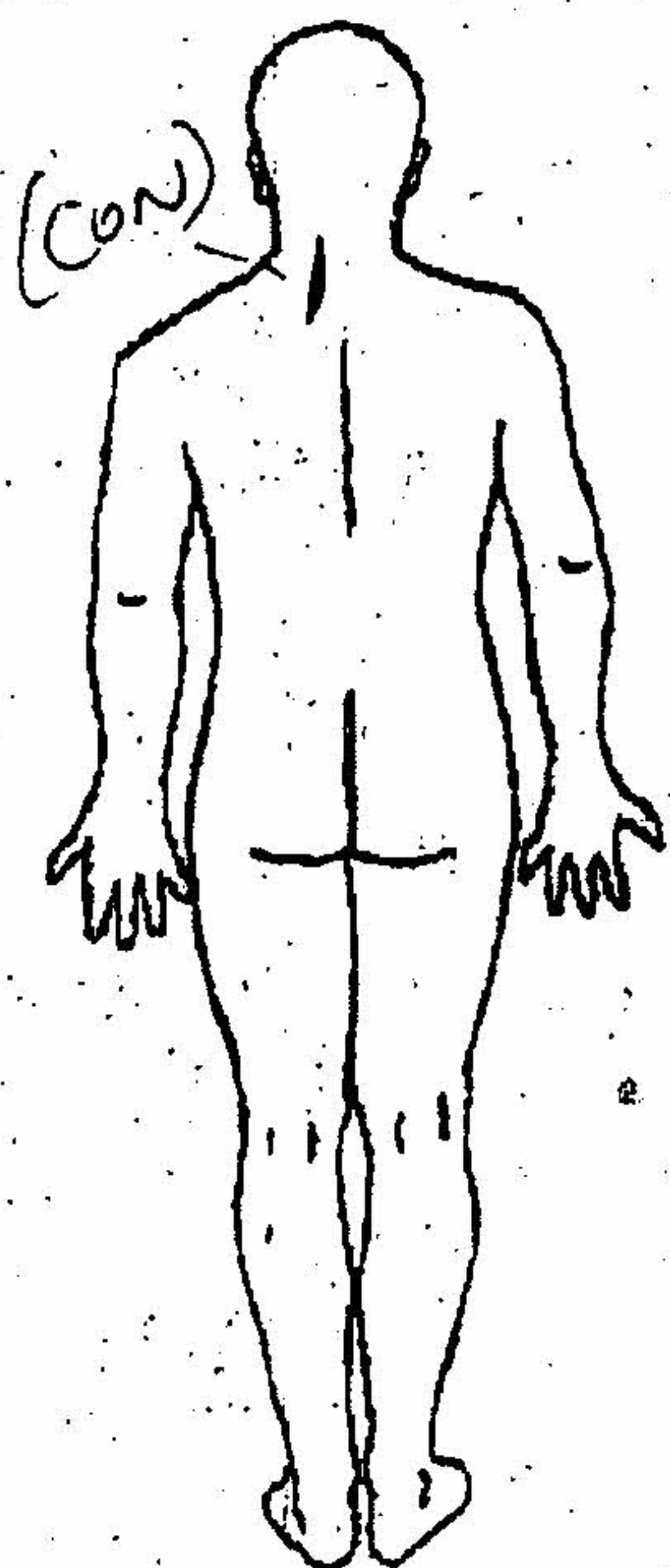
Lower Extrem: FROM Atraumatic

Upper Extrem: FROM Atraumatic

Neuro: Grossly Intact



- Atraumatic
- Laceration (LAC)
- Abrasion (AB)
- Contusion (CON)
- Scars (SC)
- Tattoos (TAT)
- Birthmarks (BM)



Fit For Detention and Interrogation / Transfer / Release: YES NO

Medical Transfer Required: YES NO

Transfer Instructions: States all injuries occurred while in car during transport - bounced around on roads - was not struck by anyone

Prepared By: (b)(6)

Printed Name, Rank

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000018
EXHIBIT 7

EXHIBIT(S) 13, 14 & 15

Page(s) 000027 thru 000029
referred to:

CDR USAMEDCOM
ATTN: FOIA OFFICE, STOP 76
1216 STANLEY RD 2D FL
FT. SAM HOUSTON, TX 78234-5049

ACLU DDII CID ROI 24755

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STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use of this form, see AR 600-8-4, the proponent agency is DCS, G-1.

THRU: (Include ZIP Code)	TO: (Include ZIP Code)	FROM: (Include ZIP Code) CJSOTF-AP THF RPC, Victory Complex, BIAP, Iraq APD, AE 09342
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1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial) Fayis Halim Kazim	2. SSN (b)(6) (b)(6)	3. GRADE Detainee
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4. ORGANIZATION AND STATION CJSOTF-AP THF	5. ACCIDENT INFORMATION a. DATE (b)(6) 07 b. PLACE (City and State) RPC, Victory Complex, BIAP, Iraq
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SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR

6. INDIVIDUAL WAS <input type="checkbox"/> OUT PATIENT <input type="checkbox"/> ADMITTED <input checked="" type="checkbox"/> DEAD ON ARRIVAL	7. NAME OF HOSPITAL OR TREATMENT FACILITY CJSOTF-AP THF	<input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY
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8. HOUR AND DATE ADMITTED 0950 (b)(6) 07	9. HOUR AND DATE EXAMINED 0215 (b)(6) 07
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10. NATURE AND EXTENT OF INJURY DISEASE RESULTING IN DEATH
Detainment in CJSOTF-AP Temporary Holding Facility

11. MEDICAL OPINION:
 a. INDIVIDUAL WAS WAS NOT UNDER THE INFLUENCE OF ALCOHOL DRUGS (Specify):
 b. INDIVIDUAL WAS WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate).
 c. INJURY IS IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE.
 d. INJURY WAS WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION:

12. THE FOLLOWING DISABILITY MAY RESULT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL <input type="checkbox"/> PERMANENT TOTAL	13. BLOOD ALCOHOL TEST MADE <input type="checkbox"/> YES <input type="checkbox"/> NO	14. NO. OF MG ALCOHOL/100 ML BLOOD
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15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when) Found on routine head check, detainee unresponsive, evaluation showed no signs of life, reflexes. Found in rigor mortis declared deceased at 0215 (b)(6) 07

16. DATE (b)(6) 07	17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR (b)(6)	18. SIGNATURE (b)(6)
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SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER

19. DUTY STATION <input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY <input type="checkbox"/> ABSENT WITH AUTHORITY: <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE	20. HOUR AND DATE OF ABSENCE a. FROM (b)(6) 07 b. TO (b)(6) 07
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21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in Item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance)
 YES NO

22. INDIVIDUAL WAS ON <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> ACTIVE DUTY FOR TRAINING <input type="checkbox"/> INACTIVE DUTY TRAINING <input checked="" type="checkbox"/> Internee	23. HOUR AND DATE TRAINING a. BEGAN b. ENDED
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24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING DIRECTLY TO TRAINING DIRECTLY FROM TRAINING

25. MODE OF TRANSPORTATION	26. HOUR BEGINNING TRAVEL	27. DISTANCE INVOLVED	28. NORMAL TIME FOR TRAVEL
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29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE
 PRESENT FOR DUTY ABSENT WITH AUTHORITY ABSENT WITHOUT AUTHORITY

30. DETAILS OF ACCIDENT - REMARKS (If additional space is needed, continue on reverse) (Attach inclosures as necessary)
Detainee, Fayis Halim Kazim was checked at (b)(6) 07 and found to be unresponsive by (b)(6). Notification of medical began as documented above.

31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO YES	32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) <input type="checkbox"/> YES <input type="checkbox"/> NO
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33. DATE (b)(6) 07	34. TYPED NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER (b)(6)	35. SIGNATURE (b)(6)
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DA FORM 2173, OCT 72

REPLACES DA FORM 2173, 1 JUN 66, WHICH IS OBSOLETE.

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U.S. DEPARTMENT OF JUSTICE

HOSPITAL REPORT OF DEATH <small>FOR USE OF THIS FORM, SEE AR 40400; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.</small>		NAME AND LOCATION OF HOSPITAL				
<p><i>Instructions - Medical Officer in attendance will: Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.</i></p> <p><i>Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.</i></p>						
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) Fayis Halim Kazim (b)(6) Iraqi Detainee		2. TIME OF DEATH (Hour-day-month-year) 0215 (b)(6) 2007		3. MEDICAL EXAMINER/ CORONER'S CASE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
		4. RELIGION Muslim Shiite		5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		
		6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH N/A				
		Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number				
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, asthma, etc. It means the disease, injury, or complication which caused death)		DUE TO (or as a consequence of) Unknown / Cardiac Failure		2 hours		
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)		DUE TO (or as a consequence of) (1) Cardiac pathology (2) Cerebral pathology				
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		a. Elevated Blood pressure b.		Noted about 40 hours prior		
9. DATE (b)(6) 2007	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER (b)(6)	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)				
SECTION B - ADMINISTRATIVE ACTION						
TYPE OF ACTION		HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON						
13. POST ADJUTANT GENERAL NOTIFIED						
14. IMMEDIATE CO OF DECEASED NOTIFIED						
15. INFORMATION OFFICE NOTIFIED						
16. POST MORTUARY OFFICER NOTIFIED						
17. RED CROSS NOTIFIED						
18. OTHER (Specify)						
19.						
SECTION C - RECORD OF AUTOPSY						
20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input type="checkbox"/> 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		

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DA FORM 3894, OCT 72

REPLACES DA FORM 3894, JAN 61, WHICH WILL BE USED.

USAPA V2.01

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EXHIBIT 14
000028

