

U.S. NAVAL CRIMINAL INVESTIGATIVE SERVICE

INVESTIGATIVE ACTION

29SEP06

CONTROL: 24SEP06-MEIZ-0058-7HMA

V/AHMED, ISMAIL NA-AMA/CIV
M/W/FNIZ/N//01JUL70/HADITHA, IRAQ

RECEIPT OF DEATH CERTIFICATE: V/AHMED

1. On 26Sep06, (b)(6),(b)(7)(C) USMC Mortuary Affairs Officer, provided a copy of the preliminary death certificate for V/AHMED, Enclosure (A) pertains. Photographs were also exposed of V/AHMED by Reporting Agent, Enclosures (B)-(AA) pertain. As background, on 24Sep06, V/AHMED was found deceased in his holding cell in Echo Company, 2nd Battalion, 3rd Marines (2/3) Forward Operating Base (FOB), Haditha, Iraq several hours after being interrogated by Iraqi Police. According to the Death Certificate, the condition directly leading to V/AHMED's death is a penetrating wound to V/AHMED's left shoulder/chest.

ENCLOSURE(S)

- (A) Copy of V/AHMED's Death Certificate/25Sep06
- (B) Overall View of V/AHMED in a body bag/26Sep06
- (C) Overall View of V/AHMED/26Sep06
- (D) Intermediate View of V/AHMED's Upper Body/26Sep06
- (E) Close-Up View of V/AHMED's Shoulder and Head/26Sep06
- (F) Close-Up View of Right Side of V/AHMED's Face/26Sep06
- (G) Close-Up View of Left Side of V/AHMED's Face/26Sep06
- (H) Close-Up View of V/AHMED's Left Shoulder/26Sep06
- (I) Close-Up View of V/AHMED's Right Shoulder/26Sep06
- (J) Close-Up View of V/AHMED's Right Shoulder/26Sep06
- (K) Intermediate View of V/AHMED's Right Arm/26Sep06
- (L) Close-Up View of V/AHMED's Right Arm/26Sep06
- (M) Close-Up View of V/AHMED's Right Leg/26Sep06
- (N) Close-Up View of V/AHMED's Right Leg/26Sep06
- (O) Close-Up View of V/AHMED's Right Shin/26Sep06
- (P) Intermediate View of V/AHMED's Inner Right Thigh/26Sep06
- (Q) Close-Up View of V/AHMED's Inner Right Thigh/26Sep06
- (R) Intermediate View of V/AHMED's Left Leg/26Sep06
- (S) Close-Up View of V/AHMED's Left Leg/26Sep06
- (T) Close-Up View of V/AHMED's Left Leg/26Sep06
- (U) Overall View of V/AHMED's Back/26Sep06
- (V) Close-Up View of V/AHMED's Back/26Sep06
- (W) Close-Up View of V/AHMED's Back/26Sep06
- (X) Close-Up View of V/AHMED's Back/26Sep06
- (Y) Close-Up View of V/AHMED's Rear Left Leg/26Sep06
- (Z) Close-Up View of V/AHMED's Rear Left Leg/26Sep06
- (AA) Close-Up View of V/AHMED's Rear Right Shoulder/26Sep06

REPORTED BY: (b)(6),(b)(7)(C)
OFFICE: NCIS Al Asad, IZ

bb/b7c

~~FOR OFFICIAL USE ONLY~~

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Exhibit (17)

D 175

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)				
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénom) John Doe		GRADE Grade —	BRANCH OF SERVICE Arme unknown	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale —
ORGANIZATION Organisation unknown		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance unknown	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
CAUCASOID Caucasique		SINGLE Célibataire		PROTESTANT Protestant
NEGROID Négride		MARRIED Marié		CATHOLIC Catholique
OTHER (Specify) Autre (Spécifier) Arab		WIDOWED Veuf		JEWISH Juif
SEPARATED Séparé		OTHER (Specify) Autre (Spécifier) —		
NAME OF NEXT OF KIN Nom du plus proche parent —		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit —		
STREET ADDRESS Domicile à (Rue) —		CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris) —		
MEDICAL STATEMENT 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 ¹ Maladie ou condition directement responsable de la mort.		Penetrating wound to (C) shoulder/chest wall		
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	—		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	—		
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²				
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures		
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie			
ACCIDENT Mort accidentelle				
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste			
HOMICIDE Homicide	SIGNATURE Signature	DATE Date	AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) 25 Sept 06 19:10		PLACE OF DEATH Lieu de décès Al Assad Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.				
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire E. de la Torre		TITLE OR DEGREE Titre ou diplôme MD		
GRADE Grade LCDR	INSTALLATION OR ADDRESS Installation ou adresse			
DATE Date 25 Sept 06	SIGNATURE Signature E. de la Torre E. de la Torre			
¹ State direct, injury or complication which caused death, but not mode of dying such as heart failure, etc. ² State conditions contributing to the death, but not related to the disease or condition causing death. 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. ³ Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.				

DD FORM 2064, APR 1977

REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-R(PAS), 26 SEP 1975, WHICH ARE OBSOLETE.

USAPA V1 00

Enclosure (A)

D 176

NAVAL CRIMINAL INVESTIGATIVE SERVICE

DELETED PAGE INFORMATION SHEET

Page(s) P 177 - P 202, Encl (B) - (A)

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_____ **ARMED FORCES MEDICAL EXAMINER** _____
 _____ **1413 RESEARCH BOULEVARD** _____
 _____ **BUILDING 102** _____
 _____ **ROCKVILLE, MD 20850** _____

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