

Instructions - Medical Officer in attendance will:
 Prepare, in one copy only, Items 1 through 10 and sign Item 11.
 Print or type entries.
 Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available) KHAMAS IBRAHIM MUHSIN US91Z-308636C1 REGISTER# 25849	2. TIME OF DEATH (Hour-day-month-year) 0745 09 JUNE 2007	3. MEDICAL EXAMINER/ CORONER'S CASE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	4. RELIGION ISLAM	5. CHAPLAIN NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH		
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number		

CAUSE OF DEATH

7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) PENETRATING TRAUMA TO HEAD	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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) MORTAR BLAST (2)	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.	
	b.	

9. DATE 09 June 2007	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE P	(b)(3);10 U.S.C. 130(b),(b)(6)	TENDANCE
-------------------------	---	--------------------------------	----------

SECTION B - ADMINISTRATIVE

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

STATEMENT OF IDENTIFICATION

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

NAME OF DECEASED (Last, First, MI)	GRADE	SSN	BRANCH OF SERVICE	DATE OF INCIDENT
KHAMAS, IBRAHIM MUHSIN	SI	(b)(6)	DETAINEE	09JUN07
ORGANIZATION AND BASE DETAINEE			PLACE OF DEATH/INCIDENT CAMP BUCCA	

CONDITION OF REMAINS (Describe briefly in Narrative below)

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

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

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

ENCLOSURES

DD Form 565	DD Form 890	DD Form 891	DD Form 892
DD Form 593	DD Form 894	DD Form 897	ID Card
DD Form 369	FD 258	AF Form 137	SF 603
Dental X-Rays	SF 88	SF 93	<input checked="" type="checkbox"/> DD Form 2064
SF 501	Photo	<input checked="" type="checkbox"/> SF 600	<input checked="" type="checkbox"/> DD FORM 3894

NARRATIVE AND SUMMARY (Continue on reverse or use additional sheets, if required)
IDENTIFIED THROUGH D.M.S., IRIS SCAN AND PHOTOGRAPH.

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

9 JUNE 2007

DEATH NOTE

PT BROUGHT TO CSH IN MASSACH

MASSIVE PENETRATING TRAUMA TO HEAD

Pulseless/apnoeic.

Personnel dead on arrival.

(b)(3);10 U.S.C. 130(b),(b)(6)



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

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

KHAMAS, IBRAHIM MUHSIN

(b)(6) M

01JAN1981

DETAINEE

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

FIRMR (41 CFR) 201-9.202-1

USAPA V2.00

CERTIFICATE OF DEATH

For use of this form, see AR 190-L. A proponent agency is DCSPER.

INTERMENT SERIAL NUMBER
US91Z-308636C1

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

TO:

NAME (Last, first, MI) KHAMAS IBRAHIM MUHSIN		GRADE N/A	SERVICE NUMBER ISN (b)(7)(E)
NATIONALITY IRAQ	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE FALLUJAH, IRAQ	
PLACE OF BIRTH FALLUJAH, IRAQ		DATE OF BIRTH 01 JANUARY 1981	
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN		FIRST NAME OF FATHER	
PLACE OF DEATH CAMP BUCCA, IRAQ	DATE OF DEATH 09 JUNE 2007	CAUSE OF DEATH PENETRATING TRAUMA TO HEAD	
PLACE OF BURIAL	DATE OF BURIAL		
IDENTIFICATION OF GRAVE			

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

- RETAINED BY DETAINING POWER
- FORWARDED WITH DEATH CERTIFICATE TO (Specify)
- FORWARDED SEPARATELY TO (Specify)

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

DO NOT WRITE IN THIS SPACE
CERTIFIED A TRUE COPY

DATE 9 June 2007	(b)(3); 10 U.S.C. 130(b), (b)(6)
---------------------	----------------------------------

(b)(3); 10 U.S.C. 130(b), (b)(6)

WITNESSES

SIGNATURE (b)(3); 10 U.S.C. 130(b), (b)(6)	ADDRESS TF 31st CAMP BUCCA IRAQ APO AE 09375
SIGNATURE (b)(3); 10 U.S.C. 130(b), (b)(6)	ADDRESS TF 31st CAMP BUCCA IRAQ APO AE 09375