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

000068

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
SADDAM MUHAMMAD HARAG	N/A	N/A	(b)(6)

ORGANIZATION Organisation	NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe
US91Z-305870CI CAMP BUCCA TIF	IRAQ	01 JANUARY 1980	[X] MALE Masculin [ ] FEMALE Féminin

RACE Race	MARITAL STATUS État Civil	RELIGION Culte
[ ] CAUCASOID Caucasique	[ ] SINGLE Célibataire	[ ] PROTESTANT Protestant
[ ] NEGROID Négroïde	[ ] MARRIED Marié	[ ] CATHOLIC Catholique
[X] OTHER (Specify) Autre (Spécifier) IRAQI	[ ] WIDOWED Veuf	[ ] JEWISH Juif
	[ ] DIVORCED Divorce	[X] OTHER (Specify) Autre (Spécifier) ISLAM
	[ ] SEPARATED Separé	

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 OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)

MEDICAL STATEMENT Declaration médicale

	CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)	INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH[1] Maladie ou condition directement responsable de la mort[1]	PENETRATING TRAUMA TO HEAD	
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	MORTAR BLAST	
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

- [ ] NATURAL Mort naturelle
- [ ] ACCIDENT Mort accidentelle
- [ ] SUICIDE Suicide
- [X] HOMICIDE Homicide

AUTOPSY PERFORMED Autopsie effectuée [ ] YES Oui [ ] NO Non

MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie

NAME OF PATHOLOGIST Nom du pathologiste

SIGNATURE Signature

DATE Date

CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
Circonstances de la mort suscitées par des causes extérieures

AVIATION ACCIDENT Accident à Avion [ ] YES Oui [ ] NO Non

DATE OF DEATH (Hour, date, month, year) Date de décès (Heure, le jour, le mois, l'année)
0745 09 JUNE 2007

PLACE OF DEATH Lieu de décès
TIF CAMP BUCCA, IRAQ APO AE 09375

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci dessus

Nom du médicin militaire ou du médicin sanitaire	TITLE OR DEGREE Titre ou diplôme
(b)(3):10 U.S.C. 130(b),(b)(6)	MD EMERGENCY MEDICINE

GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
O-4	TF 31 CAMP BUCCA, IRAQ APO AE 09375

DATE Date	SIGNATURE
9 JUNE 07	(b)(3):10 U.S.C. 130(b),(b)(6)

[1] State disease, injury or complication which caused death. Do not enter mode of dying, such as cardiac or respiratory arrest, shock or heart failure.
[2] State conditions contributing to the death, but not related to the disease or condition causing death.
[1] Préciser la nature de la maladie, de la blessure ou de la complication qui a entraîné la mort, mais non le mode de mourir, telle qu'un arrêt du cœur, etc.
[2] Préciser les conditions qui ont contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

DD FORM 2064, APR 1977 REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-R(PASI), 26 SEP 1975, WHICH ARE OBSOLETE USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

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 DURING MASLAL BLAST INJURY TO HEAD c ENTRANCE BELOW NOSE + MASSIVE EXIT TO BACK OF HEAD Ø PULSE & RESPIRATIONS. Pt PRONOUNCED DOA. (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.
SADDAM, MUHAMMAD HARAG (b)(6) M 01JAN1980 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

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40-400; THE PROPONENT AGENCY IS THE OFFICE OF THE SURGEON GENERAL

NAME AND LOCATION OF HOSPITAL: TF 31st CSH CAMP L CA, IRAQ APO AE 09375

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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)*
SADDAM MUHAMMAD HARAG
US9IZ-305870CI
REGISTER#25850

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH *(Hour-day-month-year)*
0745 09 JUNE 2007

3. MEDICAL EXAMINER/ CORONER'S CASE
☒ YES ☐ NO

4. RELIGION
ISLAM

5. CHAPLAIN NOTIFIED
☒ YES ☐ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

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, asthenia, etc. It means the disease, injury, or complication which caused death)*	DUE TO *(or as a consequence of)*: PENETRATING TRAUMA TO HEAD	
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	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER	
09 June 2007	[redacted]	(b)(3):10 U.S.C. 130(b),(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)* ☐ YES ☐ 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

DA FORM 3894, OCT 72 REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED. USAPA V2.01

STATEMENT OF IDENTIFICATION

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

NAME OF DECEASED (Last, First, M/I)	GRADE	SSN	BRANCH OF SERVICE	DATE OF INCIDENT
SADDAM,MUHAMMAD HARAG	SI	(b)(6)	DETAINEE	09JUN07

ORGANIZATION AND BASE	PLACE OF DEATH/INCIDENT
DETAINEE	CAMP BUCCA

CONDITION OF REMAINS *(Describe briefly in Narrative below)*

X	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)
X	Other *(Explain in Narrative)*						

ENCLOSURES

	DD Form 565		DD Form 890		DD Form 891		DD Form 892
	DD Form 893		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	X	DD Form 2064
	SF 601		Photo	X	SF 600	X	DD FORM3894

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

IDENTIFIED THROUGH D.M.S., IRIS SCAN AND PHOTOGRAPH.

TAB

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CERTIFICATE OF DEATH

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

INTERNMENT SERIAL NUMBER: US9IZ-305870CI

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

TO:

NAME (Last, first, MI)	GRADE	SERVICE NUMBER
SADDAM MUHAMMAD HARAG	N/A	ISN (b)(7)(E)

NATIONALITY	POWER SERVED	PLACE OF CAPTURE/INTERNMENT AND DATE
IRAQ		FALLUJAH, IRAQ

PLACE OF BIRTH	DATE OF BIRTH
FALLUJAH, IRAQ	01 JANUARY 80

NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN	FIRST NAME OF FATHER

PLACE OF DEATH	DATE OF DEATH	CAUSE OF DEATH
CAMP BUCCA, IRAQ	09 JUNE 2007	PENETRATI G 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

SIGNATURE OF MEDICAL OFFICER: (b)(3):10 U.S.C. 130(b),(b)(6)

SIGNATURE OF COMMANDING OFFICER: (b)(3):10 U.S.C. 130(b),(b)(6)

WITNESSES

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

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

DA FORM 2669-R, MAY 82 — EDITION OF 1 JUL 63 IS OBSOLETE — USAPPC V1.00