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DEPARTMENT OF THE ARMY

U.S. ARMY CRIMINAL INVESTIGATION COMMAND 76th MP Det (CID), Camp Slayer, IZ APO AE 09342

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL/SSI - 0209-2006-CID259-75994 - 5H6

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 21 JUL 2006, 1400 - 21 JUL 2006, 1815; UNKNOWN LOCATION, SOUTHWEST OF MAHMUDIYAH, IRAQ

DATE/TIME REPORTED: 21 JUL 2006, 1745

INVESTIGATED BY:

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

SA

SA

SUBJECT:

1. [CHANGE] UNKNOWN, ; [JUSTIFIABLE HOMICIDE] (NFI)

VICTIM:

1. UNKNOWN, (DECEASED); IRAQ; MALE; WHITE; XZ; AKA: TAG NUMBER (b)(6), (b)(7)(C); [JUSTIFIABLE HOMICIDE] (NFI)

INVESTIGATIVE SUMMARY:

This is an Operation Iraqi Freedom Investigation.

This investigation was initiated after this office received notification by Sather Air Base Emergency Medical Services (EMEDS), Sather Air Base, Baghdad International Airport (BIAP), Baghdad, Iraq, APO AE 09342, that an unknown Iraqi male died from gunshot wounds while enroute to EMEDS via air ambulance.

Investigation revealed on 21 Jul 06, members of the 2/4/6 Iraqi Army reacted to a tip that Iraqi

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insurgents were attacking a local neighborhood just southwest of Mahmudiyah. Upon making contact with the Iraqi insurgents, the Iraqi Army received small arms fire. They engaged the insurgents and returned fire, which resulted in four insurgents being wounded who were transported to the Mahmudiyah aid station. The four insurgents were medically evacuated to BIAP. During the flight, one of the insurgents succumbed to his wounds and died.

STATUTES:

N/A

EXHIBITS/SUBSTANTIATION:

Attached:

- 1. Agent's Investigation Report (AIR) of SA (b)(6), (b)(7)(C), 22 Jul 06, detailing initial notification, interviews of COL (b)(6), (b)(7)(C) and SPC (c)(6), (b)(7)(C), and coordination with 2LT (c)(6), (b)(7)(C) and SSG (c)(6), (c)(7)(C)
- 2. Certificate of Death, 21 Jul 06, detailing cause of death.
- 3. DA Form 3910, Death Tag, 21 Jul 06, detailing place of death.
- 4. U.S. Field Medical Card, not dated, detailing patient's treatment.
- 5. 1/502nd Infantry Regiment treatment document, 21 Jul 06, detailing patient's treatment.
- 6. AIR of SA(b)(6), (b)(7)(C) Aberdeen Proving Ground Resident Agency (CID), Aberdeen Proving Ground, MD, 7 Aug 06, detailing attendance of the autopsy of an unknown Iraqi National.
- 7. Fingerprint card of unknown Iraqi male, 4 Aug 06.
- 8. Compact Disc, ME 06-0665, 7 Aug 06, containing all photographic images exposed during the autopsy of the unknown Iraqi male. (USACRC copy only)
- 9. AIR of SA (b)(6),(b)(7)(C) 11 Oct 06, detailing receipt of Final Autopsy Report and Certificate of Death.
- 10. Final Autopsy Report of unknown Iraqi male, 13 Sep 06, detailing the cause and manner of death.

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11. Certificate of Death pertaining to unknown Iraqi male, 7 Aug 06.

12. AIR of SA (b)(6), (b)(7)(C) Camp Bucca, Iraq, 18 Oct 06, detailing interviews of Mr. and Mr. (b)(6), (b)(7)(C) and Mr.

- 13. AIR of SA (b)(6), (b)(7)(C) Camp Cropper, Iraq, 20 Oct 06, detailing interview of Mr. (b)(6), (b)(7)(C)
 - 14. Photographic packet (CD) comprised of five photographs.
 - a. Packet containing photographs 1-5 (Unknown Iraqi male).
- 15. Compact disc 060209.259 containing all photographic images and the originals of Exhibit 14. (USACRC and file copies only)

Not Attached:

None.

The originals of Exhibits 1, 3 through 7, 9 and 12 through 15 are forwarded with the USACRC copy of this report. The originals of 2, 8, 10 and 11 are maintained in the files of the Armed Forces Institute of Pathology (AFIP), 1413 Research Blvd, Building 102, Rockville, MD 20850.

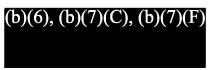
STATUS: This is a Final Report.

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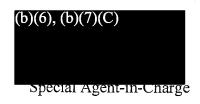
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REPORT PREPARED BY

REPORT APPROVED BY



Special Agent



DISTRIBUTION:

Dir, USACRC, 6010 6th St, Ft Belvoir, VA 22060
CDR, 10th MP Bn (CID) (ABN), Camp Victory, IZ 09342
CDR, 3D MP GRP (CID), Ft Gillem, GA 30297
CDR, 76th MP Det (CID), 10th MP BN (CID), Camp Victory, APO AE 09342
Cdr, MNF-I, TF 134, Camp Victory, IZ 09342
CDR, USACIDC, 6010 6th Street, Fort Belvoir, VA 22060
PMO, MNC-I, ATTN: COL (b)(6), (b)(7)(C), Al Faw Palace, Camp Victory, IZ 09342
SJA, MNC-I ATTN: LTC (b)(6), (b)(7)(C), Camp Victory IZ, 09342
Cdr, 727th MP Det, Camp Victory, IZ 09342
OAFME, AFIP, 1413 Research Blvd, Bldg 102, Rockville, MD 20850
FILE

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AGENT'S INVESTIGATION REPORT CID Regulation 195-1

ROI NUMBER 0209-06-CID259-75994

PAGE 1 OF 1 PAGE

DETAILS

BASIS FOR INVESTIGATION: About 1745, 21 Jul 06, this office was notified by Sather Air Base Emergency Medical Services (EMEDS), Baghdad International Airport (BIAP), Baghdad, Iraq, of a deceased Iraqi at the EMEDS, who died from gunshot wounds during his capture.

About 1830, 21 Jul 06, SA (b)(6), (b)(7)(C) interviewed COL (MD)(b)(6), (b)(7)(C)

Commander, EMEDS, who stated an unidentified Iraqi civilian was brought to the EMEDS with a fatal gunshot wound to his chest. COL (b)(6), (b)(7)(C) stated he checked the Iraqi male for signs of life and pronounced him dead at 1815, 21 Jul 06.

About 1845, 21 Jul 06, SA (b)(6), (b)(7)(C) and SA (b)(6), (b)(7)(C) interviewed SPC (b)(6), (b)(7)(C) 2nd Brigade Medical Team, Mahmudiyah, Iraq (IZ), who stated he flew with the Iraqi male from Mahmudiyah, IZ, to BIAP on a MEDIVAC. He stated he was only there as security and was not trained as a medic. SPC (b)(6), (b)(7)(C) stated four Iraqi males, to include the deceased, were brought to the Mahmudiyah Aid Center with multiple gunshot wounds by the Iraqi Army. He stated the four Iraqi males were administered first aid at the Aid Center in Mahmudiyah and were then flown to BIAP. SPC (b)(6), (b)(7)(C) believed the capturing unit was 2/4/6 Iraqi Army. SPC (b)(6), (b)(7)(C) had no further information to provide as he stated he was only placed on the MEDIVAC as a "hey you" detail and was not aware of all the details.

About 1930, 21 Jul 06, SA (b)(6), (b)(7)(C) and SA (b)(6), (b)(7)(C) obtained from 2LT (b)(6), (b)(7)(C) Operations, EMEDS, BIAP, the patient numbers of the four Iraqi males:

600-00-1350:(b)(6), (b)(7)(C) Iraqi male, multiple gunshot wounds throughout body. (Alive)

600-00-1351: Unknown Iraqi male, gunshot wound to the back, collapsed lung. (Alive)

600-00-1352: Unknown Iraqi male, gunshot wound to shoulder. (Alive)

600-00-1353: Unknown Iraqi male, gunshot wound to chest and leg. (Deceased)

About 2000, 21 Jul 06, SA (b)(6), (b)(7)(C) obtained from SGT (b)(6), (b)(7)(C) , Mortuary Affairs, Sather Air Base, BIAP, Baghdad, Iraq, a Death Tag (DA Form 3910), U.S. Field Medical Card (DD Form 1380) and 1/502nd INF REG Medical documents and Certificate of Death (DA Form 2669-R) pertaining to the unidentified Iraqi male, dated 21 Jul 06, listing the cause of death as gunshot wounds. (See death tag, U.S. Field Medical Card, 1/502nd INF REG Medical documents and Certificate of Death for details)

About 0010, 22 Jul 06, SA (b)(6), (b)(7)(C) coordinated with SSG (b)(6), (b)(7)(C), Tactical Operations Center (TOC), 2nd Brigade Combat Team (BCT), 101st Airborne, Camp Striker, Iraq, who related on 21 Jul 06, members of the 2/4/6 Iraqi Army reacted to a tip Iraqi insurgents were attacking civilians southwest of Mahmudiyah, IZ. Upon contact with the insurgents, small arms fire was received and returned by members of the 2/4/6 Iraqi Army which resulted in four insurgents being wounded. The wounded were transported to the Mahmudiyah Aid Station for treatment of their wounds and later evacuated to BIAP. ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBERS SA(b)(6), (b)(7)(C), (b)(7)(F)

ORGANIZATION:

76th MP Detachment (CID),

Camp Slayer, Iraq, APO AE 09342

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

ATE:

EXHIBIT

5

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Exhibit(s) 2 thru 5

Page(s) 6 thru 10 referred to:

CDR U.S. Army Medical Command Freedom of Information/Privacy Act Office ATTN: MCFP Bldg 126 Stop 76 1216 Stanley Road 2nd Floor Fort Sam Houston, TX 78234-5049

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AGENT'S INVESTIGATION REPORT

0119-06-CID112

CID Regulation 195-1

PAGE 1 OF 1 PAGES

Basis for Investigation: About 1330, 06 Aug 06, this office was notified by SA (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) (D)(6), (b)(7)(C) (D)(7)(C) (D)

About 0830, 07 Aug 06, SA(b)(6), (b)(7)(C) attended the autopsy of an unknown Iraqi National (ME # 06-663), which was conducted by Dr. (CDR)(b)(6), (b)(7)(C) USN, Associate Medical Examiner, OAFME, AFIP, 1413 Research Blvd, Bldg 102, Rockville, MD 20850 and Dr. (CDR)(b)(6), (b)(7)(C) USNR, Deputy Medical Examiner, OAFME, AFIP, 1413 Research Blvd, Bldg 102, Rockville, MD 20850. The preliminary cause of death was opined as Multiple (2) Gunshot wounds of the Chest and Extremities and manner of death was homicide. Photographers from AFIP exposed digital photographs of the autopsy and prepared a compact disc (CD) containing all images exposed. A copy of the CD containing all images was obtained. (See Preliminary Autopsy Report (PAR) and CD for details)

STATUS: The official results of the autopsy will be documented in the Final Autopsy Report, which will be provided upon completion. /// Last Entry ///

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	CID Regulation 19	95-1		PAGE	1 OF	1 PA	GES
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11 Oct 06

XHIBIT

CID FORM 94-E

1 OCT 95

ROI 06-CID259-75994-5H6

Exhibit(s): <u>10 and 11</u>

Page(s): <u>15 thru 24</u>

Referred to:

Commander
U.S. Army Medical Command
Attn: FOIA Office, Stop 76
1216 Stanley Road 2D FL
Fort Sam Houston, Texas 78234-5049



ARMED FORCES INSTITUTE OF PATHOLOGY Office of the Armed Forces Medical Examiner

1413 Research Blvd., Bldg. 102 Rockville, MD 20850 1-301-319-0000



AUTOPSY EXAMINATION REPORT

Name: BTB Foreign National

SSAN: (b)(6)

Date of Birth: Unknown
Date of Death: (b)(6) 2006

Date/Time of Autopsy: 07 AUG 2006/0900

Date of Report: 13 SEP 2006

Autopsy No.: 1 (b)(6)
AFIP No.: (b)(6)

Rank: Civilian Place of Death: Iraq

Place of Autopsy: Port Mortuary

Dover AFB, Dover, DE

Circumstances of Death: This unidentified civilian foreign national came under small arms fire in Iraq. By report, he was treated by medics in the field and succumbed to his injuries prior to reaching a medical treatment facility

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

Identification: Unidentified; BTB foreign national per investigative report

CAUSE OF DEATH: Multiple (2) gunshot wounds of the chest and right lower

extremity

MANNER OF DEATH: Homicide

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EXHIBIT_IS

FINAL AUTOPSY DIAGNOSES:

Gunshot wound of the chest

- A. Entrance: right upper chest, 3/16-inch circular wound with an eccentric abrasion collar along the 12 to 6 o'clock border measuring up to 3/16-inch at the 3 o'clock position, located 14 ½-inches below the top of the head (5-inches below the top of the shoulder) and 4 3/4-inches to the right of the anterior midline of the trunk, no evidence of gunpowder stippling or soot deposition on the surrounding skin
- B. Injuries: skin, subcutaneous tissue, muscle, subcutaneous tissue and skin
- C. Exit: right side of the chest, vertically oriented oval wound measuring 1 ¼-inches x ½-inch, located 19 ½-inches below the top of the head (11 ½-inches below the top of the shoulder) and 8 ¼-inches to the right of the posterior midline of the trunk
- D. No bullet or bullet fragments are recovered
- E. Direction: Front to back, left to right and downward
- F. Associated injuries: multiple rib fractures (lateral right #3-5), right hemothorax (200-milliliters), laceration of the hilar aspect of the upper lobe of the right lung, bilateral pulmonary edema (right – 700 grams, left – 630 grams)

II. Gunshot wound of the right thigh

- A. Entrance: proximal posterior right thigh, horizontally oriented oval wound measuring \(\lambda \times 1/8 \)-inch with an eccentric abrasion collar up to 1/16-inch at the 9 o'clock margin, located 31 \(\lambda \)-inches above the heel and 3 \(\lambda \)-inches to the right of the posterior midline of the right leg in the anatomic position, no evidence of gunpowder stippling or soot deposition on the surrounding skin
- B. Injuries: skin, subcutaneous tissue, muscle, major branches of the proximal femoral artery, proximal right femur (comminuted fracture), muscle, subcutaneous tissue and skin
- C. Exit: anterior right thigh, obliquely oriented 1 ¾ x 1-inch lacerated exit wound oriented along the 4 to 11 o'clock axis located 34-inches above the heel in the midline of the limb in the anatomic position
- E. No bullet or bullet fragments are recovered
- F. Direction: back to front, right to left, and slightly upward
- G. Associated injuries: bleeding into the wound path

III. Other traumatic injuries

- A. Abrasion on the proximal lateral left thigh, 1 1/4 x 1/4-inches
- B. Separate layerwise dissections of the extremities, neck and torso reveal no evidence of additional recent or remote trauma

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EXHIBIT_ID

- IV. Natural disease diagnoses
 - A. Left hydrocele
 - B. Scant pleural adhesions, bilaterally
- V. Evidence of medical intervention
 - A. Oxygen mask
 - B. Unused, coiled angiocatheter taped to the upper right chest
 - C. Intraosseous catheter in the upper sternum
 - D. Plastic bag containing instructions for use of the intraosseous catheter taped to the upper right chest
 - E. Angiocatheter in place in the upper left chest, entering the thoracic cavity
 - F. Asherman chest seal covering the wound on the lateral right chest
 - G. Double lumen catheter with 6% Hetastarch in normal saline (500 milliliters) sutured in the left groin and secured with tape
 - H. Foam packing material in wound of anterior right thigh, 2 ½ x 1 ½ x 1-inches
 - I. Tourniquet applied to right thigh, located distal to wounds on right thigh
 - Blood soaked gauze dressing with circumferential ace wrap distal to wound and tourniquet on right thigh
- VI. Post-mortem changes consist of greenish discoloration and minimal to moderate autolysis and decomposition of solid organs and the brain

VII. Toxicology results

- A. Volatiles: The blood was examined for the presence of ethanol at a cutoff of 20 mg/dl. No ethanol was detected.
- B. The urine was screened for amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. Lidocaine was detected in the urine by gas chromatography and confirmed by gas chromatography/mass spectrometry.

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EXHIBIT_D

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, muscular male, 74inches in length and weighing 154-pounds whose appearance is that of a young adult
male. The body is cold. Rigor is present to an equal degree in all extremities. Lividity is
present and fixed on the posterior surface of the body, except in areas exposed to
pressure. Evidence of mild decomposition consists of light green discoloration of the
abdominal skin.

The scalp is covered with short straight black hair in a normal distribution. Facial hair consists of black stubble and a trim black moustache. The irides are brown, and the pupils are round and equal in diameter. The corneae are clear and the sclera white. The conjunctivae are unremarkable. The external auditory canals are free of foreign materials and abnormal secretions. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth are natural, in fair condition with a few remotely absent molars.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is flat. The fingernails are intact. There is a vertically oriented, hypopigmented 2-inch linear scar on the right upper chest. The genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric, without clubbing, edema or non-traumatic deformity.

CLOTHING AND PERSONAL EFFECTS

No clothing items or personal effects accompany the body at the time of autopsy.

MEDICAL INTERVENTION

Evidence of medical intervention consists of:

- Oxygen mask
- Unused, coiled angiocatheter taped to the upper right chest
- Intraosseous catheter in the upper stemum
- Plastic bag containing instructions for use of the intraosseous catheter taped to the upper right chest
- Angiocatheter in place in the upper left chest, entering the thoracic cavity
- Asherman chest seal covering the wound on the lateral right chest
- Double lumen catheter with 6% Hetastarch in normal saline (500 milliliters) sutured in the left groin and secured with tape
- Foam packing material in wound of anterior right thigh, 2 ½ x 1 ½ x 1-inches
- Tourniquet applied to right thigh, located distal to wounds on right thigh
- Blood soaked gauze dressing with circumferential ace wrap distal to wound and tourniquet on right thigh

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RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the following:

- · Comminuted fracture of the right femur
- Multiple lateral right rib fractures, ribs #3-5

EVIDENCE OF INJURY

The ordering of the following injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity. All wound pathways are given relative to standard anatomic position.

I. Gunshot wound of the chest:

A gunshot entrance wound is on the right upper chest located 14 ½-inches below the top of the head (5-inches below the top of the shoulder) and 4 ¾-inches to the right of the anterior midline of the trunk. The circular wound measures 3/16-inch with an eccentric marginal abrasion along the 12 to 6 o'clock border measuring up to 3/16-inch on the 3 o'clock border. Soot or gunpowder stippling are not present in the wound or on the surrounding skin. The wound path perforates skin, subcutaneous tissue, muscle, subcutaneous tissue and skin. The bullet exited the right side of the chest via a 1 ¼ x ½-inch vertically oriented oval exit wound located 19 ½-inches below the top of the head (11 ½-inches below the top of the shoulder) and 8 ¼-inches to the right of the posterior midline of the back. No bullet or fragments are recovered. The wound path is directed front to back, left to right and downward. Associated with the wound path is bleeding into the wound tract, multiple rib fractures (lateral right #3-5), right hemothorax (200-milliliters), laceration of the hilar aspect of the upper lobe of the right lung (1 x ½-inches), bilateral pulmonary edema (right – 700 grams, left – 630 grams).

II. Gunshot wound to the right thigh:

A gunshot entrance wound is on the proximal posterior right thigh located 31 ½inches above the heel and 3 ¼-inches to the right of the posterior midline of the right
leg in the anatomic position. The horizontally oriented ovoid wound measures ¼ x
1/8-inch with an eccentric marginal abrasion measuring up to 1/16-inch at the 9
o'clock margin. Soot or gunpowder stippling are not present in the wound or on the
surrounding skin. The wound path perforates skin, subcutaneous tissue, muscle,
major branches of the proximal femoral artery, proximal right femur (comminuted
fracture), muscle, subcutaneous tissue and skin. The bullet exited the anterior right
thigh via an obliquely oriented (along the 4 to 11 o'clock axis) 1 ¾ x 1-inch lacerated
exit wound located 34-inches above the heel and in the midline of the leg in the
anatomic position. No bullet or fragments were recovered. The wound path was
directed back to front, right to left, and slightly upward. Associated with the wound
path is bleeding into the wound tract.

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III. Other traumatic injuries

There is a 1 ½ x ¾-inch abrasion on the proximal lateral left thigh. Separate layerwise dissections of the extremities, neck and torso reveal no evidence of additional recent or remote trauma.

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. Clear cerebrospinal fluid surrounds the 1380 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.

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:

Injuries to the chest have been described in "Evidence of Injury". The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pericardial, peritoneal or left pleural cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

Injuries to the right lung have been described in "Evidence of Injury". The right and left lungs weigh 700 and 630-grams, respectively. The external surfaces are smooth and deep red-purple with loose inter-lobar adhesions. The pulmonary parenchyma is diffusely congested and edematous, exuding moderate amounts of bloody fluid. The pulmonary arteries are normally developed, patent and without thrombus or embolus. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 330-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no evidence of significant atherosclerosis or thrombosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.1 and 0.3-centimeters thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable. The venae cavae and its major tributaries return to the heart in the usual distribution and are free of thrombi.

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LIVER & BILIARY SYSTEM:

The 1180-gram 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 10-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 220-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

The pancreas is firm and yellow-tan, with the usual lobular architecture and exhibits signs of early decomposition. 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 110 and 90-grams, respectively. The external surfaces are intact and smooth. 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 bladder contains approximately 20-milliliters of clear yellow urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions or contusions. There is a left hydrocele.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 500-milliliters of thick tan fluid containing partially digested food. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by OAFME staff photographers
- Specimens retained for toxicological testing and/or DNA identification are: cavity blood, vitreous fluid, urine, gastric contents, bile, spleen, liver, lung, kidney, brain, adipose tissue, and psoas muscle.
- Full body radiographs are obtained and demonstrate the above findings.
- Selected portions of organs are retained in formalin, without preparation of histological slides

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- Separate layerwise dissections of the extremities, neck and torso reveal no evidence of additional recent or remote trauma
- · The dissected organs are forwarded with the body
- Personal effects are released to the mortuary affairs representatives.
- Identifying body marks consist of a well-healed linear scar on the upper right chest

MICROSCOPIC EXAMINATION

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

OPINION

This unknown adult male foreign national (U06-06-63), died as the result of multiple (2) gunshot wounds of the chest and right lower extremity. A gunshot wound to the chest (wound 'I') injured ribs and the right lung without entering the thoracic cavity. A gunshot wound to the right thigh (wound 'II') fractured the right femur and lacerated (tore) major blood vessels of the right lower extremity likely causing exsanguination. Neither of the gunshot wounds have evidence of close range fire. No bullets or fragments are recovered from the wound paths. Postmortem analysis of the body fluids shows no evidence of ethanol and screened illicit drugs of abuse. The presence of lidocaine is consistent with the reported emergency medical intervention.

The manner of death is homicide.

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EXHIBIT 11

ROI NUMBER UZU9-U0-CIDZ59-75994 AGENT'S INVESTIGATION REPORT 0099-06-CID579 CID Regulation 195-1 PAGE 1 OF 1 **DETAILS** BASIS FOR INVESTIGATION: On 17 Oct 06, this office received a Request For Assistance (RFA) from the 76th Military Police Detachment (CID), Camp Slayer, Baghdad, Iraq, APO AE 09342. It was requested this office locate and interview Detainee Oday Abdul Khudiyir KARIM, Internment Serial Number (ISN) (b)(6), (b)(7)(C) and Detainee Thia Kafil JASSIM, ISN (b)(6), (b)(7)(C) who were detained at Camp Bucca, Iraq (CBI) regarding the identification of an unknown Iraqi male. At 0900, 18 Oct 06, SA (b)(6), (b)(7)(C) reviewed the Detainee Reporting System (DRS) and obtained detainee information sheets on Detainee (b)(6), (b)(7)(C) revealing he was being detained in Compound 17C. CBI and Detainee JASSIM revealing he was being detained in Compound 7, CBI. (See Detainee Information Sheets for details) At 1048, 18 Oct 06, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) this office, interviewed Detainee JASSIM. Detainee JASSIM was shown the picture which was sent with this RFA and asked if he knew who the man was. Detainee JASSIM stated he did not know who the man in the photo was. At 1052, 18 Oct 06, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) interviewed Detainee KARIM. Detainee KARIM was shown the picture which was sent with this RFA and asked if he knew who the man was. Detainee KARIM stated he did not know who the man in the photo was. He stated he was captured at home by the Iraqi Army and had been shot a few days prior by thieves who stole his car. At 1510, 18 Oct 06, SA (b)(6), (b)(7)(C) sent the first information report to the requesting office who stated they did not require any further investigative activities. STATUS: This investigation is closed in the files of this office. All requested investigative activity has been completed.

TYPE AGENT'S NAME AND SEQUENCE NUMBER SA(b)(6), (b)(7)(C), (b)(7)(F)	Est.	21 st MP DET (CID) (FWD) Camp Bucca CID Camp Bucca, IZ APO AE 09375		
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AGENT'S INVESTIGATIVE REPORT

CID Regulation 195-1

Page 1of 1 pages

BASIS FOR INVESTIGATION:

About 1327, 17 Oct 06, this office received a Request For Assistance (RFA) (0209-06-CID259-75994) from the 76th Military Police Detachment (CID), Camp Slayer, Baghdad, Iraq APO AE 09342 to interview Mr. Hamid Najem MAHDI, Internment Serial Number (ISN)(b)(6), (b)(7)(C) and determine if he knows the identity of the Local Iraqi National who was shot and later died from his injuries during an active engagement against Iraqi Army Forces the day of their apprehension.

About 1005, 20 Oct 06, SA (b)(6), (b)(7)(C) with the assistance of Mr. (b)(6), (b)(7)(C) Interpreter, L3 Communications, Camp Cropper, Baghdad, Iraq (CCI), interviewed Mr. MAHDI and showed him a picture of the Local Iraqi National who died. Mr. MAHDI stated he did not know the individual in the picture. Mr. MAHDI stated he was in his residence when Iraqi Army Forces entered his residence and shot him. Mr. MAHDI stated he was by himself and does not know of anyone else who was arrested with him. SA (b)(6), (b)(7)(C) assured Mr. MAHDI that he was not going to be negatively effected by giving out the information of the individual in the picture he was shown. Mr. MAHDI adamantly maintained that he did not know who the individual in the picture was nor did he know of anyone else being apprehended with him. Mr. MAHDI reiterated he had been shot in his residence and that he was alone when it occurred.

STATUS: This investigation is closed in the files of this office. All requested investigative activity has been completed. ///Last Entry///

	ORGANIZATION 76 TH MP Det (CID)(FWD)(-), C	CI, APO AE 09342
sie(b)(6), (b)(7)(C)	20 Oct 06	EXHIBIT (13

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