

000 0032-04-C10719-83487

**HOSPITAL REPORT OF DEATH**  
FOR USE OF THIS FORM, SEE AR 40-2; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL  
NAME AND LOCATION OF HOSPITAL  
**BAGHDAD CENTRAL DETENTION FACILITY**

Instructions - Medical Officer in attendance will:  
Prepare, in one copy only, items 1 through 10 and sign item 11.  
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**

<b>PERSONAL DATA</b>	
1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available) (b)(6)-4	2. TIME OF DEATH (Hour-day-month-year) <b>1515 11 MAY 2004</b>
3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input type="checkbox"/> NO	4. RELIGION
5. CHAPLAIN NOTIFIED <input 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	

<b>CAUSE OF DEATH</b>		<b>APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</b>
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) <b>Acute Myocardial Infarction</b>	<b>30 minutes resuscitative efforts</b>
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)	
	(2)	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE CONDITION CAUSING IT	a.	
	b.	

9. DATE <b>11 MAY 2004</b>	10. TYPED OR PRINTED NAME OF MEDICAL OFFICER IN ATTENDANCE (b)(6)-2 <b>COL, MC, FS, KSARNG, CHIEF, EMS</b>	11. SIGNATURE OF MEDICAL OFFICER (b)(6)-4 <b>DO</b>	12. SIGNATURE OF REGISTRAR
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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.						

<b>SECTION C - RECORD OF AUTOPSY</b>	
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	

DA FORM 3894, OCT 72 REPLACES DA FORM 8-257, 1 JAN 61, WHICH IS OBSOLETE  
USAPPC V.2.00  
MEDCOM - 519  
JUN 2004  
Ex 3

0032.01-110714-9348  
6 Anc 2

**PRISONER IN PROCESSING MEDICAL SCREEN**

NAME: (b)(6)-4 COMPOUND: (b)(6)-4  
DATE: 6 APR 04 DATE: 1928 ISN: (b)(6)-4  
HISTORY BY TRANSLATOR: YES NO AGE: 16  
NAME OF TRANSLATOR: Ayad

1) DO YOU HAVE ANY NEW MEDICAL PROBLEMS OR INJURIES NOW?  
*muscle spasms in heart x 2 yrs ago off + on weakness + tiredness / abrasion on both knees*  
2) HAVE YOU HAD TUBERCULOSIS? IF YES, WHEN & HOW WERE YOU TREATED? NO  
*can't remember what happened*

A) HAVE YOU HAD A COUGH FOR MORE THAN 2 WEEKS?  YES  NO  
B) HAVE YOU BEEN COUGHING BLOOD?  YES  NO  
C) HAVE YOU BEEN LOSING A LOT OF WEIGHT?  YES  NO  
*white color not blood (smoker) don't know*

3) CHRONIC MEDICAL PROBLEMS (DIABETES, HYPERTENSION, HEART DISEASE):  
*1 times he has had hypertension*

4) MEDICATION:  
*takes medication unknown for diabetes + hypertension*

5) ARE YOU ABLE TO WALK UNASSISTED?  YES  NO  
6) ARE YOU ABLE TO FEED YOURSELF?  YES  NO

8) PULSE: 65 BLOOD PRESSURE: 144/92 RESPIRATORY RATE: 16  
WEIGHT: 197 lbs HEIGHT: 5'9"

A YES TO QUESTIONS 1-4 REQUIRES REFERRAL TO BN MD OR PA, UNLESS MINOR PROBLEM FOR QUESTION 1. A NO TO QUESTIONS 6 OR 7 ALSO REQUIRE MD/PA EVALUATION.

**MD/PA FOLLOW UP NOTE**

DATE: 15 APR 04

ASSESSMENT:

*Refer to SF 600  
Dated 15 APR 04*

RECOMMENDATIONS:

FOR ORIGINAL  
MEDCOM - 520

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Ex 4

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
15 APR 01	5) 25 y/o ♂ PT PATIENT Referred by medic for evaluation of ? cardiac dz. He reports he had MI 4-5 yrs ago.
BP 162/87	0) WNWID ♂ NAD w/s STABLE CABG DL
P 75	HEENT - NL EN II - XII GROSSLY INTACT
T 99.4	LUNGS - CTX
	HEART - RRR
	ABD - NO BOWEL
PMU - MB	GENITAL - NL MALE
PSH - dependent	EVT - MOVES W/LE MS 5/6+ B
FA - MURMURED	STR - 2+ B pulses good
SH - HEARTY	
MSD	
ALLERGIES - NONE	
	1) I. H/O MI FOR PATIENTS
	2) START ATENOLOL + ASA AS DIRECTED
	3. P/U PRN
	3. CASE & PLAN discussed o pt.
	(b)(6)-2
	PA-C
	LT, SP USA

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.

NAME: ISW (b)(6)-4

SS#: (b)(6)-4

UNIT: Gmaxi 4th

RANK: 12/10/04

DOB:

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1 USAPA V2.00

FOR OFFICIAL USE ONLY  
 MEDCOM - 521

JUN 2008  
 Ex 4

0032-04-C10789-83988

# Theater Trauma Registry Record

For use of this form, see AR 40-66; the proponent agency is OTSG

AUTHORITY: SOME REGULATION  
 PURPOSE: To provide a standard means of documenting combat trauma for care at echelons 1-3  
 ROUTINE USES: The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.  
 DISCLOSURE: This is protected health information. HIPAA laws apply

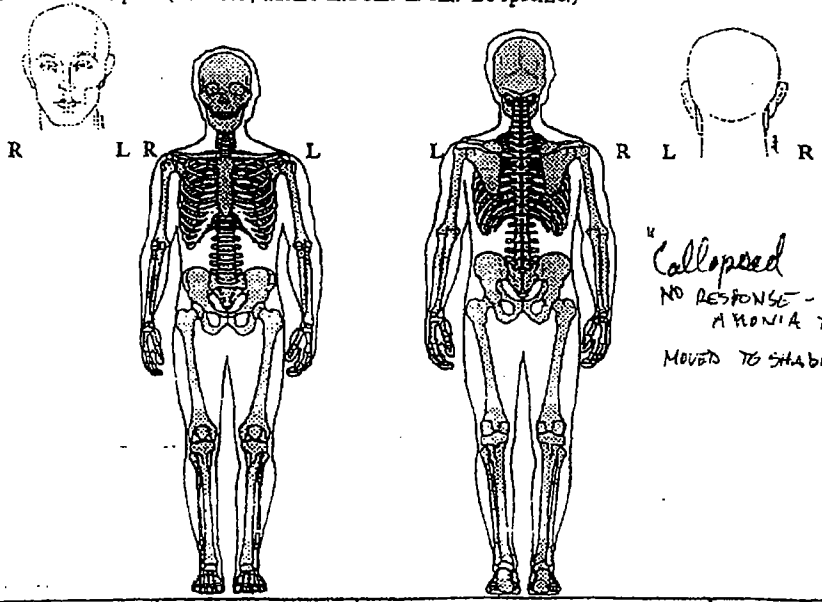
MTF DESIGNATION: **BCDF** CASUALTY NAME: (b)(6)(4) CASUALTY SSN:  

Arrive DTG: **14 MAY 04 1455** Rank:   Date of Birth: **75 yrs** Gender:  Male  Female Unit: **GANCEI 2**

ARRIVAL METHOD:  WALKED  Non-MED GND  SHIP EVAC  GND AMB  CARRIED  Non-MED AIR  OTHER: **B6-2**  
 Nation:  US  Host Nation  Enemy  Coalition  
 Service:  Civilian  USA  SOF  Combatant  USN  NGO  Contractor  USMC  Other  USAF

Wound DTG: **N/A B6-2** PROTECTION: **N/A**  
 WOUNDED BY:  ENEMY  FRIENDLY  CIVILIAN (Host Country)  TRAINING  SELF ACCIDENT  SELF NON-ACCIDENT  SPORTS-RECREATION  OTHER: **DETAINEE**  
 HELMET:  FLAK VEST:  CERAMIC PLATE:  EYE PROTECTION:  OTHER:   
 TRIAGE CATEGORY:  IMMEDIATE  DELAYED  MINIMAL  EXPECTANT  
 GLASCOW COMA SCALE (circle one): **3** 8 12 15  
 UNC STUPOR LETHARGY ALERT  
 VITALS: TIME:  Pulse:  Temp:  B/P:  Resp:  SpO<sub>2</sub>:

MECHANISM OF INJURY:  MVC  BURN 1° 2° 3° %TBSA:  GSW/BULLET  AIRCRAFT CRASH  CRUSH  BLUNT TRAUMA  KNIFE/EDGE  FALL  SINGLE FRAGMENT  CBRNE  IED  OTHER: **Cardiac Arrest**  
 INJURY Description (Location, nature and size in cm. Be specific.)



TX & PROCEDURES:	
SEDATED/IMMOB	<b>Y/N</b>
INTUBATED	<b>Y/N</b>
CRIC	<b>Y/N</b>
NEEDLE DECOMP	<b>Y/N</b>
Chest Tube	L R air/blood
COLLOID	ml
CRYSTALLOID	LRNS/HTS ml
TOURNIQUET	Time on
Collar / C-spine	Time off
HEMOSTATIC DEVICE	Y/N specify:
OXYGEN	<b>100%</b> Liters/min.
RBC	Units
FFP	Units
CRYO	Units
Plts	Packs
HBOC	ml
Fresh Whole Bld	Units

OR Start  Stop  Vent On  Off  ICU in  Out  DISPOSITION:  RTD  DECEASED EVACUATED to:  URGENT  URGENT SURGICAL  ROUTINE  MINIMAL

SPECIALTY: **Edt** DATE: **14 MAY 04**  
 (b)(6)(2) **1515**

0032.04. CD799. 83414



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
**Office of the Armed Forces Medical Examiner**  
 1413 Research Blvd., Bldg. 102  
 Rockville, MD 20850  
 1-800-944-7912



**PRELIMINARY AUTOPSY REPORT**

**Name:** (b)(6)-4  
**US Detainee #:** (b)(6)-4  
**Date of Birth:** 01 JAN 1929  
**Date of Death:** 11 MAY 2004  
**Date of Autopsy:** 17-18 MAY 2004  
**Date of Report:** 18 MAY 2004

**Autopsy No.:** ME 04- 358  
**AFIP No.:** pending  
**Rank:** Iraqi National,  
**Place of Death:** Baghdad, Iraq  
**Place of Autopsy:** LSA Anaconda  
 Mortuary, Balad Iraq

**Circumstances of Death:** This 75 year old male, an Iraqi National, was a detainee at the Central Baghdad Detainee Facility (Abu Ghraib). On 11 May 2004 he reportedly abruptly collapsed and became unconscious. Resuscitation was initiated and continued during transport to the facility hospital where he died. Mr (b)(6)-4 had a past medical history significant for diabetes mellitus, hypertension and previous myocardial infarction.

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

**Identification:** Positive identification accomplished by comparison to photographs and reports supplied by the investigative agency ((b)(3)-1), LSA Anaconda, Balad, Iraq)

**CAUSE OF DEATH:** Severe Atherosclerotic Coronary Vascular Disease

**MANNER OF DEATH:** Natural

This is a preliminary report based on initial examination of the remains, a final report will follow.

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0032.04. CID 79.83918  
2

**AUTOPSY REPORT ME04- 358**

(b)(6)-4

**PRELIMINARY AUTOPSY DIAGNOSES:**

**I. Severe Atherosclerotic Coronary Vascular Disease**

- a. **Right Coronary Artery: 95% to pinpoint stenosis**
- b. **Left Coronary Artery: 80% stenosis with concentric calcification**
- c. **Proximal Left Descending Coronary Artery: 90% stenosis**
- d. **Status Post Remote Posterior Ventricular-Septal Infarction**
- e. **Severe Aortic Atherosclerosis**

**II. Aortic Aneurysm (8cc)**

**III. Cardiomegaly (810gm)**

**IV. Marked Nephrosclerosis**

**V. No external injuries noted**

**VI. Toxicology pending**

(b)(6)-2

**CDR MC USN (FS)  
Deputy Armed Forces  
Medical Examiner**

JUN 12

MEDCOM - 524

Ex 6