

HOSPITAL REPORT OF DEATH
NAME AND LOCATION OF HOSPITAL

USE OF THIS FORM, SEE AR 40-2; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.

Instructions - Medical Officer in attendance will:
are, 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

PERSONAL DATA

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) 1107 22 May 2004	3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	4. RELIGION	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

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, asphyxia, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) Cardiac Arrest	10 min
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 OR CONDITION CAUSING IT	a. b.	

9. DATE 22 May 2004	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)-2	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)-2
------------------------	--	--

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) <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
DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR

Ex 2

HEALTH RECORD DETAINEE PREINTERROGATION EVALUATION

DATE: 8/20/84 PATIENT COMPLAINT/INTERROGATOR CONCERNS: ALLERGIES: N/A

BP: 120/84 X 2 yrs. (Hypertension) MEDICATIONS: HTN, Diabetes med BI
P: 115 Pt 40 lb (B) gained since Diabetes med BI
R: 17 radiating down (R) leg. Name of meds Unkn
TEMP: 98.2 (b)(6)-2

Pox: 98/0 O: GENERAL NAD/w
WEIGHT: 75kg HEENT benign
NECK CLAD

PMHX: (CIRCLE) LUNGS CEXB
HTN CARD RRR JM

DM Type II ABD benign
TB EXT PLUL/E

SOCHX: TOB ETOH

A/P: Type II DM → Gmg (Suburde) QD
HTN: not elevated off med - hold on Rx
Hep A #1, Hep B #1, MMR, TD
Acutcheckers BID x 2 days & per routine
→ Insulin 800 TID po
Dip Urine for glucose & ketones once
DX: Seizure -

ISN (b)(6)-4 (b)(6)-2 SEX M
CAMP: 68
DOB: 1940
DATE ARRIVED CAMP

EX 3 0

MEDICAL RECORD CONSULTATION SHEET (b)(6)-4

REQUEST

TO: EMT FROM: (Requesting physician or activity) DATE OF REQUEST

REASON FOR REQUEST (Complaints and findings)

Elderly gentleman went down @ detention area

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE APPROVED PLACE OF CONSULTATION ROUTINE TODAY BEDSIDE ON CALL 72 HOURS EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED YES NO PATIENT EXAMINED YES NO

Elderly moderately obese male with unknown medical history collapses in yard, he had no sxi of life @ yard. Pt was intubated @ EMT by corpsman.

PLE Asystole Pupils fixed and dilated Lungs - good air entry & bagging no pulse

(A) Most likely massive cardiac arrest

(P) Code

(C) Called Code

Administrative fields including (b)(6)-2, (b)(6)-2, (b)(6)-2, DATE 22 May 04, REGISTER NO., WARD NO.

INFORMATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

U.S. GPO: 1994-377-624

(b)(6)-4

CONSULTATION SHEET

Medical Record

STANDARD FORM 513 (REV. 8-92) Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

Ex 3

EMERGENCY RESUSCITATION RECORD - PART 1

For use of this form see MEDCOM Cir 40-5

Complete this report within 2 hours following the arrest/event. Place the original in the patient's record and provide a copy to the Nursing Supervisor.

1. DATE: 22 MAY 04 1055 2. LOCATION OF RESUSCITATION EVENT Brought to EMT @ 1055

3. WITNESSED ARREST? YES NO UNKNOWN
 MONITORED AT ONSET? YES NO

MICU SICU CCU NICU ED PACU OR WARD: _____
 DIAGNOSTIC / PROCEDURE AREA: _____
 OUTPATIENT CLINIC: _____
 OTHER (Specify): Pt. collapsed at GARZI 5-brought here CPR

4. INTERVENTIONS (✓ - IN PLACE AT START OF ARREST) (✓ - INSERTED DURING ARREST) COMMENTS in place.

<input checked="" type="checkbox"/> IV Access <u>RL 500cc</u>	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Endotracheal Tube	<input checked="" type="checkbox"/> Time: <u>1100:</u>	<u>7.0 ETTube</u>
<input type="checkbox"/> Mechanical Ventilation	<input checked="" type="checkbox"/> Time: <u>1055:</u>	<u>Bag Valve Mask</u>
<input type="checkbox"/> Arterial Line	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Central Venous Line	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Pulmonary Artery Catheter	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Nasogastric Tube	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Pacing Device (Specify type): _____	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Implantable Defibrillator / Cardioverter	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Time: _____	

5. IMMEDIATE CAUSE OF ARREST / EVENT (Check one)

Lethal Arrhythmias
 Hypotension
 Respiratory Depression
 Metabolic
 Myocardial Infarction or Ischemia
 Unknown
 Other: _____

6. RESUSCITATION ATTEMPTED

YES (Check all that were used)
 Chest Compressions
 Defibrillation
 Airway Management

NO (Check one)
 False alarm/arrest (BLS / ALS not needed)
 Do not attempt resuscitation (DNAR)
 Considered futile Found dead

7. INITIAL CONDITION

CONSCIOUS
 Yes No

BREATHING
 Yes No

PULSE
 Yes No
 Site: Pulse only CPR

8. INITIAL RHYTHM

Ventricular Fibrillation Perfusing Rhythm
 Ventricular Tachycardia Bradycardia
 Pulseless Electrical Activity Asystole

RETURN OF SPONTANEOUS CIRCULATION (ROSC)
 Returned at: _____ : _____ Never achieved
 Unsustained ROSC: < 20 min > 20 min

CPR STOPPED AT: 1107:

WHY: ROSC DNAR
 Considered futile Death

PATIENT DISPOSITION:

9. EVENT TIMES (Times are required to calculate the American Heart Ass'n and European Resuscitation Council in-hospital chain of survival.)

	HOUR	MIN
Collapse / Arrest Onset:	_____	_____
CPR Started: <u>before arrival</u>	_____	_____
Defibrillation: <u>Pt. arrived 1055:</u>	_____	_____
Airway Achieved: <u>1100:</u>	_____	_____
1st Dose Epinephrine: <u>1102:</u>	_____	_____
Code Team Called:	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Time: _____	_____
Code Team Arrived:	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Time: _____	_____

10. GLASGOW COMA SCALE (Post-resuscitation)
 Circle appropriate scores, then total.

EYE OPENING
 4 - Spontaneously
 3 - To voice
 2 - To pain
 1 - No response

VERBAL RESPONSE
 5 - Oriented, converses
 4 - Disoriented, converses
 3 - Inappropriate responses
 2 - Incomprehensible sounds
 1 - No response

MOTOR RESPONSE
 6 - Obeys verbal commands
 5 - Localizes painful stimulus
 4 - Withdraws from pain stimulus
 3 - Flexion, decorticate posturing
 2 - Extension, decerebrate posturing
 1 - No movement

SCORE: _____

PATIENT IDENTIFICATION (b)(6)-4

AGE: DOB 1940
 GENDER: MALE
 HEIGHT (in): _____
 WEIGHT (lbs): _____

11
Ex 3

EMERGENCY RESUSCITATION RECORD - PA 2 0040.04.01079.83990

	TIME (Hr/Min):	1055	1100	1102	1103	1104	1105	1107				
VITALS	BLOOD PRESSURE	none	none					none				
	HEART RATE (* = CPR)	*CPR	*CPR					asystole				
	RHYTHM	asystole	asystole					CPR				
	PULSE PALPABLE (Y/N)	N	N					N				
	DEFIBRILLATION (Joules: 200, 300, 360)	none	none					-				
	CARDIOVERSION (Joules: 50, 100, 200, 300, 360)	-	-					-				
	PACING PERFORMED (✓)	-	-					-				
	RESPIRATIONS	0	-					0				
AIRWAY	BAGGED w / 100% O2 (✓)	✓										
	INTUBATED (✓)		✓	2								
	MASK (Specify type)											
	% OXYGEN		100%	100%	100%	100%	100%					
O2 SATS		70%	70%	70%	70%	70%						
									PT REBORNLED READ 1105			
MEDICATIONS	EPINEPHRINE (1 mg - IV / ET tube)			✓			✓					
	ATROPINE (0.5 - 1 mg - IV / ET tube)					✓		✓				
	LIDOCAINE (1-1.5 mg / kg - IV / ET tube)											
IV DRIPS	LIDOCAINE (1 GM / 250cc - IV at 1 - 4 mg / min)											
	DOPAMINE (400 mg / 250cc - IV at 1 - 20 mcg / kg / min)											
LABS	POTASSIUM (K)											
	GLUCOSE											
	CALCIUM (Ca)											
	MAGNESIUM (Mg)											
ABGs	PH											
	pCO2											
	pO2											
	HCO3											
PHYSICIAN (Signature & Title)							NURSE (Signature & Title)					
DR (b)(6)-2							(b)(6)-2		LTC AD			

MEDCOM FORM 679-R (TEST)(MCHO) AUG 99, Back
 (b)(6)-4

(b)(6)-4
 22 MAY 04.

EX 3



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	Autopsy No.: ME04-386
Prisoner (b)(6)-4	AFIP No.: Pending
Date of Birth: BTB 1940	Rank: CIV
Date of Death: BTB 23 May 2004	Place of Death: Abu Ghraib Prison
Date of Autopsy: 1 June 2004	Place of Autopsy: BIAP Morgue
Date of Report: 1 June 2004	

Circumstances of Death: This male died while in US custody in Abu Ghraib prison.

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

Identification: BTB, DNA sample obtained

CAUSE OF DEATH: Atherosclerotic cardiovascular disease

MANNER OF DEATH: Natural

These findings are preliminary, and subject to modification pending further investigation and laboratory testing.

14

EX 5

AUTOPSY REPORT ME04-386

(b)(6)-4

PRELIMINARY AUTOPSY DIAGNOSES:

- I. Atherosclerotic cardiovascular disease
 - A. Left anterior descending coronary artery with multifocal stenoses ranging from 50-80%
 - B. Right coronary artery with multifocal stenoses ranging from 50-85%
 - C. Left circumflex coronary artery with focal 50% stenosis
 - D. Moderate to severe atherosclerosis of the distal aorta
 - E. Thickening of the mitral valve leaflets
 - F. Pulmonary congestion (right 800 grams, left 650 grams)
 - G. Prominent facial suffusion
 - H. Bilateral earlobe creases (Frank's sign)
- II. Pleural adhesions
- III. Status post appendectomy, remote
- IV. Fractures of the anterior ribs (right #5, left 3-7) consistent with cardiopulmonary resuscitation
- V. No significant trauma
- VI. Toxicology pending

(b)(6)-2

(b)(6)-2

MD

MAJ, MC, USA
Deputy Medical Examiner

10

Ex 5

EPW

0040.04. 709. 8399D



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



AUTOPSY EXAMINATION REPORT

Name: (b)(6)-4	Autopsy No.: ME04-386
Prisoner # (b)(6)-4	AFIP No.: 2929618
Date of Birth: BTB 1940	Rank: CIV
Date of Death: BTB 22 May 2004	Place of Death: Abu Ghraib Prison
Date of Autopsy: 1 June 2004	Place of Autopsy: BIAP Morgue
Date of Report: 29 Jun 2004	

Circumstances of Death: This male died while in US custody in Abu Ghraib prison. By report he complained of chest pain to his son and then collapsed.

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

Identification: By CID, DNA sample obtained

CAUSE OF DEATH: Atherosclerotic cardiovascular disease (ASCVD)

MANNER OF DEATH: Natural

22
Ex 8

AUTOPSY REPORT ME04-386

2

(b)(6)-4

FINAL AUTOPSY DIAGNOSES:

- I. Atherosclerotic cardiovascular disease
 - A. Left anterior descending coronary artery with multifocal stenoses ranging from 50-80%
 - B. Right coronary artery with multifocal stenoses ranging from 50-85%
 - C. Left circumflex coronary artery with focal 50% stenosis
 - D. Moderate to severe atherosclerosis of the distal aorta
 - E. Thickening of the mitral valve leaflets
 - F. Pulmonary congestion (right 800 grams, left 650 grams)
 - G. Prominent facial suffusion
 - H. Bilateral earlobe creases (Frank's sign)
- II. Pleural adhesions
- III. Status post appendectomy, remote
- IV. Fractures of the anterior ribs (right #5, left #3-7) consistent with cardiopulmonary resuscitation
- V. No significant trauma
- VI. Toxicology negative

18

Ex 8

AUTOPSY REPORT ME04-386

3

(b)(6)-4

EXTERNAL EXAMINATION

The body is that of a thin male appearing greater than 50 years of age and measuring 69 inches in length and weighing approximately 160 pounds. Lividity is posterior, purple, and fixed. Rigor is passing.

The scalp is covered with gray hair in a normal distribution. There is a gray mustache and beard. Corneal clouding obscures the irides and pupils. The external auditory canals are unremarkable. The ears are significant for bilateral creases of the earlobes (Frank's sign). There is prominent facial suffusion. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural with partial upper plates.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is flat. The genitalia are those of a normal adult 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 and without clubbing or edema.

Identifying marks and scars include a 3 ½ inch oblique scar on the right lower quadrant of the abdomen. On the posterior right arm and forearm is a 6 x 3 ½ inch area of depigmentation of the skin and scar. On the midline of the lower back is a ½ inch scar.

There is early decomposition consisting of skin slippage and vascular marbling.

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects are present on the body at the time of autopsy:

- Brown shirt
- Gray underpants
- Gray t-shirt
- White shirt

MEDICAL INTERVENTION

- Endotracheal tube in the oropharynx that enters the trachea
- Intravenous catheter (IV) in the back of the left hand
- Electrocardiograph (EKG) pads on the chest

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the following:
No radiopaque projectiles or foreign matter

EVIDENCE OF INJURY

There are fractures of the right 5th and left 3rd-7th ribs on the anterior aspects.

20

Ey 8

AUTOPSY REPORT ME04-386

4

(b)(6)-4

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 1250 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.

The cervical spine is intact and there is no paraspinous muscular hemorrhage.

BODY CAVITIES:

The sternum and vertebral bodies are visibly and palpably intact. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

There are fractures of the anterior left ribs 3-7 and the right 5th rib on the anterior aspect.

RESPIRATORY SYSTEM:

There are dense fibrous adhesions of both pleural cavities. The right and left lungs weigh 800 and 650 gm, respectively. The external surfaces are deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 400 gm 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 50-80% multifocal stenoses of the left anterior descending coronary artery, focal 50% calcific stenosis of the left circumflex coronary artery, and 50-75% multifocal stenoses of the right coronary artery with a focal 85% stenosis. The myocardium is homogenous, red-brown, and firm. The mitral valve is thickened and fibrotic but there are no vegetations. The remaining valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.4 and 0.4 cm thick, respectively. The endocardium is smooth and glistening. The aorta has moderate to severe atherosclerosis and gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

E 8

AUTOPSY REPORT ME04-386

(b)(6)-4

LIVER & BILIARY SYSTEM:

The 1800 gm 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 a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 200 gm 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. 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 175 and 200 gm, 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 10 ml of cloudy urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 50 ml of dark green liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is surgically absent.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by PH3 (b)(6)-2
- Specimens retained for toxicologic testing and/or DNA identification are: blood, urine, spleen, liver, lung, kidney, adipose, brain, bile, gastric, and psoas
- The dissected organs are forwarded with the body
- Personal effects are released to the appropriate mortuary operations representatives

MICROSCOPIC EXAMINATION

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

3.2
E 8

AUTOPSY REPORT ME04-386

(b)(6)-4

TOXICOLOGY

Toxicologic analysis of blood and bile was negative for ethanol and drugs of abuse. Cyanide was not detected.

OPINION

This elderly Iraqi male died of atherosclerotic cardiovascular disease (blockage of the arteries that supply blood and oxygen to the heart). The rib fractures noted at autopsy are consistent with cardiopulmonary resuscitation (CPR). There was no significant trauma.

The manner of death is natural.

(b)(6)-2

(b)(6)-2 MD (b)(6)-2
MAJ, MC, USA
Deputy Medical Examiner

20
Ex 8

0040.04.783.83890.



DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

REPLY TO
ATTENTION OF

AFIP-CME-T

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence
2929618 01

TO:

Name

(b)(6)-4

OFFICE OF THE ARMED FORCES MEDICAL
EXAMINER
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

SSAN: Autopsy: ME04-386
Toxicology Accession #: 042887
Date Report Generated: June 28, 2004

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 5/23/2004

Date Received: 6/17/2004

VOLATILES: The **BLOOD AND BILE** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

CYANIDE: There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

DRUGS: The **BLOOD** was screened for amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

None were found.

(b)(6)-2 PhD
Certifying Scientist, Forensic Toxicology Laboratory
Office of the Armed Forces Medical Examiner

(b)(6)-2
(b)(6)-2 PhD, WABFT
Director, Forensic Toxicology Laboratory
Office of the Armed Forces Medical Examiner

24
B. 8-