0014-03-CID919-63732

OFFICE OF THE ARMED FORCES MEDICAL EXAMINER
BAGHDAD DETACHMENT

PRELIMINARY AUTOPSY REPORT

Name: (b)(6)-2
Date of Birth: 01 January 1977
PW Number: 11672
Date of Death: 12 July 2003
Place of Death: EPW Camp, Baghdad International Airport, Baghdad, Iraq
Date of Autopsy: 13 July 2003
Place of Autopsy: Baghdad International Airport Compound, Baghdad, Iraq

CLINICAL DIAGNOSES:
1. Hemoptysis
2. Death in Custody

PATHOLOGIC DIAGNOSES:
A. RESPIRATORY SYSTEM:
1. Cavitary Lesion- Right Lung
2. Multiple Caseating Granulomata- Right Lung
3. Blood Within Tracheobroncial Tree
4. Focal Consolidation- Bilateral Lungs
5. Bilateral Pleural Adhesions

B. CARDIOVASCULAR SYSTEM
1. Pericardial Effusion- 30 cc.

C. GENITOURINARY SYSTEM
1. Absent Right Testicle

D. NO EVIDENCE OF SIGNIFICANT TRAUMA

CAUSE OF DEATH: MASSIVE HEMOPTYSIS DUE TO CAVITARY PULMONARY TUBERCULOSIS
MANNER OF DEATH: NATURAL

(b)(6)-2
(b)(6)-2 MD
CAPT MC USN
Regional Armed Forces Medical

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TO:	FORWARD FINAL REPORT TO:
ARMED FORCES INSTITUTE OF PATHOLOGY ATTN: DIVISION OF FORENSIC TOXICOLOGY BUILDING 54 6825 16TH STREET, N.W. WASHINGTON, DC 20306-6000	COMMANDER (b)(3)-1 MP DET (CID) MP BN (CID) APO AE 09335

NAME OF PATIENT (Last, First, MI)	SOCIAL SECURITY #	AGE	SEX	RACE
(b)(6)-4	DETAINEE # (b)(6)-4	26	MALE	IRAQI

DATE OF INCIDENT/ ACCIDENT	TIME AND DATE OF DEATH	AUTOPSY #
12 JUL 03	12JUL03 / 05,5	EPW 071303

MEDICATION HISTORY (Prescribed or administered, in patient's possession, containers found near body, etc.)

N/A NOTE: TUBERCULOSIS VICTIM

SPECIMEN/ AMOUNT	SPECIMEN/ AMOUNT	SPECIMEN/ AMOUNT
1. LIVER	5. RIGHT LUNG	9. EPW CAPTURE TAG # (b)(6)-4
2. SPLEEN	6. BRAIN	10. INDEX CARD WITH NAME (b)(6)-4
3. KIDNEY	7. RIGHT HAND FINGERPRINT CARD	11.
4. LEFT LUNG	8. LEFT HAND FINGERPRINT CARD	12.

INCIDENT/ ACCIDENT DETAILS (Include pertinent information regarding crash site, autopsy or investigation: (e.g., What happened?)

VICTIM (b)(6)-4 WAS APPREHENDED ON 10 JUL 03 IN POSSESSION OF A PIPE BOMB. HE WAS SUBSEQUENTLY TRANSPORTED TO CAMP CROPPER DETENTION FACILITY AT BIAP. AT APPROXIMATELY 0445, 12 JUL 03, VICTIM (b)(6)-4 WAS OBSERVED COUGHING UP BLOOD. MEDICAL PERSONNEL ATTEMPTED TO ASSIST BUT WAS NEGATIVE. HE DIED 0575.

PRINTED NAME OF REQUESTER/ TITLE	SIGNATURE	DATE	TELEPHONE #:
(b)(6)-1 /SAC	(b)(6)-1	13 JUL 03	COMM: DSN: 302-550 2525 FAX:

CHAIN OF CUSTODY (CC)

Each individual charged with custody of specimens must complete information below (continue CC on reverse as required).

RELEASED BY	RECEIVED BY	DATE & TIME	PURPOSE OF TRANSFER
(b)(6)-1	SIGNATURE PRINTED NAME		
SIGNATURE PRINTED NAME	SIGNATURE PRINTED NAME		
SIGNATURE PRINTED NAME	SIGNATURE PRINTED NAME		
SIGNATURE PRINTED NAME	SIGNATURE PRINTED NAME		
SIGNATURE PRINTED NAME	SIGNATURE PRINTED NAME		

AFIP FORM 1323, FEB 99 PREVIOUS EDITIONS OBSOLETE. FOR OFFICIAL USE ONLY

[redacted]

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

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
(b)(6)-4	N/A	N/A	# X/D

ORGANIZATION Organisation	NATION *(e.g., United States)* Pays	DATE OF BIRTH Date de naissance	SEX Sexe
			☐ MALE Masculin ☐ FEMALE Féminin

RACE Race	MARITAL STATUS État Civil		RELIGION Culte	
☐ CAUCASOID Caucasique	☐ SINGLE Célibataire	☐ DIVORCED Divorcé	☐ PROTESTANT Protestant	OTHER *(Specify)* Autre *(Spécifier)*
☐ NEGROID Négroïde	☐ MARRIED Marié		☐ CATHOLIC Catholique	
☑ OTHER (Specify) Autre *(Spécifier)*	☐ WIDOWED Veuf	☐ SEPARATED Séparé	☐ JEWISH Juif	

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 Déclaration 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]	~~Tuberculosis~~ Cardiac Arrest	
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	Tuberculosis	
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]	unknown	

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☑ NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
☑ NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	unknown
☐ ACCIDENT Mort accidentelle		
☐ SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste	
☐ HOMICIDE Homicide	SIGNATURE Signature — DATE Date	AVIATION ACCIDENT Accident d'Avion ☐ YES Oui ☐ NO Non

DATE OF DEATH *(Hour, day, month, year)* Date de décès *(l'heure, le jour, le mois, l'année)*	PLACE OF DEATH Lieu de décès
12 Jul 03 1100	BIAP

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.

NAME OF MEDICAL OFFICER ...ire ou du médecin sanitaire	TITLE OR DEGREE Titre ou diplôme
(b)(6)-2	MD

GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
Lt Col	EMED (b)(3)- (b)(6)-2
DATE Date	(b)(6)-2
12 Jul 03	Lt Col, USAF, MC Chief, Ortho Sports Med (b)(6)-2 WHMC PC: (b)(3)-1

[1]State disease, injury or complication wh...
[2]State conditions contributing to the dea...
[1]*Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.*
[2]*Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.*

DD FORM 1 APR 77 2064 REPLACES AF FORM 716, MAR 69, WHICH IS OBSOLETE.

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~~ACLU-RDI 4744 p.3~~