PRISONER IN-PROCESSING MEDICAL SCREEN

NAME: (b)(6)-4 COMPOUND: ISN: (b)(6)-4
DATE: MAY 9,04 DOB: AGE: 42
HISTORY BY TRANSLATOR: YES NO 1962 /.
NAME OF TRANSLATOR: (b)(6)-2

1) DO YOU HAVE ANY NEW MEDICAL PROBLEMS OR INJURIES NOW?

Ø

2) HAVE YOU HAD TUBERCULOSIS? IF YES, WHEN AND HOW WERE YOU TREATED?

A) HAVE YOU HAD A COUGH FOR MORE THAN 2 WEEKS? YES NO
B) HAVE YOU BEEN COUGHING UP BLOOD? YES NO
C) HAVE YOU BEEN LOSING WEIGHT? YES NO

3) CHRONIC MEDICAL PROBLEMS (DIABETES, HYPERTENSION, HEART DISEASE):

Ø

4) MEDICATIONS:

Ø

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

Ø

8) PULSE: 66 BLOOD PRESSURE: 110/70 RESPIRATORY RATE: 10

WEIGHT: 154 HEIGHT: 5'6"

SIGNATURE: (b)(6)-2

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

MD/PA FOLLOW UP NOTE DATE:

ASSESMENT:

RECCOMENDATIONS:

SIGNATURE:

EXHIBIT 3

000009

MEDCOM - 1044

Theater Trauma Registry Record

For use of this form, see DA PAM XXX; the proponent agency is OTSG

rvations/Notes (Holding, En route, etc.)

ME	BP		PULSE	RESP	SpO_2	MENTAL Status	DRUG	DOSE	ROUTE	DTG
G:						A V P U	See 079-R			DTG:
						A V P U				
						A V P U				
						A V P U				
						A V P U				
						A V P U				

TES:

ICATIONS:	LABS:	XRAYS:	PMH:
079-R	N/A	N/A	unknown Allergies: unknown

scharge Summary Information (Diagnosis, Procedures and Complications)

ad and Neck:

est:

domen:

per:

lvis:

wer:

in:

(b)(6)-2

ause of Death at Cardiorespiratory arrest

NATOMIC:

Airway ☐Head ☐ Neck ☐Chest ☐Abdomen ☐Pelvis ☐ Extremity (Upper/Lower) ☐Other

HYSIOLOGIC:

☐CNS ☐Hemorrhage ☐Total Body Disruption ☐Sepsis ☐Multi-organ failure ☐Other

000010

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: BCCF TF OASIS
(b)(6)-4
CASUALTY SSN: (b)(6)-4
Rank: N/A
1962
Gender: ☐ Male ☐ Female
Unit: 9anci 4

Arrive DTG: 0224 14 Jun 04

ARRIVAL METHOD:
☐ WALKED
☒ CARRIED
☐ Non-MED AIR
☐ OTHER
☐ Non-MED GND
☐ SHIP EVAC
☐ GND AMB
☐ DUSTOFF

Nation
☐ US
☒ Host Nation
☐ Enemy( )
☐ Coalition( )

Service
☐ Civilian
☐ Combatant
☐ Contractor
☐ USA
☐ USN
☐ USMC
☐ USAF
☐ SOF
☐ NGO ( )
☒ Other detainee

Wound DTG: N/A

WOUNDED BY:
☐ ENEMY
☐ FRIENDLY
☐ CIVILIAN (Host Country)
☐ TRAINING
☐ SELF ACCIDENT
☐ SELF NON-ACCIDENT
☐ SPORTS-RECREATION
☐ OTHER:
☐ UNK
N/A

PROTECTION: N/A

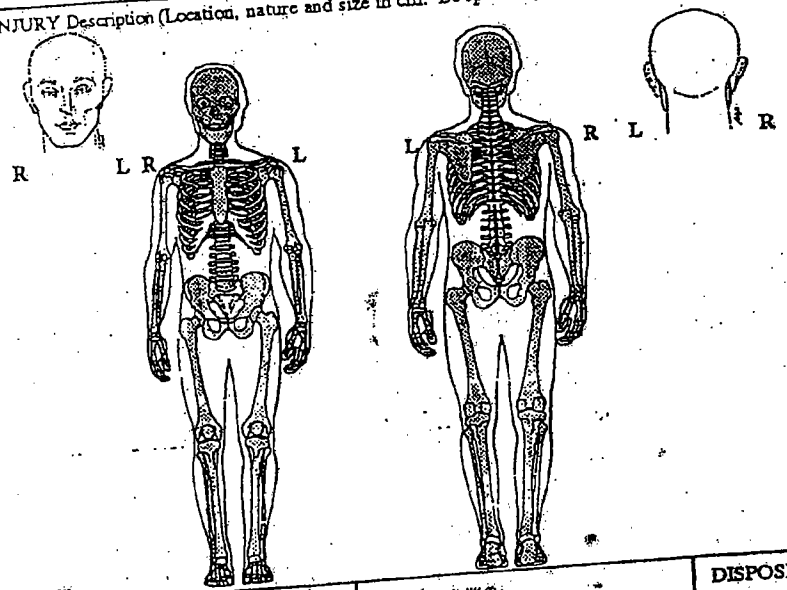
	Not Worn	Worn	Struck	Penetrated
HELMET				
FLAK VEST				
CERAMIC PLATE				
EYE PROTECTION				
OTHER:				

TRIAGE CATEGORY:
☒ IMMEDIATE
☐ DELAYED
☐ MINIMAL
☐ EXPECTANT

GLASCOW COMA SCALE (circle one)
3 8 12 15
UNC STUPOR LETHARGY ALERT

MECHANISM OF INJURY:
☐ GSW/BULLET
☐ BLUNT TRAUMA
☐ SINGLE FRAGMENT
☐ MULTI FRAGMENT
☐ MVC
☐ AIRCRAFT CRASH
☐ KNIFE/EDGE
☐ CBRNE
☐ BLAST
☐ BURN 1° 2° 3° ____ %TBSA
☐ CRUSH
☐ FALL
☐ IED
☒ OTHER cardiac arrest

INJURY Description (Location, nature and size in cm. Be specific.)



VITALS: CPR

TIME	0225
Pulse	0
Temp	—
B/P	0
Resp	0
SpO_2	0

TX & PROCEDURES:

SEDATED/ IMMOB	Y/N
INTUBATED	Y/N 0230
CRIC	Y/N
NEEDLE DECOMP	Y/N
Chest Tube	L R air/blood ml
COLLOID	ml
CRYSTALLOID	LR/NS/ETS ml
TOURNIQUET	Time on
Collar / C-spine	Time off
HEMOSTATIC DEVICE	Y/N specify:
OXYGEN	15L Liters/min
RBC	Units
FFP	Units
CRYO	Units
Plts	Packs
HBOC	ml
Fresh Whole Bld	Units

R Start 0225 Stop 0238
Vent On DTG: Off DTG:
ICU in DTG: Out DTG:
SPECIALTY: ER
DATE: 14 JUN 04

DISPOSITION:
☐ RTD
☒ DECEASED
DTG: 0238 14 June
EVACUATED to
☐ URGENT
☐ URGENT SURGICAL
☐ ROUTINE
☐ MINIMAL

PROVID (b)(6)-2
EDCO

EXHIBIT 3

000011

EMERGENCY RESUSCITATION RECORD - PAGE 2

		TIME (Hr/Min):												
VITALS	BLOOD PRESSURE	0												
	HEART RATE (* = CPR)	0												
	RHYTHM	flat line												
	PULSE PALPABLE (Y/N)	N												
	DEFIBRILLATION (Joules: 200, 300, 360)	0227 200J	0228 300J	0228 360J	0238 360J									
	CARDIOVERSION (Joules: 50, 100, 200, 300, 360)	—												
	PACING PERFORMED (✓)	—												
	RESPIRATIONS	0												
AIRWAY	BAGGED w / 100% O2 (✓)	0226												
	INTUBATED (✓)	0230												
	MASK (Specify type)	Simple												
	% OXYGEN	100% 15L												
	O2 SATS	N/A												
MEDICATIONS	EPINEPHRINE (1 mg - IV / ET tube)	0231 1V-1mg	0235 1V	0238 1V										
	ATROPINE (0.5 -1 mg - IV / ET tube)	0234 1V-1mg	0237 1V-1mg											
	LIDOCAINE (1-1.5 mg / kg - IV / ET tube)	—												
	Bicarb	0236 1V-50mg												
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) (b)(6)-2

NURSE (Signature & Title) LT (b)(6)-2

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

EXHIBIT 3

000612

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: 14 June 2004

2. LOCATION OF RESUSCITATION EVENT
☐ MICU ☐ SICU ☐ CCU ☐ NICU ☒ ED ☐ PACU ☐ OR ☐ WARD: ____
☐ DIAGNOSTIC / PROCEDURE AREA: ____
☐ OUTPATIENT CLINIC: ____
☐ OTHER (Specify): ____

3. WITNESSED ARREST?
☐ YES ☐ NO ☒ UNKNOWN

MONITORED AT ONSET?
☐ YES ☒ NO

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

			COMMENTS
☑ IV Access	☑ Time:	02:30	
☑ Endotracheal Tube	☑ Time:	02:30	7.5
☐ Mechanical Ventilation	☐ Time:	:	
☐ Arterial Line	☐ Time:	:	
☐ Central Venous Line	☐ Time:	:	
☐ Pulmonary Artery Catheter	☐ Time:	:	
☐ Nasogastric Tube	☐ Time:	:	
☐ Pacing Device (Specify type): ____	☐ Time:	:	
☐ Implantable Defibrillator / Cardioverter	☐ Time:	:	
☐ Other (Specify): ____			

5. IMMEDIATE CAUSE OF ARREST / EVENT (Check one)
☐ Lethal Arrhythmias
☐ Hypotension
☐ Respiratory Depression
☐ Metabolic
☐ Myocardial Infarction or Ischemia
☐ Unknown
☒ Other: Cardiorespiratory arrest

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: ____

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: 02:38

WHY: ☐ ROSC ☐ DNAR
☐ Considered futile ☑ Death

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:	unknown	≈0210
CPR Started:	≈02:	10
1st Defibrillation:	02:	27
Airway Achieved:	02:	30
1st Dose Epinephrine:	02:	31
Code Team Called: ☑ Yes ☐ No	Time: 02:	20
Code Team Arrived: ☑ Yes ☐ No	Time: 02:	22

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: 3

PATIENT DISPOSITION: deceased

PATIENT IDENTIFICATION
F(b)(6)-4
Sanci 4

AGE: 42
GENDER: male
HEIGHT (in): unk
WEIGHT (lbs): unk

MC V2.00

MEDCOM FORM 679-R (TEST) (MCHO) AUG 99 PREVIOUS EDITIONS ARE OBSOLETE

000013

CERTIFICATE OF DEATH
For use of this form, see AR 190-8; the proponent agency is DCSPER.

INTERNMENT SERIAL NUMBER

FROM:

TO:

(b)(6)-4
Bana 4

NAME (b)(6)-4 | GRADE | SERVICE NUMBER

NAT /INTERMENT AND DATE

F22,1

PLACE OF BIRTH | DATE OF BIRTH

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

PLACE OF DEATH: [illegible] Hospital | DATE OF DEATH: 1/14/04 1:1 JUN Fri | CAUSE OF DEATH: Sudden Cardiac Death

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).*

Final See SF 600.

(b)(6)-2 MD
OFFICER

DO NOT WRITE IN THIS SPACE
CERTIFIED A TRUE COPY

DATE

SIGNATURE OF COMMANDING OFFICER

WITNESSES

SIGNATUR (b)(6)-2 ADDRESS
1LT

SIGNATURE ADDRESS

DA FORM 2669-R, May 82 EDITION OF 1 JUL 63 IS OBSOLETE.

EXHIBIT 3

000014

NSN 7540-00-634-4176

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
	Code note 41 yo Male
6/14/04	0224 Detainee arrived ER via ambulance
	and 3?? MP Medics pt was found down
	for at least 5 min and chest compressions
	and no rescue breathing begun by fellow detainee
	MP's initiated CPR and brought to ER within
	15 additional minutes pt arrived to ER apneic
	pulseless
	Quick look paddles showed flat line pt given
	3 sequential shocks from 200-360 J
	continuing CPR and IV established and intubated
	on second try with 7.5 ET tube
	Pt given a total of 3 epi 2 atropine 1 bicarb
	and total of 4 DC counter shocks never reestablished
	a rhythm pupils fixed dilated flatline
	and no respiratory effort TOD 0238
	Cause of Death: sudden cardiac death

(b)(6)-2 [redacted]

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

(b)(6)-4 [redacted]

Garcia 4

RECORDS MAINTAINED AT:

PATIENT'S NAME (Last, First, Middle initial) | SEX

RELATIONSHIP TO SPONSOR | STATUS | RANK/GRADE

SPONSOR'S NAME | ORGANIZATION

DEPART./SERVICE | SSN/IDENTIFICATION NO. | DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84) Prescribed by GSA and ICMR FIRMR (41 CFR) 201-45.505

3

000015

MEDCOM - 1050

HOSPITAL REPORT OF DEATH

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

NAME AND LOCATION OF HOSPITAL: CBCSH - Abu Ghraib

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)*

(b)(6)-4

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)*: 0239 14 06 04

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

4. RELIGION

5. CHAPLAIN NOTIFIED: ☐ YES ☒ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH: N/A

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)*: Sudden Cardiac Death	30 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): Unknown	
	(2)	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.	
	b.	

9. DATE: 6/14/04

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE: (b)(6)-2 CPT MC

11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE: (b)(6)-2

SECTION B - ADMINISTRATIVE ACT

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

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

FINAL AUTOPSY REPORT

Name: (b)(6)-4
National Detainee Reporting System: (b)(6)-4
Date of Birth: 1 January 1962
Date of Death: 14 June 2004
Date of Autopsy: 19 June 2004
Date of Report: 13 October 2004

Autopsy No.: ME04-434
AFIP No.: 2931951
Rank: Iraqi civilian
Place of Death: Abu Ghraib, Iraq
Place of Autopsy: Baghdad, Iraq

Circumstances of Death: This 42 year-old male Iraqi civilian was in US custody at the Baghdad Central Confinement Facility in Abu Ghruyeb, Iraq. By report, he began making gasping sounds, which awoke another detainee. The decedent was found to be unresponsive and pulseless, and resuscitation efforts were unsuccessful.

Authorization for Autopsy: The Armed Forces Medical Examiner, IAW 10 USC 1471.

Identification: Visual and documentation accompanying the body; fingerprints and DNA sample obtained

CAUSE OF DEATH: Undetermined

MANNER OF DEATH: Undetermined

FINAL AUTOPSY DIAGNOSES:

I. No evidence of any definitive significant trauma
   a. Minor contusions of abdomen and left arm

II. Cardiovascular Findings (AFIP Cardiovascular Pathology consultation)
   a. Mild coronary atherosclerosis
      i. 40% luminal narrowing of proximal left anterior descending coronary artery
      ii. 20% luminal narrowing of proximal left circumflex coronary artery
      iii. 30% luminal narrowing of proximal right coronary artery by intimal thickening
   b. Moderate dysplasia of atrioventricular nodal artery
      i. No increased fibrosis of septum

III. Additional Findings; probable artifacts of resuscitation or freezing of body
   a. Film of peritoneal blood of upper abdomen, < 50 ml
   b. Hepatic findings
      i. Subcapsular accumulation of blood over right lobe of liver; capsule grossly intact
      ii. Parenchymal clefts and focal disruption of right lobe of liver
         1. Histologically, no inflammatory response, fibrin or clot formation, or other evidence of any vital reaction

IV. Medical Intervention
   a. Endotracheal tube in place
   b. Intravenous catheter in left antecubital fossa
   c. One adhesive EKG tab on abdomen

V. Early to moderate decomposition
   a. Marbling of torso, arms and legs
   b. Marked facial and scalp congestion and dark discoloration
   c. Corneal opacification

VI. Toxicology (AFIP)
   a. Volatiles: Heart blood and urine negative for ethanol
   b. Cyanide: Heart blood negative
   c. Drugs: Heart blood negative for screened medications and drugs of abuse

1

000027

(b)(6)-4

EXTERNAL EXAMINATION

The body is that of a well developed, well-nourished male clad in a pair of yellow "Reebok" shorts, a pair of grey drawstring pants, and a previously cut, white t-shirt. The body weighs approximately 150 pounds, is 67" in height and appears compatible with the reported age of 42 years. The body is cold, the temperature that of the refrigeration unit. Rigor is waning. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure, and over the face and head.

Early to moderate decompositonal changes are present, consisting of diffuse marbling of the back, upper arms and legs; early marbling of the sides of the abdomen; partial corneal opacification; and dark discoloration and congestion of the face, scalp and neck.

The scalp is covered with black hair with frontal and parietal alopecia but otherwise in a normal distribution, averaging 3 cm in length. Facial hair consists of a dark mustache and full beard. The irides appear dark, but are partially obscured by corneal clouding. The sclerae and conjunctivae are congested, especially of the left eye, but there are no petechiae. The earlobes are not pierced. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton is palpably intact. The lips are without evident injury. The teeth are natural and in good condition,

Examination of the neck reveals the trachea to be midline and mobile. The chest is symmetric and well developed. No injury of the ribs or sternum is evident externally. The abdomen is slightly protuberant and soft. There is a 2 x 1 cm dark macule on the mid right side of the back.

The extremities are well developed with normal range of motion. There is a 2 x 1 cm hyperpigmented patch on the back of the right wrist. There are thick calluses on lateral aspect of the right ankle and on the soles of the feet, which are also dirt stained. The fingernails are short and intact. No tattoos are noted. The external genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is partially shaved but present in a normal distribution. The buttocks and anus are unremarkable.

There is an identification band with the name and photograph of the decedent around the left wrist, and there is an identification tag with the name of the decedent and date of death on the first toe of the left foot. There are creases around the lateral aspects of the ankles consistent with postmortem securing of the body.

EVIDENCE OF THERAPY

There is an endotracheal tube in place secured with white tape around the head, and there is an adhesive EKG tab on the lower right side of the abdomen. There is a needle puncture mark with surrounding ecchymosis in the right antecubital fossa, and there is an intravenous catheter secured with white tape in the left antecubital fossa.

000028

(b)(6)-4

EVIDENCE OF INJURY

There is a 2 x 0.3 cm red contusion just above the umbilicus, and there is a 3.5 x 2.5 cm red contusion of the lower right aspect of the abdomen. On the anterior (palmar) aspect of the left lower forearm and wrist, there is a 4 x 3 cm red brown contusion, and there is a 3 x 2 cm contusion of the left thenar region.

On external examination of the body, there is no other evidence of trauma.

INTERNAL EXAMINATION

BODY CAVITIES:
The body is opened by the usual thoraco-abdominal incision, and the chest plate is removed. No adhesions or abnormal collections of fluid are present in the pleural or pericardial cavities. There is a film of blood in the upper peritoneal cavity, less than 50 ml. No adhesions or abnormal collections of fluid are present in the peritoneal cavity. All body organs are present in the normal anatomical position. The subcutaneous fat layer of the abdominal wall is 2 cm thick. There is no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

HEAD: (CENTRAL NERVOUS SYSTEM)
The scalp is reflected, and there is marked subgaleal congestion and fixed lividity, but no subgaleal hemorrhage or skull fractures found. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebrospinal fluid is dark with decompositional change, most prominent over the occiput; however, there is no evidence of any subarachnoid hemorrhage. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. Coronal sections through the cerebral hemispheres revealed no lesions, and there is no evidence of infection, tumor, or trauma. Transverse sections through the brain stem and cerebellum are unremarkable. The dura is stripped from the basilar skull, and no fractures are found. The atlanto-occipital joint is stable. The brain weighs 1455 grams.

NECK:
Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, reveals no abnormalities. The anterior strap muscles of the neck are homogeneous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa and is unobstructed. The thyroid gland is symmetric and red-brown, without cystic or nodular change. There is no evidence of infection, tumor, or trauma, and the airway is patent. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury, hemorrhage, or fractures of the dorsal spinous processes.

000029

(b)(6)-4

CARDIOVASCULAR SYSTEM:
See "Cardiovascular Pathology Report" below. The pericardial surfaces are smooth, glistening and unremarkable; the pericardial sac is free of significant fluid and adhesions. A moderate amount of epicardial fat is present. The coronary arteries arise normally in a right dominant pattern and follow the usual distribution. There is mild atherosclerosis with focal areas of luminal stenosis of the coronary arteries, without evidence of thrombosis. The myocardium is dark red-brown, firm and unremarkable; the atrial and ventricular septa are intact. The left ventricle is 1.5 cm in thickness and the right ventricle is 0.4 cm in thickness. The aorta and its major branches arise normally, follow the usual course and are widely patent, free of significant atherosclerosis and other abnormality. The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi. The heart weighs 435 grams.

RESPIRATORY SYSTEM:
The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is red-purple and edematous, exuding a moderate amount of bloody fluid; no focal lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 605 grams; the left 480 grams.

LIVER & BILIARY SYSTEM:
The hepatic capsule is smooth, glistening and intact, covering dark red-brown, moderately congested parenchyma. There is focal accumulation of subcapsular blood and underlying parenchymal disruption, with clefts and splitting of the parenchyma without associated hemorrhage, consistent with resuscitation or postmortem changes. The gallbladder contains 5 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi. The liver weighs 1940 grams.

ALIMENTARY TRACT:
The tongue exhibits no evidence of recent injury. The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains a film of dark fluid. The small and large bowel are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present and is unremarkable.

GENITOURINARY SYSTEM:
The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. There is a single dark calculus in the right renal pelvis. The calyces, pelves and ureters are otherwise unremarkable. White bladder mucosa overlies an intact bladder wall. The urinary bladder contains 20 ml of cloudy, yellow urine. The prostate gland is symmetrical with lobular, yellow-tan parenchyma and no nodules or masses. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities. The right kidney weighs 210 grams; the left 220 grams.

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RETICULOENDOTHELIAL SYSTEM:
The spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The spleen weighs 260 grams.

ENDOCRINE SYSTEM:
The pituitary, thyroid and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM:
Muscle development is normal. No bone or joint abnormalities are noted.

MICROSCOPIC EXAMINATION

HEART: See "Cardiovascular Pathology Report" below.

BRAIN: See "Neuropathology Report" below.

LUNGS: The alveolar spaces and small air passages are expanded and contain no significant inflammatory component or edema fluid. The alveolar walls are thin and mildly congested. The arterial and venous vascular systems are normal. The peribronchial lymphatics are unremarkable.

LIVER: There are numerous clefts and splits of the parenchyma, focally with lakes of red blood cells. However, there is no inflammatory response or evidence of organization of the hemorrhage, with no fibrin or clot formation. The hepatic architecture is otherwise intact. The portal areas show no increased inflammatory component or fibrous tissue. The hepatic parenchymal cells are well-preserved with mild focal steatosis but no evidence of cholestasis, or sinusoidal abnormalities.

SPLEEN: The capsule and white pulp are unremarkable. There is moderate congestion of the red pulp.

ADRENALS: The cortical zones are distinctive and well supplied with lipoid. The medullae are not remarkable.

KIDNEYS: The subcapsular zones are unremarkable. The glomeruli are mildly congested without cellular proliferation, mesangial prominence, or sclerosis. The tubules are well preserved. There is no interstitial fibrosis or significant inflammation. There is no thickening of the walls of the arterioles or small arterial channels. The transitional epithelium of the collecting system is normal.

TESTES: Unremarkable

THYROID GLAND: Unremarkable

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CARDIOVASCULAR PATHOLOGY REPORT

Department of Cardiovascular Pathology, AFIP:

"**AFIP DIAGNOSIS: ME04-434**

1. **Moderate dysplasia of atrioventricular nodal artery**
2. **Mild coronary artery atherosclerosis**

History: 42 year old male Iraqi detainee, 67", 150 lbs, death in custody
Heart: 435 grams (predicted normal value 322 grams, upper limit 425 grams for a 150 lbs male); normal epicardial fat; closed foramen ovale; left ventricular hypertrophy: left ventricular cavity diameter 35 mm, left ventricular free wall thickness 15 mm, ventricular septum thickness 15 mm; right ventricle thickness 4 mm, without gross scars or abnormal fat infiltrates; grossly unremarkable valves and endocardium; enlarged membranous septum; no gross myocardial fibrosis or necrosis; histologic sections show mild left ventricular myocyte hypertrophy, otherwise unremarkable
Coronary arteries: Normal ostia; right dominance; mild atherosclerosis: 40% luminal narrowing of proximal left anterior descending, 20% narrowing of proximal left circumflex, and 30% narrowing of proximal right coronary artery by pathologic intimal thickening
Conduction System: The sinoatrial node is unremarkable. The sinus nodal artery shows minimally increased proteoglycan. The atrioventricular (AV) nodal artery shows moderate dysplasia in its posterior approaches to the compact AV node and in its penetrating branches in the ventricular septum, but fibrosis is not significantly increased in the septum. The penetrating bundle is centrally located between the node and ventricular septum. The right proximal bundle branch is unremarkable. The left proximal bundle is not seen in these sections.
Comment: We do not see an obvious cardiac cause of death. Moderate dysplasia of the atrioventricular nodal artery is often associated with increased fibrosis in the crest of the ventricular septum, representing a potential substrate for cardiac arrhythmia. However, increased fibrosis is not seen in this case. We cannot exclude the possibility of cardiac arrhythmia related to various ion channelopathies or coronary vasospasm."

NEUROPATHOLOGY REPORT

Department of Neuropathology and Ophthalmic Pathology, AFIP:

"We reviewed multiple small fragments of dura, cerebrum, brainstem and cerebellum submitted in formalin in reference to this case. No gross abnormalities are present. Representative sections were processed in paraffin and sections stained with H&E, and immunohistochemical methods for beta amyloid precursor protein (BAPP), and glial fibrillary acidic protein (GFAP). This material was reviewed in conference by the staff of Neuropathology. Sections show few neurons within the cerebral cortex with shrunken or vacuolated cytoplasm and hyperchromatic nuclei, findings interpreted as non-specific acute neuronal injury. Stains for BAPP and GFAP are negative."

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ADDITIONAL PROCEDURES

- Documentary photographs are taken by OAFME photographers
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous fluid, heart blood, urine, and bile
- The dissected organs are forwarded with the body
- Personal effects are released to the appropriate mortuary operations representative

OPINION

Based on available investigation and complete autopsy examination, no definitive cause of death for this 42 year-old male Iraqi civilian in US custody in Iraq could be determined. There is no evidence of any significant trauma to explain the death. There is a film of blood in the upper abdomen, and a small accumulation of subcapsular blood over the right lobe of the liver with associated subcapsular parenchymal disruption. However, the minimal amount of hemorrhage, lack of capsular laceration, and microscopic lack of vital reaction indicates this is likely a post-mortem artifact, either from resuscitation efforts or freezing of the body. There are non-specific cardiac findings, including moderate dysplasia of the atrioventricular nodal artery. However, there is no associated increased septal fibrosis, which can be a potential substrate for cardiac arrhythmia. There is also mild coronary artery atherosclerosis, but no luminal narrowing greater than 40% was found. A cardiac arrhythmia related to various ion channelopathies or coronary vasospasm cannot be excluded.

Therefore, the cause of death is best classified as undetermined, and the manner of death is undetermined.

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LtCol, USAF, MC, FS
First Chief Deputy Medical Examiner

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EXHIBIT 8

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

REPLY TO ATTENTION OF

AFIP-CME-T

TO:

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

PATIENT IDENTIFICATION

AFIP Accessions Number	Sequence
2931951	01

Name (b)(6)-4

SSAN: **Autopsy:** ME04-434
Toxicology Accession #: 043002
Date Report Generated: June 30, 2004

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS **REPORT OF TOXICOLOGICAL EXAMINATION**

Condition of Specimens: GOOD
Date of Incident: **Date Received:** 6/22/2004

VOLATILES: The **HEART BLOOD AND URINE** 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 heart 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.

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Director, Forensic Toxicology Laboratory
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EXHIBIT 8