



**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: <span style="border: 1px solid black; padding: 0 20px;">(b)(6)-4</span>	Autopsy No.: ME 04-100
SSAN: <span style="border: 1px solid black; padding: 0 20px;"> </span>	AFIP No.: Pending
Date of Birth: BTB 1943	Rank: Iraqi Civilian
Date of Death: 8 FEB 2004	Place of Death: Tikrit, Iraq
Date of Autopsy: 28 FEB 2004	Place of Autopsy: BIAP Mortuary
Date of Report: 28 FEB 2004	Baghdad Airport, Iraq

**Circumstances of Death:** This believed to be 61 year old male Iraqi civilian was a detainee of the U.S. Armed Forces at the Detention Central Collection Facility, Tikrit, Iraq when he was discovered deceased in his bed when he failed to report to the morning head count procedure. The decedent reported a medical history of diabetes and renal disease at the time of his capture.

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

**Identification:** Identification is established by visual examination by CID agents.

**CAUSE OF DEATH:** Atherosclerotic Cardiovascular Disease

**MANNER OF DEATH:** Natural

**PRELIMINARY AUTOPSY DIAGNOSES:**

- I. Atherosclerotic Cardiovascular Disease
  1. Moderate calcified atherosclerosis of the right coronary artery (50% stenosis), the left circumflex (50% stenosis) and left anterior descending branches of the left coronary artery (50-75% stenosis).
  2. Moderate aortic atherosclerosis with bilateral renal artery take-off stenosis.
  3. Bilateral renal atrophy with intraparenchymal arteriole atherosclerosis and marked arterionephrosclerosis and cortical cysts.
  4. Cranial artery atherosclerosis of the vertebral, basilar, posterior communicating and middle cerebral arteries.

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

**AUTOPSY REPORT ME04-100**

(b)(6)-4

II. Mild to moderate decomposition.

III. Toxicology pending.

(b)(6)-2

**MAJ MC USA**  
**Deputy Medical Examiner**

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) (b)(6)-4		GRADE Grade	BRANCH OF SERVICE Arme Iraqi Civilian
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance
RACE Race		SEX Sexe	
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input checked="" type="checkbox"/> MALE Masculin	
<input type="checkbox"/> NEGROID Negroïde		<input type="checkbox"/> FEMALE Féminin	
OTHER (Specify) Autre (Spécifier)			
MARITAL STATUS État Civil		RELIGION Culte	
<input checked="" type="checkbox"/> SINGLE Célibataire		<input type="checkbox"/> PROTESTANT Protestant	
<input type="checkbox"/> MARRIED Marié		<input type="checkbox"/> CATHOLIC Catholique	
<input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> JEWISH Juif	
OTHER (Specify) Autre (Spécifier)		OTHER (Specify) Autre (Spécifier)	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit	
STREET ADDRESS Domicilé à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only once 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 <sup>1</sup> Maladie ou condition directement responsable de la mort. <sup>1</sup>			Atherosclerotic Cardiovascular Disease
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
Symptômes précurseurs de la mort.	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives <sup>2</sup>			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide			
<input type="checkbox"/> HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)-2 MAJ, MC, USA	DATE Date 28 Feb 2004	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) 08 Feb 2004	PLACE OF DEATH Lieu de décès Tikrit, Iraq		
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 Nom du médecin militaire ou du médecin sanitaire (b)(6)-2		TITLE OR DEGREE Titre ou diplôme Deputy Medical Examiner	
GRADE Grade MAJ	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902		
DATE Date 13 MAY 04	(b)(6)-2		
<sup>1</sup> State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc. <sup>2</sup> State conditions contributing to the death, but not related to the disease or condition causing death. <sup>1</sup> 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 cœur, etc. <sup>2</sup> 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 2064

1 APR 77

REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

MEDCOM - 182