

For Official Use Only / Law Enforcement Use Only  
Trauma Record

0139-04-CID/89-83995

21

For use of this form, see DoD Memo Subject: Trauma Record, dtd 1 APR 04; the proponent agency is OTSG

AUTHORITY: AR 40-66  
PURPOSE: To provide a standard means of documenting all trauma 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 TYPE: T F BASIS CASUALTY NAME: FIRST LAST CASUALTY SSN:  
Number: Log #1 of name

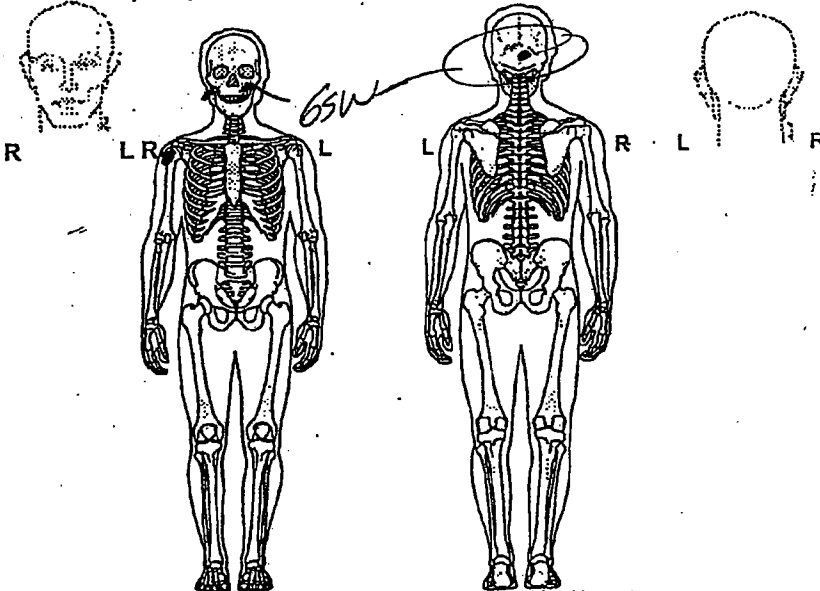
Arrive Date-Time Group (DTG): 12 Aug 04 0600 Rank: Date of Birth: 26/9/60 Gender:  Male  Female Unit:

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

Wound DTG: 18 Aug 04 PROTECTION:  UNK  
WOUNDED BY:  US/COALITION(Nation )  ENEMY "  NonENEMY  CIVILIAN (Nation )  TRAINING  SELF ACCIDENT  SELF NON-ACCIDENT  SPORTS-RECREATION  OTHER:  
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  KNIFE / EDGE  BLAST  CRASH(a/c, veh, per)  Chem/Rad/Nucl  BURN (thermal, flash)  CRUSH  FALL  SMOKE Inhalation  HEAT  COLD  BITE / STING  OTHER:  
TIME: 0605  
Pulse: 91  
Temp:  
B/P: 132/101  
Resp:  
SpO2: 99%

INJURY Description (Location, nature and size in cm)



AM Amputation BL Bleeding D Deformity H Hematoma  
AV Avulsion B Burn F Foreign Body L Laceration  
P Puncture X Fracture S Stab Wnd G Gunsh Wnd

OR Start DTG: Stop DTG: Vent On DTG: Off ICU in DTG: Out DTG: SPECIALTY:  
PR: mD

TX & PROCEDURES:

SEDATED	0610 10624
CHEM PARALYZED	0610
INTUBATED	0625
CRIC	
NEEDLE DECOMP	
Chest Tube	L R air/blood
IO line	
COLLOID	ml
CRYSTALLOID	LR/NS/HTS ml
TOURNIQUET	Time on Time off
Collar / C-spine Back board	0605
HEMOSTATIC DEVICE	
OXYGEN	100% Liters/min.
RBC	Units
FFP	Units
CRYO	Units
Pls	Packs
Fresh Whole Bld	Units
rFVIIa	mcg/kg
EXT Fix /splnt	Estimate

Official Use Only / Law Enforcement Use Only

Exhibit 15

000049



Trauma Reco  
DISCHARGE SUMMARY

MEDICATIONS: <i>None</i>	LABS:	XRAYS: <i>Late-spine</i>	PMH: Allergies:
REGION	DIAGNOSIS, PROCEDURES and COMPLICATONS		
Face	<i>Gsn to face (D) maxilla, (D) face, (D) occipital (C) mandible</i>		
Head & Neck (incl C-spine)	<i>2 Skelotts, Pt in collar (on arrival placed)</i>		
Chest (incl T-spine)	<i>CTA (D), Aged resp Hyperventilated</i>		
Abdomen (incl L-spine)	<i>DXs soft flat Nodal. line, RL, upon blood.</i>		
Pelvis	<i>Stable.</i>		
UPPER /LOWER Extremities	<i>(D) pot shoulder c. Entrance wound.</i>		
Skin			
DISPOSTION	<input checked="" type="checkbox"/> EVAC to <i>318 CBR</i> <i>At state caddy</i>		Evacuation Priority
DTG:	<input type="checkbox"/> RTD <input type="checkbox"/> RT CAMP <input type="checkbox"/> DECEASED (see below)		<input type="checkbox"/> ROUTINE <input type="checkbox"/> PRIORITY <input type="checkbox"/> URGENT
Damage Control Procedures? Y/N    Hypothermic (<34°C)? Y/N    Coagulopathy? Y/N			
Cause of Death at DTG <i>C-spine lct &amp; car khr.</i> <i>(pressure ate films)</i>			
ANATOMIC: <input type="checkbox"/> Airway <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Extremity (Upper/Lower) <input type="checkbox"/> Other			
PHYSIOLOGIC: <input type="checkbox"/> Breathing <input type="checkbox"/> CNS <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Total Body Disruption <input type="checkbox"/> Sepsis <input type="checkbox"/> Multi-organ failure			
COMMENTS:		SURGEON: (printedName)	

MEDCOM Test Form 1381, JAN 2004

For Official Use Only / Law Enforcement Use Only

Exhibit 15

090051

MEDCOM - 990

Official Use Only / Law Enforcement Use Only  
Trauma Record

For use of this form, see DoD Memo Subject: Trauma Record, did 1 APR 04; the proponent agency is OTSG

AUTHORITY: AR 40-66  
PURPOSE: To provide a standard means of documenting all trauma 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 TYP: T F OASIS CASUALTY NAME: FIRST LAST CASUALTY SSN: (b)(6)-4 (b)(6)-4  
Number

Arrive Date-Time Group (DTG): 18 Aug 04 0630 Rank Date of Birth Gender  Male  Female

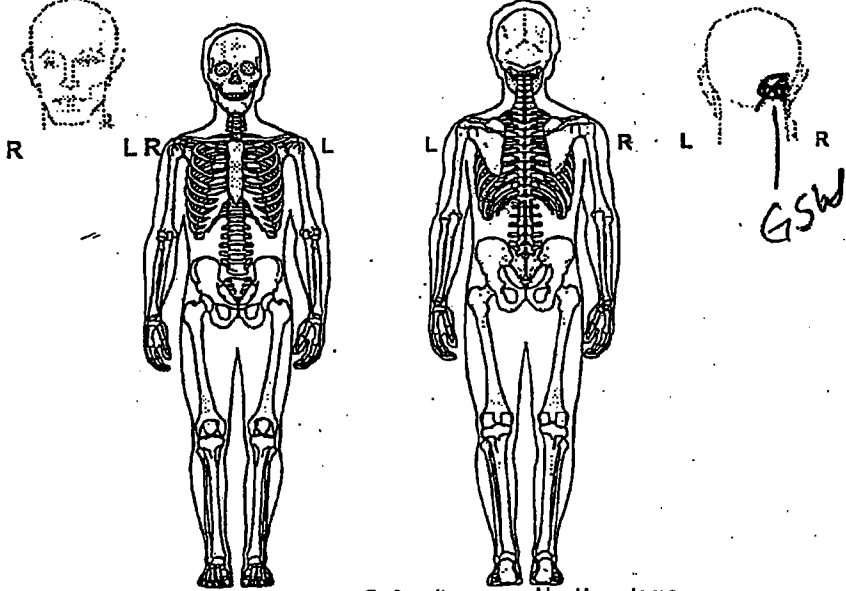
ARRIVAL METHOD:  WALKED  SHIP EVAC  CARRIED  GND AMB  Non-MED AIR  AIR AMB  OTHER  
Nation  US  Host Nation  Enemy  Coalition  
Service  Civilian  Combatant  Contractor  USA  SOF  USN  NGO  USMC  Other  USAF

Wound DTG: 18 Aug 04 PROTECTION:  UNK  
Wounded by:  US/COALITION  ENEMY  CIVILIAN  TRAINING  SELF ACCIDENT  SELF NON-ACCIDENT  SPORTS-RECREATION  OTHER  
TRIAGE CATEGORY:  IMMEDIATE  DELAYED  MINIMAL  EXPECTANT

HELMET FLAK VEST CERAMIC PLATE EYE PROTECTION OTHER: Not Worn Worn Struck Penetrate  
GLASCOW COMA SCALE (circle one): 3 8 12 15  
UNC STUPOR LETHARGY ALERT

MECHANISM OF INJURY:  GSW/BULLET  BLUNT TRAUMA  SINGLE FRAGMENT  MULTI FRAGMENT  
 KNIFE / EDGE  BLAST  CRASH(a/c, veh, per)  Chem/Rad/Nucl  BURN (thermal, flash)  CRUSH  FALL  SMOKE Inhalation  
 HEAT  COLD  BITE / STING  OTHER  
TIME: 0610  
Pulse: 94  
Temp:  
B/P: 203/108  
Resp:  
SpO2: 98%

INJURY Description (Location, nature and size in cm)



AM Amputation BL Bleeding D Deformity H Hematoma  
AV Avulsion B Burn F Foreign Body L Laceration  
P Puncture X Fracture S Stab Wnd G Gunsh Wnd

OR Start DTG: Stop DTG: Vent On DTG: Off DTG: ICU in. DTG: Out DTG: PROVIDER: SPECIALTY:

TX & PROCEDURES:

SEDATED	Suexon
CHEM	succ.
PARALYZED	
INTUBATED	7.0
CRIC	
NEEDLE DECOMP	
Chest Tube	L R air/blood
IO line	
COLLOID	ml
CRYSTALLOID	LRNS/HTS ml 500
TOURNIQUET	Time on Time off
Collar/C-spine Back board	
HEMOSTATIC DEVICE	
OXYGEN	10 Liters/min.
RBC	Units
FFP	Units
CRYO	Units
Pils	Packs
Fresh Whole Bid	Units
rFVIIa	mcg/kg
EXT Fix /splnt	

For Official Use Only / Law Enforcement Use Only

Exhibit 16 000552

# Theater Trauma Registry Record

For use of this form, see DA PAM 7000; the proponent agency is OTSG.

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

TIME	BP	PULSE	RESP	SpO <sub>2</sub>	MENTAL Status	DRUG	DOSE	ROUTE	DTG
0625	170/84	50	22	97	A V P (U)	Atropine	1 Am	IV	0623
0625	178/136	131	20	99	A V P (U)	Tetanus	.5cc	IM	0632
0631	144/102	126	20	97	A V P (U)	Ancef	2gm	IV	0635
0634	137/90	129	20	94	A V P (U)				
0639	116/106	125	20	100	A V P (U)				
0641	148/95	121	20	100	A V P (U)				

CHIEF COMPLAINT:

GSW to head

0644	153/111	111	20	98%	(U)				
------	---------	-----	----	-----	-----	--	--	--	--

CURRENT MEDICATION | CONDITION UPON RELEASE! | DISCHARGE INSTRUCTION:

2gm Ancef  
Td

- IMPROVED
- UNCHANGED
- DETERIORATED

NOTES:

Trauma Record DISCHARGE SUMMARY			
MEDICATIONS: <i>Aspirin Stomach Succ.</i>	LABS:	XRAYS:	PMH: Allergies:
REGION	DIAGNOSIS, PROCEDURES and COMPLICATIONS		
Face	pupils fixed/dilated, ruptured TM @ side → Intact blood oropharynx		
Head & Neck (incl C-spine)	Brain matter extruding → wrap head @ 0630 collar @ 0630 Entrance wound, no exit wound. → @ occipital		
Chest (incl T-spine)	BS (B)		
Abdomen (incl L-spine)	NG Nube @ 0619 soft		
Pelvis	Foley catheter - yellow/amber @ rectal tone 18 x 2		
UPPER / LOWER Extremities	2 IV's in, have not moved any body part since the time he came in. IV #1 - LR #2 - SALINE		
Skin	warm, dry		
DISPOSITION	<input checked="" type="checkbox"/> EVAC to <u>Beograd</u>	Evacuation Priority	
DTG: 0634 18 Aug 04	<input type="checkbox"/> RTD <input type="checkbox"/> RT CAMP <input type="checkbox"/> DECEASED (see below)	<input type="checkbox"/> ROUTINE <input type="checkbox"/> PRIORITY <input checked="" type="checkbox"/> URGENT	
Damage Control Procedures? Y/N Hypothermic (<34°C)? Y/N Coagulopathy? Y/N			
Cause of Death at DTG _____			
ANATOMIC: <input type="checkbox"/> Airway <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Extremity (Upper/Lower) <input type="checkbox"/> Other			
PHYSIOLOGIC: <input type="checkbox"/> Breathing <input type="checkbox"/> CNS <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Total Body Disruption <input type="checkbox"/> Sepsis <input type="checkbox"/> Multi-organ failure			
COMMENTS:		SURGEON: <small>(010)2</small> [Signature] (printed Name)	

MEDCOM Test Form 1381, JAN 2004

For Official Use Only / Law Enforcement Use Only

Exhibit 16

000054



**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 EXAMINATION REPORT**

Name:   
SSAN:   
Date of Birth: Unknown  
Date of Death: 18 AUG 2004  
Date of Autopsy: 30 AUG 2004  
Date of Report: 30 AUG 2004

Autopsy No.: ME04-629  
AFIP No.: Pending  
Rank: Detainee in U.S. Custody  
Place of Death: Iraq  
Place of Autopsy: BIAP Mortuary,  
Baghdad, Iraq

**Circumstances of Death:** This Iraqi male was a detainee in U.S. custody at Abu Ghraib prison in Baghdad, Iraq. A group of prisoners became unruly and the guards used lethal force to subdue the crowd. A shotgun was fired and this detainee was struck and killed.

**Authorization for Autopsy:** Armed Forces Medical Examiner, per 10 U.S. Code 1471

**Identification:** Circumstantial identity is established by paperwork accompanying the detainee and his designation as detainee number

**CAUSE OF DEATH:** Shotgun Wound of the Head

**MANNER OF DEATH:** Homicide

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

For Official Use Only / Law Enforcement Use Only

Exhibit 20

000058

MEDCOM - 995

Autopsy ME04-629

2

(b)(6)-4

**PRELIMINARY AUTOPSY DIAGNOSES:**

- I. Shotgun Wound of the Head**
  - A. Penetrating Shotgun Wound of the Head**
    - 1. Entrance:** Right side of the back of the head; no evidence of close-range discharge of a firearm on the surrounding scalp
    - 2. Wound Path:** Right parietal-occipital scalp, parietal-occipital skull, right cerebrum, left cerebrum
    - 3. Recovered:** Deformed metallic foreign body located between the medial aspect of the left frontal lobe and the overlying dura
    - 4. Wound Direction:** Right to left, back to front, and upward
    - 5. Associated Injuries:** Subdural and subarachnoid hemorrhages, bilateral basilar skull fractures, cerebral contusions, and bone fragments along the hemorrhagic wound path
- II. No evidence of significant natural disease processes, within the limitations of the examination**
- III. Evidence of medical therapy**
  - A. Vascular access devices in the left arm, both antecubital fossae, and the left subclavian area**
  - B. Oral-gastric intubation**
  - C. Endotracheal intubation**
  - D. Foley catheterization**
  - E. Electrocardiogram monitoring pads on the upper right chest and the left hip**
  - F. Contusion over the sternum, consistent with cardiopulmonary resuscitation**
- IV. Changes of early to moderate decomposition**
- V. The recovered projectile is placed in a labeled container and given to the investigating agent who was present at the autopsy**
- VI. Toxicology is pending**



Autopsy ME04-629

3

(b)(6)-4

**ADDITIONAL PROCEDURES/REMARKS**

- Documentary photographs are taken by OAFME staff photographer, HM1 (b)(6)-2 (b)(6)-2 USN
- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, spleen, liver, brain, bile, lung, kidney, and psoas muscle
- Full body radiographs are obtained and demonstrate the metallic foreign body subsequently recovered from the brain
- Selected portions of organs are retained in formalin, without preparation of histologic slides
- The dissected organs are forwarded with body

(b)(6)-2 (b)(6)-2  
 M.D., DMO/FS  
 CDR MC USN  
 Chief Deputy Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)					
NAME OF DECEASED (Last, First, Middle) <b>(BELIEVED TO BE)</b> (b)(6)-4		GRADE Grade	BRANCH OF SERVICE Branche de service	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale	
ORGANIZATION Organisation <b>DETAINEE NUMBER</b> (b)(6)-4		NATION (U.S., United States) Pays <b>IRAQ</b>	DATE OF BIRTH Date de naissance <b>UNKNOWN</b>	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin	
RACE Race <input checked="" type="checkbox"/> CAUCASOID Caucasique		MARITAL STATUS Stat. Civ. <b>UNKNOWN</b>		RELIGION Culte <b>UNKNOWN</b>	
<input type="checkbox"/> NEGROID Négride		<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique	
<input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> JEWISH Juif		<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	
NAME OF NEXT OF KIN Nom de plus proche parent <b>UNKNOWN</b>			RELATIONSHIP TO DECEASED Parenté du défunt avec le mort		
STREET ADDRESS Domicile à (Rue) <b>UNKNOWN</b>			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'apparition et le décès	
<b>SHOTGUN WOUND OF THE HEAD</b>				<b>MINUTES</b>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort <sup>1</sup>		MORSIO CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morsio, s'il y a lieu, mène à la cause primaire			
ANTECEDENT CAUSES Symptômes précurseurs de la mort		UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant mené à 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 liées par des causes extérieures	
<input type="checkbox"/> NATURAL Mort naturelle		MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie			
<input type="checkbox"/> ACCIDENT Mort accidentelle					
<input checked="" type="checkbox"/> HOMICIDE Meurtre					
NAME OF PATHOLOGIST Nom du pathologiste (b)(6)-2		CDR, MC, USN			
DATE OF DEATH (Hour, day, Date de décès (l'heure, le jour, l'année) <b>18 AUGUST 2004</b>		DEATH Lieu de décès <b>BAGHDAD, IRAQ</b>		AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	
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 certifie 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 civil (b)(6)-2		CDR, MC, USN		TITLE OR DEGREE Titre ou diplôme <b>CHIEF DEPUTY MEDICAL EXAMINER</b>	
GRADE Grade <b>CDR, MC, USN</b>		INSTALLATION OR ADDRESS Installation ou adresse <b>OFFICE OF THE ARAB FORCES MEDICAL EXAMINER</b>			
DATE Date <b>30 AUG 2004</b>		SIGNATURE (b)(6)-2		<b>M.D.</b>	
<sup>1</sup> State disease, injury or complication which caused death, but not mode of death. <sup>2</sup> State conditions contributing to the death, but not related to the disease or condition causing death. <sup>3</sup> Specify the nature of the disease, or the injury or complication which contributed to the death, but not the manner of death, such as an aortic aneurysm, etc. <sup>4</sup> Specify the condition which contributed to the death, but not the nature of the disease or the condition which caused the death.					

DD FORM 2064 APR 77

REPLACES AF FORM 716, MAR 69, WHICH IS OBSOLETE.

For Official Use Only / Law Enforcement Use Only

Exhibit 81

009061

MEDCOM - 998



**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 EXAMINATION REPORT**

**Name:** [Redacted]  
**SSAN:** [Redacted]  
**Date of Birth:** Unknown  
**Date of Death:** 18 AUG 2004  
**Date of Autopsy:** 30 AUG 2004  
**Date of Report:** 12 OCT 2004

**Autopsy No.:** ME04-629  
**AFIP No.:** 2940934  
**Rank:** Detainee in U.S. Custody  
**Place of Death:** Iraq  
**Place of Autopsy:** BIAP Mortuary,  
Baghdad, Iraq

**Circumstances of Death:** This Iraqi male was a detainee in U.S. custody at Abu Ghraib prison in Baghdad, Iraq. A group of prisoners became unruly and the guards used lethal force to subdue the crowd. A shotgun was fired and this detainee was struck and killed.

**Authorization for Autopsy:** Armed Forces Medical Examiner, per 10 U.S. Code 1471

**Identification:** Circumstantial identity is established by paperwork accompanying the detainee and his designation as detainee number [Redacted]

**CAUSE OF DEATH:** Shotgun Wound of the Head

**MANNER OF DEATH:** Homicide

Autopsy ME04-629

(b)(6)-4

**FINAL AUTOPSY DIAGNOSES:**

**I. Shotgun Wound of the Head**

**A. Penetrating Shotgun Wound of the Head**

1. **Entrance:** Right side of the back of the head; no evidence of close-range discharge of a firearm on the surrounding scalp
2. **Wound Path:** Right parietal-occipital scalp, parietal-occipital skull, right cerebrum, left cerebrum
3. **Recovered:** Deformed metallic foreign body located between the medial aspect of the left frontal lobe and the overlying dura
4. **Wound Direction:** Right to left, back to front, and upward
5. **Associated Injuries:** Subgaleal, subdural and subarachnoid hemorrhages, bilateral basilar skull fractures, cerebral contusions, and bone fragments along the hemorrhagic wound path

**II. No evidence of significant natural disease processes, within the limitations of the examination**

**III. Changes of early to moderate decomposition**

**IV. The recovered projectile is placed in a labeled container and given to the investigating agent who was present at the autopsy**

**V. Toxicology is positive for morphine at a concentration of 0.23 mg/L in the blood. No ethanol or other drugs of abuse are detected.**

Autopsy ME04-629

(b)(6)-4

**EXTERNAL EXAMINATION**

The remains are received without clothing. No identification bands are present on the body. The unclad body is that of a well-developed, well-nourished appearing, 69-inches, 140-pounds (estimated), White male. The age of the individual is not known. Lividity is posterior and fixed, except in areas exposed to pressure. Rigor has passed. The body temperature is that of the refrigeration unit. Early to moderate decomposition changes are present, including mild skin slippage, prominent vascular marbling, and clouding of the corneae.

The scalp is covered with medium length, brown hair in a normal distribution. Facial hair consists of a beard and mustache. The irides are brown and the pupils are round and equal in diameter. The external ears are unremarkable. The nose and maxillae are palpably stable. Bloody fluid is present in the nares. The teeth are natural and in fair condition.

The neck is mobile and the trachea is midline. The chest is symmetric. The abdomen is flat. The external genitalia are those of a normal adult male. Pubic hair is shaved. There is no evidence of external trauma to the urogenital area. The buttocks and anus are unremarkable. There are areas of hypopigmentation present on the lower trunk and the extremities.

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are intact. No tattoos or significant identifying body marks are present. Black writing is present on both sides of the chest; "log #2" is on the right side and a series of illegible numbers is on the left side.

**EVIDENCE OF MEDICAL INTERVENTION**

- Vascular access devices in the left arm, both antecubital fossae, and the left subclavian area
- Oral-gastric intubation
- Endotracheal intubation
- Foley catheterization
- Electrocardiogram monitoring pads on the upper right chest and the left hip
- Contusion over the sternum, consistent with cardiopulmonary resuscitation

**RADIOGRAPHS**

Full body radiographs are obtained and show a metallic foreign body in the head.

**EVIDENCE OF INJURY**

**I. Shotgun Wound of the Head**

There is a penetrating ballistic entrance wound on the right side of the back of the head, situated 4 3/8-inches below the top of the head and 2 1/4-inches right of the posterior midline. The ovoid wound is 1/4 x 3/16-inches, with a 1/16-inch marginal

Autopsy ME04-629

(b)(6)-4

abrasion from the 3 to 6 o'clock positions. No soot deposition or gunpowder stippling is present on the surrounding skin. The wound path goes through the occipital scalp and includes a 5/16 x 3/8-inch defect in the right side of the occipital bone, with appropriate beveling. The wound path through the brain perforates the right occipital, right parietal, and both frontal lobes. A slightly deformed, round, metallic projectile is recovered from the dura overlying the medial aspect of the left frontal lobe of the brain at the anterior midline. The projectile is placed in a labeled container and turned over to the investigating USACID agent present at the autopsy. The wound direction is right to left, back to front, and upward. Injuries associated with the wound path include fine linear fractures extending across the middle fossae of the basilar skull, a 1-inch linear fracture of the occipital bone extending from the 4 o'clock position of the entrance wound skull defect, and subgaleal, subdural, and subarachnoid hemorrhages. Scattered cerebral contusions and bone fragments along the hemorrhagic wound path are also present.

**INTERNAL EXAMINATION**

**HEAD:**

Injuries of the head have been described previously. The vessels at the base of the brain have a normal distribution and appearance. The brain weighs 1150-grams.

**NECK:**

The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

**BODY CAVITIES:**

The ribs, sternum, and vertebral bodies are visibly and palpably intact. Both pleural cavities contain 100-milliliters of decomposition fluid and the pericardial sac contains 20-milliliters of decomposition fluid. There is no abnormal accumulation of fluid in the peritoneal cavity. The organs occupy their usual anatomic positions.

**RESPIRATORY SYSTEM:**

The right and left lungs weigh 580 and 550-grams, respectively. The external surfaces are smooth and deep red-purple, with moderate anthracotic mottling. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present. The pulmonary arteries are unremarkable.

**CARDIOVASCULAR SYSTEM:**

The 220-gram 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 no significant atherosclerosis. The myocardium is homogenous, red-brown, and soft, with early decompositional changes. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.1 and 0.3-centimeters thick, respectively. The endocardium is smooth. The aorta gives rise to three intact and patent arch vessels. Fatty streaking of the aorta is noted. The renal and mesenteric vessels are unremarkable.

Autopsy ME04-629

(b)(6)-4

**LIVER & BILIARY SYSTEM:**

The 1050-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture and changes of early decomposition. No mass lesions or other abnormalities are seen. The gallbladder contains 15-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**SPLEEN:**

The 240-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is soft, maroon, and congested, with changes of early decomposition.

**PANCREAS:**

The pancreas has the usual lobular architecture and early decompositional changes. No mass lesions or other abnormalities are seen.

**ADRENAL GLANDS:**

The right and left adrenal glands are symmetric, with yellow cortices, gray medullae, and decompositional changes. No masses or areas of hemorrhage are identified.

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 150 and 120-grams, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and distinct corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The urinary bladder is empty. The prostate gland is unremarkable. The testes have no masses and exhibit no evidence of trauma.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, hemorrhagic appearing mucosa. The stomach contains approximately 70-milliliters of dark brown fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

**MUSCULOSKELETAL:**

No non-traumatic abnormalities of muscle or bone are identified.

**MICROSCOPIC EXAMINATION**

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

Autopsy ME04-629

(b)(6)-4

**ADDITIONAL PROCEDURES/REMARKS**

- Documentary photographs are taken by OAFME staff photographer, HM1 (b)(6)-2 (b)(6)-2, USN
- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, spleen, liver, brain, bile, lung, kidney, adipose, and psoas muscle
- Full body radiographs are obtained and demonstrate the metallic foreign body subsequently recovered from the brain
- The dissected organs are forwarded with body

**OPINION**

This White male detainee in U.S. custody died as a result of a shotgun wound of the head that caused injury to the skull and brain. Toxicology was positive for morphine, which was likely the result of medical therapy received prior to death. One metallic projectile was recovered from the head and turned over to the investigating USACID agent who was present at the autopsy. The manner of death is homicide.

(b)(6)-2

M.D., DMO/FS

CDR MC USN  
Chief Deputy Medical Examiner

(b)(6)-2





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  
2940934                              00

Name

(b)(6)-4

TO:

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

SSAN:                              Autopsy: ME04-629  
Toxicology Accession #: 044550  
Date Report Generated: September 27, 2004

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS              REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 8/18/2004

Date Received: 9/7/2004

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

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

Positive Opiate: Morphine was detected in the blood by immunoassay and confirmed by gas chromatography/mass spectrometry. The blood contained 0.23 mg/L of morphine as quantitated by gas chromatography/mass spectrometry.

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

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

Automated Facsimile

**PATIENT TREATMENT RECORD COVER SHEET**

For use of this form, see AR 40-400, the proponent agency is OTSG

1. Register Nbr (b)(6)-2		2. Name (b)(6)-4				3. Grade	Admission Remarks
4. Sex M	5. Age	6. Race OTH	7. Religion MUSLIM	8. LnthOfSvc	9. ETS	10. PrevAdm	
11. FMP 20	12. SSN (b)(6)-4	13. Organization			14. Ward EMT		
15. FlyStatus		17. Dept / Ben K91-HUMANITARIAN	18. BranchCorps	19. UIC / ZIP	20. Type Case BC		
21. Source of Admission Direct from ER			22. Hour Of Adm: 07:34	23. Clinic Service ABO - TRAUMA CENTER			
24. Name/Relation of Emergency Addressee			25. Type Disp CRO/ER	26. Date of Disp 2004-08-18			
27a. Address of Emergency Addressee			27b. Telephone No	28. Date This Adm: 2004-08-18	Admitting Officer: (b)(6)-2		
29. Reporting MTF 1180 - 31st CSH				30. Date Init Adm	32. Units Blood Components		
31. Selected Administrative Data Marital Status: Z                      DoB: In/Out Patient: Inpatient              MOS:							
33. Cause Of Injury: GSW TO HEAD							
34. Diagnosis / Operations and Special Procedures:  TRAUMATIC BRAIN INJURY							
35. Total Days This Facility							
Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days		
35. Total Days This Facility							
Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days		

Signature of Admitting Medical Officer: \_\_\_\_\_ Signature of PAC or Medical Emergency Officer: \_\_\_\_\_

HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL			
FOR USE OF THIS FORM, SEE AR 40-2; THE PROponent AGENCY IS OFFICE OF THE SURGEON GENERAL					
<p><i>Prepare, in one copy only, items 1 through 10 and sign item 11. Print or type entries.</i></p>		<p><i>Instructions - Medical Officer in attendance will: Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.</i></p>			
SECTION A - ATTENDING MEDICAL OFFICER'S REPORT					
PERSONAL DATA					
<p>1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"> <span style="font-size: x-small; color: gray;">(b)(6)-4</span> </div>	<p>2. TIME OF DEATH (Hour-day-month-year)</p> <p style="font-size: large; text-align: center;">0900 18 AUG 2004</p>	<p>3. MEDICAL EXAMINER/CORONER'S CASE</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>			
	<p>4. RELIGION</p> <p style="font-size: large; text-align: center;">MUSLIM</p>	<p>5. CHAPLAIN NOTIFIED</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>			
<p>6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH</p>					
<p>Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number</p>					
CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
<p>7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury, or complication which caused death)</p>	<p>DUE TO (or as a consequence of)</p> <p style="font-size: large; text-align: center;">Traumatic Brain Injury</p>				
<p>7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)</p>	<p>DUE TO (or as a consequence of)</p> <p>(1) <span style="font-size: large; text-align: center;">GSW Head</span></p> <p>(2)</p>				
<p>8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT</p>	<p>a.</p> <p>b.</p>				
<p>9. DATE</p> <p style="font-size: large; text-align: center;">18 Aug 2004</p>	<p>10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE</p> <p style="font-size: large; text-align: center;">MAJ MC</p>	<p>11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE</p> <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"> <span style="font-size: x-small; color: gray;">(b)(6)-2</span> </div>			
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					
<p>20. AUTOPSY PERFORMED (If yes, give date and place)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>			<p>21. AUTOPSY ORDERED BY (Signature)</p>		
<p>22. PROVISIONAL PATHOLOGICAL FINDINGS</p>					
<p>23. DATE</p>	<p>24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY</p>		<p>25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY</p>		
<p>26. DATE</p>	<p>27. TYPED NAME AND GRADE OF REGISTRAR</p>		<p>28. SIGNATURE OF REGISTRAR</p>		

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)				
NAME OF DECEASED (Last, First, Middle) Nom du défunt (Nom et prénoms) (b)(6)-4		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance 7	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS Etat Civil Unknown	RELIGION Culte Unknown	
CAUCASOID Caucasique	SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant	
NEGROID Négré	MARRIED Marié	SEPARATED Séparé	CATHOLIC Catholique	
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) Iraqi	WIDOWED Veuf		JEWISH Juif	
NAME OF NEXT OF KIN Nom du plus proche parent Unknown		RELATIONSHIP TO DECEASED Parenté du défunt avec le causé		
STREET ADDRESS Domicile à (Rue)		CITY OF 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 Maladie ou condition directement responsable de la mort		Traumatic Brain Injury		
ANTECEDENT CAUSES Symptômes précipitants de la mort	MORBID CONDITION, IF ANY LEADING TO PRIMARY CAUSE Condition morbide s'il y a lieu, menant à la cause primaire	Gsw Head		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives				
MODE OF DEATH Cause de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES <input type="checkbox"/> NO	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort dues par des causes extérieures		
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie			
ACCIDENT Mort accidentelle				
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste			
HOMICIDE Homicide	SIGNATURE Signature	DATE Date	AVIATION ACCIDENT Accident d'Aviation <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année)		PLACE OF DEATH Lieu de décès		
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 (b)(6)-2		TITLE OR DEGREE Titre ou diplôme DO		
GRADE Grade MAJ		INSTALLATION OR ADDRESS Installation ou adresse (b)(3)-1		
SIGNATURE Signature [Signature]		DATE Date (b)(6)-2		

000037

TIME	PROCEDURE	SIZE	SITE	RESULTS
	ET Intubation	7	<input type="checkbox"/> Oral <input type="checkbox"/> Nasal Teeth 23	<input type="checkbox"/> ETCO <sub>2</sub> Change <input type="checkbox"/> BBS Post Int <input type="checkbox"/> Post CXR
	Gastric Tube		<input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal	<input type="checkbox"/> Air <input type="checkbox"/> Contents <input type="checkbox"/> Verified Suction: Y N
	Urinary		<input type="checkbox"/> Meatus <input type="checkbox"/> Supra-Pubic	<input type="checkbox"/> Return _____ <input type="checkbox"/> Home Dip: + <input type="checkbox"/> Secured
	DPL		<input type="checkbox"/> Opened <input type="checkbox"/> Closed	<input type="checkbox"/> Grossly: + Cell count Sent @ _____
	Chest Tube # 1		L R	<input type="checkbox"/> Air <input type="checkbox"/> Blood <input type="checkbox"/> Pleuravac _____ <input type="checkbox"/> Autotransfuser
	Chest Tube # 2		L R	<input type="checkbox"/> Air <input type="checkbox"/> Blood <input type="checkbox"/> Pleuravac _____ <input type="checkbox"/> Autotransfuser
	12 Lead		Rhythm	Comments

TIME	PROC	ACCOMPANED BY	RETURN
	CT Scan: <input type="checkbox"/> Contrast		
	<input checked="" type="checkbox"/> Head <input type="checkbox"/> Abd <input type="checkbox"/> Pelvis		
	<input type="checkbox"/> C-Spine <input type="checkbox"/> T1 Spine <input type="checkbox"/> Chest		
	<input type="checkbox"/>		
	A-Gram Site:		

IV ACCESS & FLUIDS							
TIME	#	GA	LAW SOP	SITE	IVF TYPE	AMT UP	AMT IN
7:21	2	14	Y N	LAC			
	1	20	Y N	Emp			
			Y N				
			Y N				

MEDICATIONS												
MEDICATION	TIME	DOSE	RTE	TIME	DOSE	RTE	TIME	DOSE	RTE	TIME	DOSE	RTE
Labetalol	7:31	2mg	IV									

ABG SITE	TIME	%O <sub>2</sub>	PH	BE	PCO <sub>2</sub>	PO <sub>2</sub>	O <sub>2</sub> Sat	HCO <sub>3</sub>
1)								
2)								

LABS				X-RAYS			
TIME	LABS			TIME	LABS		
	<input type="checkbox"/> D-stick	<input type="checkbox"/> Sht		<input checked="" type="checkbox"/> Chest Initial			
	<input type="checkbox"/> D-stick	<input type="checkbox"/> Sht		<input type="checkbox"/> Chest Post ET			
	<input checked="" type="checkbox"/> CBC	<input checked="" type="checkbox"/> Chem	<input checked="" type="checkbox"/> PT/PTT	<input type="checkbox"/> Chest Post CT			
	<input type="checkbox"/> ETOH	<input checked="" type="checkbox"/> T&S	<input type="checkbox"/> T&C x	<input type="checkbox"/> C-Spine			
	<input type="checkbox"/> Tox Screen			<input type="checkbox"/> Pelvis			
	<input type="checkbox"/> UA	<input type="checkbox"/> HCG		<input type="checkbox"/>			
	<input type="checkbox"/> OTHER			<input type="checkbox"/>			
	<input type="checkbox"/> OTHER			<input type="checkbox"/>			

BLOOD PRODUCTS									
START	TIME	TYPE	UNIT	AMT UP	AMT IN	END	TIME	INT	AMT

LAB RESULTS			
CBC	Chem		

INTAKE & OUTPUT			
INTAKE	AMOUNT	OUTPUT	AMOUNT
IVF		Urine	
NGI		NGT	
Blood		EBL	
Other		Other	
TOTAL		TOTAL	

TRAUMA TEAM ARRIVAL				
TITLE	NAME (Print)	PAGED	RESPONDED	ARRIVED
ED Phys	(b)(6)-2		<i>Present</i>	
Surgeon				
Anesth				
X-Ray				
RT				
Ortho				

VALUABLES & CLOTHING	
V	C
	None Found
	Given to Patient
	Given to Family
	Inventoried and Released to Patient Trust Fund NCOD See DA Form 369c
	Other See Nursing Notes

DISPOSITION	
<input type="checkbox"/> Home	<input type="checkbox"/>
Admitted to	
Report Contact	

000038

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form see AR 40-66 the proponent agency is the Office of The Surgeon General

REPORT TITLE <b>TRAUMA FLOWSHEET</b> The proponent is Dept of Surgery	OTSG APPROVED (Date) 31 Aug 77 Jun 77
<b>EMS REPORT</b>	
TIME: _____ ETA: _____ UNIT: _____	TIME: _____ <input type="checkbox"/> IV x _____ <input type="checkbox"/> <input type="checkbox"/> 1/min <input type="checkbox"/> C-Spine Immo
MED COM: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <i>2 Dr paramed EMT to head</i>	Meds: <input type="checkbox"/> UKN <input type="checkbox"/> None <input type="checkbox"/> Yes: _____ Allergies: <input type="checkbox"/> UKN <input type="checkbox"/> None <input type="checkbox"/> Yes: _____ Tetanus: <input type="checkbox"/> UKN <input type="checkbox"/> Current Last Meal/Fluid Intake _____ hrs LMP: _____ <input type="checkbox"/>

PRIMARY SURVEY		
<b>AIRWAY</b>	<b>BRETHING</b>	<b>CIRCULATION</b>
<input type="checkbox"/> Natural Patient <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> DET <input type="checkbox"/> _____ <input type="checkbox"/> Secretions _____	<input type="checkbox"/> Labored <input type="checkbox"/> Unlabored <input type="checkbox"/> Absent TRACHEA: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> Deviated <input type="checkbox"/> L <input checked="" type="checkbox"/> R CHEST SYMMETRY: <input type="checkbox"/> L <input checked="" type="checkbox"/> = <input checked="" type="checkbox"/> R	PULSE: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent BLEEDING: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N HEART TONES: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Muffled SKIN: <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> _____ <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaphoretic

SECONDARY SURVEY			
<b>- DISABILITY</b>	<b>HEAD</b>	<b>HEART</b>	<b>ABDOMEN</b>
GCS: E _____ V _____ M _____ SPHINCTER TONE: <input type="checkbox"/> WNL <input type="checkbox"/> None	PUPILS: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> React <input checked="" type="checkbox"/> Dilated <input checked="" type="checkbox"/> X TM: <input type="checkbox"/> Clear <input type="checkbox"/> Blood <input type="checkbox"/> L <input checked="" type="checkbox"/> R NECK: C-Spine Tenderness: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Pain @ _____ JVD: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	RHYTHM: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> ST PULSES: <input checked="" type="checkbox"/> Central <input checked="" type="checkbox"/> Peripheral <input type="checkbox"/> Tendo	<input checked="" type="checkbox"/> Soft <input type="checkbox"/> Rigid <input type="checkbox"/> Non-tender <input type="checkbox"/> Tender LUNGS: BREATH SOUNDS: <input checked="" type="checkbox"/> Bilat <input checked="" type="checkbox"/> Equal <input checked="" type="checkbox"/> Clear <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> _____ Decreased <input type="checkbox"/> L <input type="checkbox"/> R Absent <input type="checkbox"/> L <input type="checkbox"/> R Crackles <input type="checkbox"/> L <input type="checkbox"/> R PELVIS: Blood at meatus vagina <input checked="" type="checkbox"/> Y Heme + + Prostate <input type="checkbox"/> WNL <input type="checkbox"/> Abn

**USE DIAGRAM TO DOCUMENT INJURIES AND PAIN**

- (A)rasion
- (A)Mputation
- (A)Vulsion
- Battle's Signs
- (B)leeding
- (B)urn
- (D)eformity
- (E)cchymosis
- (F)oreign Body
- (H)ematoma
- (L)aceration
- (P)uncture (W)ound
- (P)ain
- (S)eatbelt (S)ign
- (S)tab (W)ound
- (GSW) Gun Shot Wound

**VASCULAR ASSESSMENT**

+ + Strong    + Palpable    D Dopler

RN (b)(6)-2	PHYSICIAN (b)(6)-2	(Continue on reverse)
PRE	DEPARTMENT-SERVICE CLINIC <i>EMT</i>	DATE

**PATIENTS IDENTIFICATION** (For typed or written entries give: Name--Last, First, middle; grade; date; hospital or medical facility)

(b)(6)-4

HISTORY/PHYSICAL     FLOW CHART  
 OTHER EXAMINATION OR EVALUATION     OTHER (Specify)  
 DIAGNOSTIC STUDIES

000099

VITAL SIGNS											GLASGOW COMA SCALE		
Rectal Temp: 98											GCS: 3		
TIME	BP	HR	RHY	RR	SAO2	FI02	MODE	E	V	M	EYE OPENING	VERBAL RESPONSE	MOTOR RESPONSE
0724	130	98	SI	14	100	VENT		1	1	3	4 - Spontaneous	5 - Oriented	6 - Obeys Commands
0746	/	79	SR	13	100	VENT					3 - To Voice	4 - Confused	5 - Localizes Pain
/	/	/	/	/	/	/	/	/	/	/	2 - To Pain	3 - Inapp Words	4 - Withdraws to Pain
/	/	/	/	/	/	/	/	/	/	/	1 - None	2 - Incomp Speech	3 - Flexion to Pain
/	/	/	/	/	/	/	/	/	/	/		1 - None	2 - Extension to Pain
/	/	/	/	/	/	/	/	/	/	/			1 - None
/	/	/	/	/	/	/	/	/	/	/	TIME	PROCEDURE	PERFORMED BY
/	/	/	/	/	/	/	/	/	/	/		Backboard Removed	BY:
/	/	/	/	/	/	/	/	/	/	/	<input type="checkbox"/> Downgraded		BY:
/	/	/	/	/	/	/	/	/	/	/	<b>NOTES</b>		
/	/	/	/	/	/	/	/	/	/	/	young Iraqi-looking of		
/	/	/	/	/	/	/	/	/	/	/	reported to be shot in		
/	/	/	/	/	/	/	/	/	/	/	head while of Abu Ghamb.		
/	/	/	/	/	/	/	/	/	/	/	See assessment. CT shows		
/	/	/	/	/	/	/	/	/	/	/	bullet sustains to anterior,		
/	/	/	/	/	/	/	/	/	/	/	Dr. (b)(6)-2 calls him expert.		

000100

2

### Trauma Record DISCHARGE SUMMARY

MEDICATIONS: Acef Etom Succ.	LABS:	XRAYS:	PMH:  Allergies:
---------------------------------------	-------	--------	------------------------

REGION	DIAGNOSIS, PROCEDURES and COMPLICATONS
Face	pupils fixed/dilated, ruptured TM @ side → B intact blood oropharynx
Head & Neck (incl C-spine)	Brain matter extruding → wrap head @ 0630 c-collar @ 0630 1. entrance wound, no exit wound. → (B) occipital
Chest (incl T-spine)	BS (B)
Abdomen (incl L-spine)	NG Nube @ 0:19 soft
Pelvis	POREY CATHETER - yellow/amber @ rectal tone 18-5 X 2
UPPER /LOWER Extremities	2 IV's in, have not moved any body part since the time he came in. iv #1 - LR #2 - SALINE
Skin	warm, dry

DISPOSTION  DTG: 0634 16 Aug 04	<input checked="" type="checkbox"/> EVAC to <u>Bahdad</u> <input type="checkbox"/> RTD <input type="checkbox"/> RT CAMP <input type="checkbox"/> DECEASED (see below)	Evacuation Priority <input type="checkbox"/> ROUTINE <input type="checkbox"/> PRIORITY <input checked="" type="checkbox"/> URGENT
---	--	--

Damage Control Procedures? Y/N    Hypothermic (< 34°C)? Y/N    Coagulopathy? Y/N

Cause of Death at DTG \_\_\_\_\_

ANATOMIC:

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

PHYSIOLOGIC:

Breathing  
  CNS  
  Hemorrhage  
  Total Body Disruption  
  Sepsis  
  Multi-organ failure

COMMENTS:

000101



Observations/Notes (Holding, En route, etc)

TIME	BP	PULSE	RESP	SpO <sub>2</sub>	MENTAL Status	DRUG	DOSE	ROUTE	DTG
0620	176/84	50	22	97	A V P (U)	Atropine	1 AM	IV	0623
0625	178/136	131	20	99	A V P (U)	Tetanus	.5cc	IM	0632
0631	144/102	126	20	97	A V P (U)	Ancef	2gm	IV	0635
0634	137/90	129	20	94	A V P (U)				
0639	167/106	125	20	100	A V P (U)				
0641	148/95	121	20	100	A V P (U)				

CHIEF COMPLAINT:

GSR to head

0644	153/111	111	20	98%	(U)				
------	---------	-----	----	-----	-----	--	--	--	--

CURRENT MEDICATION:

2gm Ancef  
Td

CONDITION UPON RELEASE:

- IMPROVED
- UNCHANGED
- DETERIORATED

DISCHARGE INSTRUCTION:

NOTES:

000102

LOG # 2

(b)(6)-4

### Trauma Record

For use of this form, see DoD Memo Subject: Trauma Record, dtd 1 APR 04; the proponent agency is OTSG

**AUTHORITY:** AR 40-66  
**PURPOSE:** To provide a standard means of documenting all trauma 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:** Number **BCCF** TYPE **TF BASIS** CASUALTY NAME: FIRST LAST CASUALTY SSN: (b)(6)-4 (b)(6)-4

Arrive Date-Time Group (DTG): **15 Aug 04 0630** Rank Date of Birth Gender  Male  Female Unit

**ARRIVAL METHOD:**  Non-MED GND  SHIP EVAC  WALKED  GND AMB  CARRIED  AIR AMB  Non-MED AIR  AIR AMB  OTHER

**Nation**  US  Host Nation  Enemy( )  Coalition( ) **Service**  Civilian  Combatant  Contractor  USA  SOF  USN  NGO ( )  USMC  Other  USAF

Wound DTG: **16 Aug 04** **PROTECTION:**  UNK  Not Worn  Worn  Struck  Penetrate

**TRIAGE CATEGORY:**  IMMEDIATE  DELAYED  MINIMAL  EXPECTANT

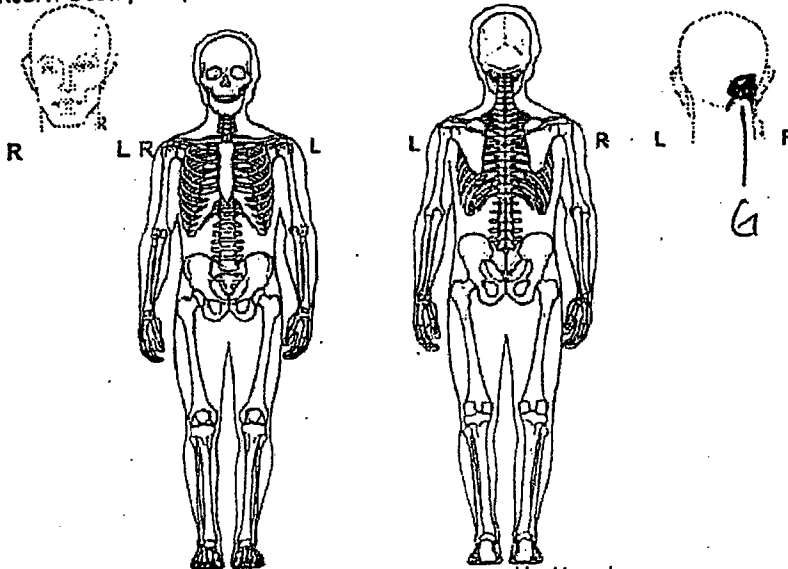
**WOUNDED BY:**  US/COALITION(Nation )  ENEMY  NonENEMY  CIVILIAN (Nation )  TRAINING  SELF ACCIDENT  SELF NON-ACCIDENT  SPORTS-RECREATION  OTHER:

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

**MECHANISM OF INJURY:**  GSW/BULLET  BLUNT TRAUMA  SINGLE FRAGMENT  MULTI FRAGMENT  KNIFE / EDGE  BLAST  CRASH(a/c, veh, per)  Chem/Rad/Nucl  BURN (thermal, flash)  CRUSH  FALL  SMOKE Inhalation  HEAT  COLD  BITE / STING  OTHER

TIME **0610**  
 Pulse **94**  
 Temp  
 B/P **120/80**  
 Resp  
 SpO2 **98%**

INJURY Description (Location, nature and size in cm)



- AM Amputation
- BL Bleeding
- D Deformity
- H Hematoma
- AV Avulsion
- B Burn
- F Foreign Body
- L Laceration
- P Puncture
- X Fracture
- S Stab Wnd
- G Gunsh Wnd

OR Start DTG: Vent On DTG ICU in DTG: Out DTG:  
 Stop DTG: Off

TX & PROCEDURES:	
SEDATED	Suetaon
CHEM	suca
PARALYZED	
INTUBATED	7.0
CRIC	
NEEDLE	
DECOMP	
Chest Tube	L R air/blood
IO line	
COLLOID	ml
CRYSTALLOID	CRNS/HTS ml 500
TOURNIQUET	Time on Time off
Collar/C-spine	
Back board	
HEMOSTATIC DEVICE	
OXYGEN	10 Liters/min.
RBC	Units
FFP	Units
CRYO	Units
Pls	Packs
Fresh Whole Bld	Units
rFVIIa	mcg/kg

000133

BN 7540-01-105-7294

519-1

**RADIOLOGIC CONSULTATION REQUEST/REPORT**  
*(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)*

EXAMINATION(S) REQUESTED  <b>Chest</b>	AGE	SEX	SSN (Sponsor)	WARD/CLINIC <b>ENT</b>	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUISITION NO. (6-2)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED <b>18 AUG 67</b>

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

**S/P GSW HEAD**

DATE OF EXAMINATION <i>(Month, day, year)</i>	DATE OF REPORT <i>(Month, day, year)</i>	DATE OF TRANSCRIPTION <i>(Month, day, year)</i>
---	--	---

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION *(For typed or written entries give: last, first, middle, Medical Facility)*

LOCATION OF MEDICAL RECORDS

000104

Patient Name: (b)(6)-4 SSN# \_\_\_\_\_  
 Ward: EMT Doctor: (b)(6)-2  
 Date: 8/18/2004 Time: 6:00

Chemistries test	Results	Normal Ranges
Glucose GLU	139	70-105 mg
BUN	12	M: 9-20 m F: 7-17 m
Creatinine	1.0	M: 0.8-1.5 F: 0.7-1.2 m
Sodium NA	131	Serum 137-1
Potassium K	2.3	Serum 3.6-5.1
Chloride Cl	106	Plasma 0.1-0.8
ECO2	17	98-107 mmol/L
Amylase AMY		12-30 mmol/L
Calcium CA+	8.6	50-130 U/L
Magnesium Mg		8.4-10.2 mg/dL
Phosphorus PHOS		1.6-2.3 mg/dL
Total Protein TP		2.5-4.5 mg/dL
Aspartate Aminotransferase AST		6.3-8.2 mg/dL M: 17-59 U/L F: 14-36 U/L
Alanine Aminotransferase ALT		M: 21-72 U/L F: 5-52 U/L
Lactate Dehydrogenase LDH		313-618 U/L
Creatine Kinase CK		M: 55-170 F: 30-135
Cholesterol		140-200 mg/dL
CK-MB		Any result 16 u/l or g
Alkaline Phosphatase		38-126 U/L
Gamma Glutamyl Transferase GGT		M: 15-73 U/L F: 12-43 U/L
Total Bilirubin TBL		0.2-1.3 mg/dL
Conjugated Bilirubin		Adult: 0.0-0.3 mg/dL Neo: 0.0-0.6 mg/dL
Unconjugated Bilirubin		Adult: 0.0-1.1 mg/dL Neo: 0.6-10.5 mg/dL
Albumin ALB		3.5-5.0 g/dL
HIV Rapid		NEG
Treponin-1		NEG
Myoglobin		NEG

STAT G3+  
 Pt: 2306  
 Pt Name: \_\_\_\_\_  
 TC02: 20 mmol/L  
 At 37C  
 PH: 7.441  
 PC02: 27.8 mmHg  
 P02: 124 mmHg  
 HC03: 19 mmol/L  
 BEcf: -5 mmol/L  
 s02\*: 99 %  
 \*calculated  
 sample Type: \_\_\_\_\_  
 18AUG04 07:29  
 Oper: \_\_\_\_\_  
 Physician: \_\_\_\_\_  
 Ser# 42015  
 Ver: JAM50480  
 CLEM A95

PT 7150 INR \_\_\_\_\_ PTT 133.9

000105

1. Reporting MTF 1180 - 31st CSH		2. MTF Loc IZ		<b>Admission and Coding Information</b> For use of this form, see AR 40-400; the proponent agency is OTSG	
3. Register Number (b)(6)-4		Name (Last, First, MI) (b)(6)-4		4. Pay Grade	5. Sex M
6. DoB (YYYYMMDD)		7. Age at Admission	8. Race OTH	9. Ethnicity Z	Religion MUSLIM
10. Length of Service ETS		11. FMP 20	12. Social Security Number (b)(6)-4		
Organization (Active Duty Only)			13. Marital Status Z	Hour of Admission 07:34	Branch / Corps:
14. Flying Status		15. Beneficiary Category K91-HUMANITARIAN		16. Zip Code of Residence:	
17. Unit Location IZ		18. MOS	19. Trauma BC	Prev. Admission	
20. Source of Admission Direct from ER		Ward: EMT	Name / Relationship of Emergency Addressee		
Name and Location of Medical Treatment Facility: 1180 - ;			Address of Emergency Addressee		
21. Type of Disposition CRO/ER		22. MTF Transferred To	23. Date of Disposition (YYYYMMDD) 2004-08-18		
24. Clinic Svc - Admitting ABO - TRAUMA CENTER		25. MTF Transferred From	26. Date this Admission (YYYYMMDD) 2004-08-18		
27. Location of Occurrence IZ		28. MTF of Initial Admission	29. Date of Initial Admission		

**FOR LOCAL USE**

Type Patient (Inpatient / Outpatient): Inpatient

Diagnosis Narrative: TRAUMATIC BRAIN INJURY

Procedure Narrative(s):

Cause of Injury Narrative: GSW TO HEAD

Admitting Officer (Signature, as required) (b)(6)-2

Signature of Admitting Clerk (b)(6)-2

000106

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 Armée	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
(b)(6)-4					(b)(6)-4
ORGANIZATION Organisation		NATION (e.g., United States) Pays		DATE OF BIRTH Date de naissance	SEX Sexe
		Iraq		T	<input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS État Civil		RELIGION Culte	
		Unknown		Unknown	
CAUCASOID Caucasique		SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant	OTHER (Specify) Autre (Spécifier)
NEGROID Nègre		MARRIED Marié	SEPARATED Séparé	CATHOLIC Catholique	X Muslim
X OTHER (Specify) Autre (Spécifier) Iraqi		WIDOWED Veuf	JEWISH Juif		
NAME OF NEXT OF KIN Nom du plus proche parent			RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
Unknown					
STREET ADDRESS Domicile à (Rue)			CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		
MEDICAL STATEMENT Declaration 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 <sup>1</sup> Maladie ou condition directement responsable de la mort					Traumatic Brain Injury
ANTECEDENT CAUSES		MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire			GSW Head
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					
MODE OF DEATH Condition de décès		AUTOPSY PERFORMED Autopsie effectuée <input 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	
NATURAL Mort naturelle		MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie			
ACCIDENT Mort accidentelle					
SUICIDE Suicide		NAME OF PATHOLOGIST Nom du pathologiste			
HOMICIDE Homicide		SIGNATURE Signature	DATE Date	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input type="checkbox"/> 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		
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 (b)(6)-2			TITLE OR DEGREE Titre ou diplôme		
			DO		
GRADE Grade		INSTALLATION OR ADDRESS Installation ou adresse			
MAJ		(b)(3)-1			
DATE Date		(b)(6)-2			
18 AUG 04					
<sup>1</sup> State disease, injury or complication which caused death, 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 conduit à la mort, mais non le mécanisme physiologique tel qu'un arrêt du coeur, 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.					

000108

Evk 32

**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

Prepare, in one copy only, Items 1 through 10 and sign Item 11.  
 Print or type entries.

Instructions - Medical Officer in attendance will:  
 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)  
 0900 18 AUG 2004

3. MEDICAL EXAMINER/  
 CORONER'S CASE  
 YES  NO

4. RELIGION  
 MUSLIM

5. CHAPLAIN NOTIFIED  
 YES  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, ashenia, etc. It means the disease, injury, or complication which caused death)

DUE TO (or as a consequence of)  
 Traumatic Brain Injury

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) GSW Head  
 (2)

8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

a.  
 b.

9. DATE  
 18 AUG 2004

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

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 CD 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