



DEPARTMENT OF THE ARMY
UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND
CAMP BUCCA CID OFFICE, 380TH MILITARY POLICE DETACHMENT
CAMP BUCCA, IRAQ APO AE 09375

CIRB-BAD

27 Apr 05

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL - 0002-05-CID789-39250-5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 5 JAN 2005/1300 - 5 JAN 2005/1508; TENT 30, COMPOUND 7, CAMP BUCCA INTERNMENT FACILITY (CBIF), CAMP BUCCA, IRAQ APO AE 09375 (CBI) GRID 38S MB 130840

DATE/TIME REPORTED: 5 JAN 2005, 1610

INVESTIGATED BY: SA (b)(2),(b)(6),(b)(7)(C) SA (b)(2),(b)(6),(b)(7)(C)
(b)(2),(b)(6),(b)(7)(C)

SUBJECT: 1. NONE; [NATURAL DEATH].

VICTIM: 1. MOHAMMED SALUN, SOHAIB MANSOOR (DECEASED); CIV/DETAINEE; INTERNMENT SERIAL NUMBER (ISN) (b)(6),(b)(7)(C) 01 JAN 1973; SALAH AD DIN, IRAQ; M; OTHER; COMPOUND 7, CBIF; [NATURAL DEATH].

THIS IS AN "OPERATION IRAQI FREEDOM 2004-2006" INVESTIGATION.

The 520th Army Medical Support Company (AMSC), CBI, notified this office of a detainee death.

Investigation determined Detainee SALUN died naturally while in U.S. Custody at CBI. The cause of his death was Atherosclerotic Cardiovascular Disease.

STATUTES: N/A

EXHIBITS/SUBSTANTIATION:

ATTACHED:

1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) 16 Apr 05, detailing the initial notification; interviews of medical personnel, SSG (b)(6),(b)(7)(C) SSG (b)(6),(b)(7)(C) Detainee (b)(6),(b)(7)(C) and Detainee (b)(6),(b)(7)(C) the death scene examination; collection of

medical documentation; coordinations with CPT (b)(6),(b)(7)(C) and SGT (b)(6),(b)(7)(C) and receipt of the Final Autopsy Report.

2. Photographic packet comprised of 17 photographs of Detainee SALUN'S remains and the death scene.

3. DA Form 3894, Hospital Report of Death and Certificate of Death (Overseas) pertaining to Detainee SALUN, 5 Jan 05.

4. Medical Records of Detainee SALUN describing all medical treatment he received while in U.S. Custody.

5. Death Scene Sketch, 5 Jan 05, prepared by SA (b)(6),(b)(7)(C)

6. Arabic language written statement of Detainee (b)(6),(b)(7)(C) 6 Jan 05, which detailed Detainee SALUN'S condition immediately prior to his death. (USACRC and file copy only)

7. English language translation of Detainee (b)(6),(b)(7)(C) statement, Exhibit 6.

8. Arabic language written statement of Detainee (b)(6),(b)(7)(C) 6 Jan 05, detailing how he had eaten lunch with Detainee SALUN and observed him lay down to take a nap. (USACRC and file copy only)

9. English language translation of Detainee (b)(6),(b)(7)(C) statement, Exhibit 8.

10. Final Autopsy Report, ME 05-0127, 12 Apr 05, which listed the cause of death as Atherosclerotic Cardiovascular Disease and the manner of death as Natural.

11. AIR of SA (b)(6),(b)(7)(C) 20 Feb 05, detailing attendance of Detainee SALUN'S autopsy.

12. Mortuary Affairs records, pertaining to Detainee SALUN'S death.

13. Convoy List of Remains of Deceased Personnel, 6 Jan 05.

14. Compact Disc 050002.789 containing all photographic images of Detainee SALUN and the death scene. (USACRC, USACIDC, AFIP, and file copies only).

15. Compact Disk ME 05-0127 containing autopsy photographs. (USACRC, USACIDC and file copies only).

b(6), b(7)(C)

16. Postmortem fingerprints of Detainee SALUN. (USACRC copy only)

NOT ATTACHED:

None.

The originals of Exhibits 1, 2, 5 through 9, 11, 14, and 16 are attached to the USACRC copy of this report. The originals of Exhibits 3 and 4 are retained in the files of the 520th AMSC, CBI. The originals of Exhibits 10 and 15 are retained in the files of AFIP, Rockville, MD. The originals of Exhibits 12 and 13 are retained in the files of the Baghdad International Airport Mortuary Affairs Office, Baghdad, Iraq.

STATUS: This is a Final (C) Report. This investigation was terminated in accordance with CIDR 195-1, Chapter 4-17a(8)(a). Medical authorities determined that the death resulted from natural causes and there was no evidence to contradict their findings.

Leads remaining: Additional canvass interviews of detainees, facility guards, and medical personnel.

Report Prepared By:

(b)(6),(b)(7)(C)

Special Agent, (b)(2)

Report Approved By:

(b)(6),(b)(7)(C)

Special Agent in Charge

DISTRIBUTION:

Director, USACRC, (ATTN: CICR-CR), 6010 6th Street, Fort Belvoir, VA 22060-5506 (original)

Thru: CDR, 11th MP BN (CID) (FWD) Building 121, Sapper Street, Camp Victory, Iraq APO AE 09342

Thru: CDR, 3rd MP Group USACIDC, (ATTN: CIRC-OP) 4699 N. 1st Street, Forest Park, GA 30297-5119

To: CDR, USACIDC (ATTN: CIOP-CO) Fort Belvoir, VA 22060

Director, Armed Forces Institute of Pathology, AFIP Annex - Bldg 102, 1413 Research Blvd, Rockville, MD 20858

LNO, CID, MNC-I (For further distribution)

Chief of Staff, Detainee Operations, MNC-I

CDR, TIF, CBI

File

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)

Mohammed Saloun Sohaib
 162 624 (7) Mansoor

PERSONAL DATA

2. TIME OF DEATH (Hour-day-month-year)
 15:08 5 JAN 05

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

Patient's name (Last, first, middle initial) Grade,
 Social Security Account No., Register Number and Ward Number

CAUSE OF DEATH

7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death)

DUE TO (or as a consequence of)

Suspected Pulmonary Embolus

APPROXIMATE INTERVAL BETWEEN ONSET AND 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)

(2)

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

a.

b.

9. DATE

5 JAN 05

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE

ARMAN FARAVARDEH, M.D.
 CPT, MC, USA

11. SIGNATURE

(b)(6)

SECTION B - ADMINISTRATIVE ACTION

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER (Specify)					
19.					

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED (If yes, give date and place)

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

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (Étranger)

FOR OFFICIAL USE ONLY / À USAGE OFFICIEL SENSITIVE

0002-05-CID789-39250

NAME OF DECEASED (Last, First, Middle) / Nom du décédé (Nom et prénoms)
Mohammed Saluun Sohaib Mansour

GRADE Grade
—

BRANCH OF SERVICE Arme
—

SOCIAL SECURITY NUMBER / Numéro de l'Assurance Sociale
162 624

ORGANIZATION Organisation
—

NATION (e.g., United States) / Pays
—

DATE OF BIRTH / Date de naissance
1973 / 01 / 01

SEX / Sexe
 MALE Masculin
 FEMALE Féminin

RACE / Race
CAUCASOID / Caucasique

MARITAL STATUS / État Civil
SINGLE / Célibataire
MARRIED / Marié
WIDOWED / Veuf

RELIGION / Culte
PROTESTANT / Protestant
CATHOLIC / Catholique
JEWISH / Juif
OTHER (Specify) / Autre (Spécifier)

OTHER (Specify) / Autre (Spécifier)
Iraqi

NAME OF NEXT OF KIN / Nom du plus proche parent
—

RELATIONSHIP TO DECEASED / Parenté du décédé avec le susdit
—

STREET ADDRESS / Domicile à (Rue)
—

CITY 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)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH¹ / Maladie ou condition directement responsable de la mort.¹

Suspected Pulmonary Embolus

INTERVAL BETWEEN ONSET AND DEATH / Intervalle entre l'attaque et le décès

< 30 min

ANTECEDENT CAUSES / Symptômes précurseurs de la mort

MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE / Condition morbide, s'il y a lieu, menant à la cause primaire
—
UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE / Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire
—

OTHER SIGNIFICANT CONDITIONS² / Autres conditions significatives²
—

MODE OF DEATH / Condition de décès
 NATURAL / Mort naturelle
 ACCIDENT / Mort accidentelle
 SUICIDE / Suicide
 HOMICIDE / Homicide

AUTOPSY PERFORMED / Autopsie effectuée
MAJOR FINDINGS OF AUTOPSY / Conclusions principales de l'autopsie
 YES / Oui NO / Non

CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES / Circonstances de la mort suscitées par des causes extérieures

NAME OF PATHOLOGIST / Nom du pathologiste
SIGNATURE / Signature

DATE OF DEATH (Hour, day, month, year) / Date de décès (l'heure, le jour, le mois, l'année)
15:08 5 JAN 05

PLACE OF DEATH / Lieu de décès
Camp Bucca, Iraq.

AVIATION ACCIDENT / Accident à Avion
 YES / Oui 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 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

TITLE OR DEGREE / Titre ou diplômé

GRADE / Grade
DATE / Date

INSTALLATION OR ADDRESS / Installation ou adresse
SIGNATURE / Signature

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
² State conditions contributing to the death, but not related to the disease or condition causing death.
1 Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, etc.
2 Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la blessure qui a provoqué la mort.

3

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use as form, see AR 600-8-1 the proponent agency is PERSC

THRU (Include ZIP Code)

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

0002-05-CID789-39250

1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial)

2. SSN

3. GRADE

4. ORGANIZATION AND STATION

5. ACCIDENT INFORMATION

a. DATE

b. PLACE (City and State)

SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR

6. INDIVIDUAL WAS OUT PATIENT

7. NAME OF HOSPITAL OR TREATMENT FACILITY

CIVILIAN MILITARY

ADMITTED DEAD ON ARRIVAL

Camp Bucca

8. HOUR AND DATE ADMITTED

14:45 5 JAN 05

9. HOUR AND DATE EXAMINED

11:45 5 JAN 05

10. NATURE AND EXTENT OF INJURY DISEASE RESULTING IN DEATH (Explain)

Cardiopulmonary Arrest; Suspect Pulm embolus

11. MEDICAL OPINION: a. INDIVIDUAL WAS WAS NOT UNDER THE INFLUENCE OF ALCOHOL DRUGS (Specify):

b. INDIVIDUAL WAS WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate).

c. INJURY IS IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE.

d. INJURY WAS WAS NOT INCURRED IN LINE OF DUTY BASIS FOR OPINION:

N/A

12. THE FOLLOWING DISABILITY MAY RESULT

N/A

TEMPORARY PERMANENT PARTIAL PERMANENT TOTAL

13. BLOOD ALCOHOL TEST MADE YES NO

14. NO. OF MG ALCOHOL/100 ML BLOOD

15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when)

Cardiopulmonary Arrest; Suspect Pulmonary embolus

16. DATE

5 JAN 05

17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR

ARMAN FARAVARDEH, MD
CPT, MC, USA
INTERNAL MEDICINE

18. SIGNATURE

(b)(6)

SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER

19. DUTY STATUS

PRESENT FOR DUTY ABSENT WITHOUT AUTHORITY

ABSENT WITH AUTHORITY: ON PASS ON LEAVE

20. HOUR AND DATE OF ABSENCE

a. FROM

b. TO

21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in Item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance)

YES NO

22. INDIVIDUAL WAS ON

ACTIVE DUTY ACTIVE DUTY FOR TRAINING

INACTIVE DUTY TRAINING

23. HOUR AND DATE TRAINING

a. BEGAN

b. ENDED

24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING DIRECTLY TO TRAINING DIRECTLY FROM TRAINING

25. MODE OF TRANSPORTATION

26. HOUR BEGINNING TRAVEL

27. DISTANCE INVOLVED

28. NORMAL TIME FOR TRAVEL

29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE

PRESENT FOR DUTY ABSENT WITH AUTHORITY ABSENT WITHOUT AUTHORITY

30. DETAILS OF ACCIDENT - REMARKS (If additional space is needed, continue on reverse) (Attach inclosures as necessary)

31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED

YES NO

32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths)

YES NO

33. DATE

34. TYPE NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER

35. SIGNATURE

DA FORM OCT 72 2173

REPLACES DA FORM 2173, 1 JUNE 66, WHICH IS OBSOLETE.

*U.S. GPO: 1994-300-727/10493

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROIS 39514 4

History and Physical Exam Form

Name: Mohammed Salah, Schab Masoud Date: 28 AUG 04

ISN: 162624

DOB: 1973 AGE: 31

Gender: Male Female

Complaint: Acute:

Chronic:

Medications:

SocHx: Tobacco C/N
EtOH NO
1 PPDx 16 yrs

ROS: HEENT:
CV:
PULM:
GI:
GU:
OB/GYN:
MS:
NEURO:
DERM:
ENDO:
PSYCH:

UNREMARKABLE
(b)(6)
By Aslitha Erceg

VS: BP: 112/64
Pulse: 69
Resp:
Temp:
Height: 6'6"
Weight: 78

PMH: DM HTN STD TB
Hosp:
Surg: NO

Allergies: NKA

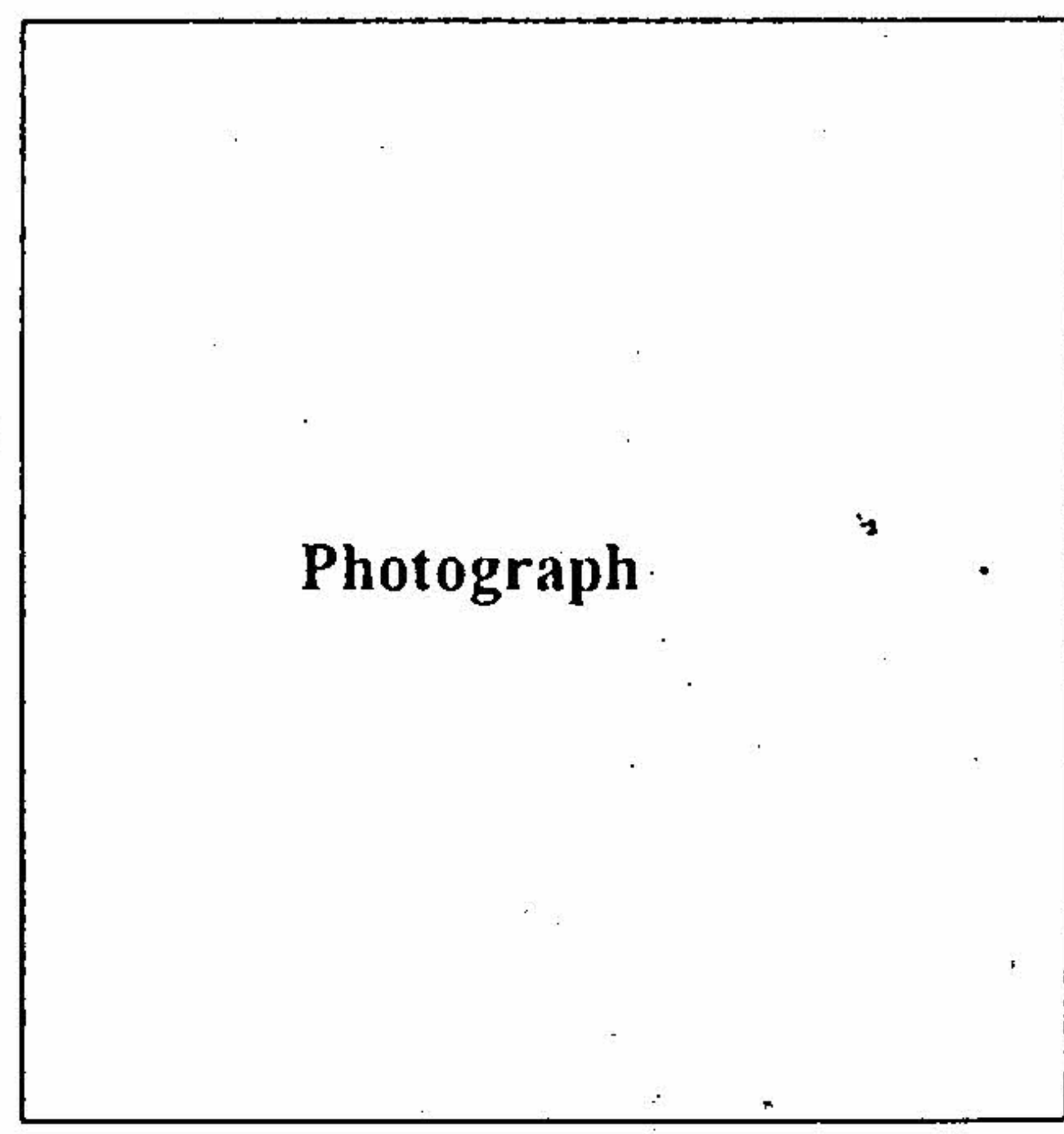
CXR: Normal / Abnormal
Findings:

PPD: Date placed: / /
Date read: / /
mm

Immunizations: (given at this time)
MMR Td Typhoid Polio
Influenza Meningococcal

Physical Exam:

HEENT: Normal / Abnormal
CV: Normal / Abnormal
PULM: Normal / Abnormal
GI: Normal / Abnormal
GU: Normal / Abnormal
OB/GYN: Normal / Abnormal NA
MS: Normal / Abnormal
NEURO: Normal / Abnormal
DERM: Normal / Abnormal
ENDO: Normal / Abnormal
PSYCH: Normal / Abnormal



Comments / Findings:

Impression: 1. No significant complaints. or

Plan: 1. P/u per sick call

Provider Signature: (b)(6) Printed Name / Stamp: (b)(6)

(b)(6)

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE
MENTAL HEALTH SCREEN

0002-05-CID789-39250

ISN 162 624

Date 29 Aug 04

- 1. Do you presently have thoughts of killing yourself?
Yes No
- 2. Have you ever tried to kill yourself?
Yes No
- 3. Are you presently taking a prescribed medication for a mental illness or psychological problem?
Yes No
- 4. Do you have any psychological problems right now?
Yes No
- 5. Are you currently being treated for a psychological problem?
Yes No
- 6. Have you ever been a patient in a psychological hospital?
Yes No
- 7. Do you have a history of treatment for illegal drug abuse?
Yes No
- 8. Have you been treated for a psychological problem prior to Coming to Abu Ghraib?
Yes No

OBSERVATION

- General appearance adequate
Yes No
- Behavior adequate
Yes No
- Evidence of abuse
Yes No
- Evidence of trauma
Yes No
- Auditory or Visual Hallucinations
Yes No
- Appears anxious
Yes No
- Appears depressed
Yes No
- Aggressive
Yes No

DISPOSITION

- If detainee answers no to all of the above questions no psych consult needed.
- If detainee answers yes to questions 2, 4, 6, 7, or 8 fill out consult form for psych and bring to morning meeting.
- If detainee answers yes to questions 1, 3, or 5 contact mental health care services ASAP.

SCREENER FC (b)(6)

CEMENT SENSITIVE
DII CID ROIS 39517 4

(b)(6)

MENTAL HEALTH SCREEN

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

ISN

162624

0002-05-CID789-39250

Date 12 Nov 04

- 1. Do you presently have thoughts of killing yourself? Yes No
- 2. Have you ever tried to kill yourself? Yes No
- 3. Are you presently taking a prescribed medication for a mental illness or psychological problem? Yes No
- 4. Do you have any psychological problems right now? Yes No
- 5. Are you currently being treated for a psychological problem? Yes No
- 6. Have you ever been a patient in a psychological hospital? Yes No
- 7. Do you have a history of treatment for illegal drug abuse? Yes No
- 8. Have you been treated for a psychological problem prior to Coming to Abu Ghraib? Yes No

OBSERVATION

- General appearance adequate Yes No
- Behavior adequate Yes No
- Evidence of abuse Yes No
- Evidence of trauma Yes No
- Auditory or Visual Hallucinations Yes No
- Appears anxious Yes No
- Appears depressed Yes No
- Aggressive Yes No

DISPOSITION

- If detainee answers no to all of the above questions no psych consult needed.
- If detainee answers yes to questions 2, 4, 6, 7, or 8 fill out consult form for psych and bring to morning meeting.
- If detainee answers yes to questions 1, 3, or 5 contact mental health care services ASAP.

SCREENER

(b)(6)

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROIS 39518 4

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

16 Sep 04

Chief complaint -

B/P

P

R

T

3/4/0 A c/o each to B axilla, abdomen and medial thighs x 17 days. Tx i Janusid and Hydrocortisone 1% c/o improvement. @ pruritus

@: gen. wound 3 NAD

All-

meds

SMK: / Pack

a day.

Skin: papular rash under B axilla, abdomen and lateral thighs @ scaling @ erythema @ lichenification.

A/P: Dermatitis.

AP-

- Allegra long PO QD
- Hydrocortisone 2% AAA BID.
- Flu in 7 days for reevaluation

(b)(6)

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

70HAMMED Salun, Sohaib
nansoor

162624000

3 1973-01-01

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

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

ACLU-RDI 5498 pB-3

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

7 OCT 04 (5) 31 yr old ♂ % rash x 2 mos ± lots of itching in groin area, armpits and joints, and face.

Allergic - φ PT was given Hydrocortisone ointment 2% 3 times, and 2.5% Hydrocortisone cream at hospital. This leads to Hydrocortisone cause him more of an irritation to areas mentioned. Cream 2.5% above. Nothing follows.

2.0% (6) VMTD ♂, A+OZ3, NAD.

Clotrimazole Typical fungal to groin area, face, armpits.

Cream 1.0% Redness, itching & edema.

PMHX - φ (7) dryness to face.

(8) Over used steroid. Meds., dryness to skin.

(9) given Moisturizing cream ± fluocinonide .05% cream. Apply to needed area.

(10) D/c prior meds.

(11) Trans to present

(12) R/C PRN.

(b)(6)

HOSPITAL OR MEDICAL FACILITY STATUS DEPART./SERVICE RECORDS MAINTAINED AT SPONSOR'S NAME SSN/ID NO. RELATIONSHIP TO SPONSOR PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) REGISTER NO. WARD NO.

162624 Mohammed Salem, Subailb Mansour FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR USAPA V2.00 ACLU RDD 5498713 1/8/07 21-C ACLU DDII CID ROIS 39520 4 000020

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

0002-05-CID789-39250

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
190704	31 y/o MALE C/O RASH ON GROIN, UNDER ARMS x 2 MONTHS
MED HYDRO	A) RED IRRITATED ARMS, GROIN IS THE SAME
CORITON	A) TINEA CURIS, CANDIDA
	B) CLOTRIMAZOLE 1% w/ A DAB OF HYDROCORTISONE 1% + TOLFAVATE
	(b)(6)
	Medic Rx D Mix 2/3 Antifungal 1/3 steroid for itch relief
	C) Atarax 25mg qhs + 4d for itch + sleep (2005-310404)
	(b)(6)
	(b)(6)

Given med tonight
translator present

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

162624
MOHAMMED MANSOOK

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

STANDARD FORM 600 (REV. 6-97)
ACLU DDII CID ROIS 39521 4

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
Date	5: CPR started at 1425 hrs.
P	AED at 1448 hrs.
R	CPR continued at 1450 hrs
B/P	AED
T	IU (B) ampicillin at 1451 hrs 1000ml NS
SPO2	AED @ 1451 hrs pt had vomit when shocked suction initiated
	CPR continued at 1452
Meds	Rythem assistole at 1453 <u>asistole</u>
	12 lead EKG at 1453
All	SPO2 79 at 1454
	Antropine 1mg at 1455
Tob	AED at checked at 1456
	Pt still assistole at 1456
	AED checked at 1457 pt still assistole
	1mg Epi at 1458
	AED at 1458
	AED at 1459
	Pt still assistole at 1500
	CPR continued at 1500
	Intubated at 1500 AED turned off
	Equal breath sounds / CPR continued / AED turned on 1502

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
ISN: Compound:		

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROIS 39522 4

1mg Atropine at 1503

AED checked at 1503 / CPR continued / Pt still asystole

Intubation tube removed at 1504

AED checked at 1505 / CPR continued

AED checked at 1506 / Pt. still asystole

AED checked at 1508

Called time of death at 1508 hrs

(b)(6)

(b)(6)

(b)(6)

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
Date 5 JAN 05	Medicine
15: R 15	Called to see pt in IFAS - brought
B/P	in unconscious from compound 7
T	Pt presented to gate (07) - 7:15 afternoon
SPO2	Compound medicine felt pulse at gate
	of respiratory → brought to IFAS
	IN IFAS → unconscious of pulse
Meds	ACLS initiated. (M:45) AED placed → shocked.
	however report shock not warranted
All	leads placed → asytkl.
	Epi 1 mg given. CPR cont.
Tob	↳ ASYTKL → Report atropin.
	CPR cont. Pt remained in asytkl.
	Atrop 1 mg epi + atropin given.
	Pt intubid + orotracheal intubation placed.
	cords inserted + pleunt compressed.
	CPR cont. O2 Reading 80% - 79%.
	Pt remained in asytkl. AED discontinue
	noted a 400 → endotracheal tube removed.
	Pt cont. bagging rhythm → remain asytkl
	code ended @ 1508. → Time of death.

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	(b)(6)
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO S	-over-
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	RE	WARD NO.	AW

162624

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR

Pupils fixed + dilated nonreactive to light.
corneal reflex absent. Not responsive
to sternal rub. Auscultation reveals
no heart or breath sounds.
Pt pronounced dead. TOD → 15:08.

(b)(6)

ROI 05-CID789-39250-5H

Exhibit(s): 10

Page(s): 000031 thru 000039

Referred to:

Commander

U.S. Army Medical Command

Attn: FOIA Office, Stop 76

1216 Stanley Road 2D FL

Fort Sam Houston, Texas 78234-5049



ARMED FORCES INSTITUTE OF PATHOLOGY

Office of the Armed Forces Medical Examiner

1413 Research Blvd., Bldg. 102

Rockville, MD 20850

(b)(6)



FINAL AUTOPSY REPORT

Name: Mohammed Salun, Sohaib Mansoor
Intermernt Serial Number: US9IZ-162624CI
Date of Birth: 01 January 1973
Date of Death: 05 January 2005
Date of Autopsy: 04 February 2005
Date of Report: 12 April 2005

Autopsy No.: ME (b)(6)
AFIP No.: (b)(6)
Rank: Civilian, Iraqi national
Place of Death: Bucca, Iraq
Place of Autopsy: Baghdad, Iraq

Circumstances of Death: This 32 year-old male, presumed Iraqi national, civilian detainee was found unresponsive while in US custody at the Bucca detention facility in Iraq, and resuscitation efforts were unsuccessful.

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

Identification: Visual, per detention facility records; postmortem fingerprints and DNA profile obtained.

CAUSE OF DEATH: Atherosclerotic cardiovascular disease

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

- I. Atherosclerotic cardiovascular disease (Cardiovascular Pathology consultation)
 - a. Moderate coronary artery atherosclerosis
 - i. Left anterior descending artery (LAD): 40% luminal narrowing of proximal LAD by pathologic intimal thickening with smooth muscle rich intimal proliferation
 - ii. Left circumflex artery (LCA): 50% narrowing of proximal LCA by proximal intimal thickening
 - iii. Right coronary artery (RCA): 60% narrowing of proximal to mid RCA by pathologic intimal thickening with smooth muscle rich neointimal proliferation
 - b. Mild dysplasia of atrioventricular nodal artery with increased fibrosis in branching bundle and crest of ventricular septum
 - c. Heart, 395 gm

- II. Diffuse hypoxic-ischemic changes of brain
 - a. Brain, 1674 gm
 - b. AFIP Neuropathology consultation
 - i. Shrunken eosinophilic cytoplasm and indistinct nuclei and glia with pyknotic nuclei and eosinophilic cytoplasm in cerebral cortex, basal ganglia, hippocampal formation, brainstem and cerebellum

- III. No evidence of significant injury
 - a. No external or internal evidence of trauma

- IV. No evidence of physical restraint

- V. Early decompositional changes
 - a. Mold growth over face and back of neck
 - b. Green discoloration of upper abdomen
 - c. Focal skin slippage
 - d. Focal drying of fingers
 - e. Dark discoloration of internal organs, including brain
 - f. Decompositional fluid in bilateral pleural cavities, 50 ml each side

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

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished Caucasian male clad in a pair of black sweat pants with a white NBA logo and a pair of white boxer shorts. The body is received on top of a grey and red blanket with multiple loose medical devices including a suction container with apparent gastric contents, a white plastic board, a facial mask, a laryngoscope and a white wire. The body weighs approximately 180 pounds (estimated), is 72" in height and appears compatible with the reported age of 32 years. The body temperature is cold, that of the refrigeration unit. Rigor has dissipated, and the body is flaccid. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure.

The scalp is covered with dark brown hair in a normal distribution averaging 1.5 cm in length on the top and shorter on the sides. Facial hair consists of a dark brown beard and mustache. The irides are brown. The corneae are cloudy. The sclerae and conjunctivae are pale and free of 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 fair condition.

There are early decompositional changes including the previously described corneal clouding and loss of rigor. There are also multiple patches of white and green mold growth on face and back of the neck, the majority of which wipes free easily. There is green discoloration of the upper abdomen and dark drying of the fingers and hands. There is focal skin slippage around the ankles.

The neck is straight and the trachea is midline and mobile. The chest is symmetric and well developed. No injury of the ribs or sternum is evident externally. The abdomen is flat and soft. Healed surgical scars of the torso are not noted. The extremities are well developed with normal range of motion. The fingernails are intact. The soles of the feet are calloused and hyperkeratotic. There is a 4 cm scar on the left hand at the base of the thumb, and there is a 0.5 cm pustule on the back of the left upper thigh. No tattoos are noted, and needle tracks are not observed. The external genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable. An identification tag is attached to the first toe on the right foot.

EVIDENCE OF THERAPY

There are a total of nine adhesive EKG pads on the body; one on the right shoulder, one on the left shoulder, one on the upper right side of the chest, five on the upper left side of the chest and one on the lower left side of the abdomen. There is an intravenous catheter in the right antecubital fossa, secured with white tape, and there is a second piece of white tape on the lower aspect of the upper right arm. There is no other evidence of medical intervention.

EVIDENCE OF INJURY

On external examination of the body and internal examination of the head, chest and abdomen, there is no evidence of injury.

INTERNAL EXAMINATION**BODY CAVITIES:**

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. Other than accumulation of decompositional fluid (50 ml dark fluid each pleural cavity), the pleural, pericardial, and peritoneal cavities are unremarkable. All body organs are present in the normal anatomical position. The vertebral bodies are visibly and palpably intact. 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 no subgaleal hemorrhage or skull fractures found. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. The brain is darkly discolored from decomposition, but there is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebrospinal fluid is slightly dark but free of blood. 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 reveals no lesions, and there is no evidence of infection, tumor, or trauma. The ventricles are of normal size. 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 1674 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.

CARDIOVASCULAR SYSTEM:

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, follow a right dominant distribution and are widely patent, without evidence of significant atherosclerosis or thrombosis. The chambers and valves exhibit the usual size-position relationship and are unremarkable. The myocardium is dark red-brown and unremarkable; the atrial and ventricular septa are intact. The left ventricle is 1.0 cm in thickness and the right ventricle is 0.2 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 395 grams.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. There are pleural adhesions involving the lower left lung lobe. The pleural surfaces are otherwise smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is red-purple, exuding a slight 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 629 grams; the left 859 grams.

LIVER & BILIARY SYSTEM:

The hepatic capsule is smooth, glistening and intact, covering dark red-brown, moderately congested parenchyma with no focal lesions noted. The gallbladder contains less than 1 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 1936 grams.

ALIMENTARY TRACT:

The tongue is free of bite marks, hemorrhage, or other injuries. The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 200 ml of semisolid digesting material including rice and pieces of orange. There are abdominal adhesions involving the right upper quadrant. The small and large bowel are otherwise 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. The calyces, pelves and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The urinary bladder contains 5 ml of cloudy yellow urine. The prostate gland is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities. The right kidney weighs 170 grams; the left 175 grams.

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 322 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.

LUNGS: The alveolar spaces and small air passages show evidence of autolysis. Where well preserved, the alveoli are expanded and contain no significant inflammatory component or edema fluid. There is evidence of peri-mortem food aspiration (no inflammatory reaction). The alveolar walls are thin and not congested. The arterial and venous vascular systems are normal. The peribronchial lymphatics are unremarkable.

LIVER: The hepatic architecture is intact. The portal areas show no increased inflammatory component or fibrous tissue. The hepatic parenchymal cells are well-preserved with no evidence of cholestasis, fatty metamorphosis, or sinusoidal abnormalities.

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

ADRENALS: The cortical zones are distinctive, and 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 show autolysis but are unremarkable. 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.

BRAIN: See "Neuropathology Report" below.

THYROID: Unremarkable.

TESTES: Unremarkable.

CARDIOVASCULAR PATHOLOGY REPORT

CV Path (b)(6)

"DIAGNOSIS: ME (b)(6) Moderate coronary artery atherosclerosis; mild dysplasia of atrioventricular nodal artery with increased fibrosis in branching bundle and crest of ventricular septum"

History: Approximately 32 year old male Iraqi detainee found dead in cot

Heart: 395 grams normal epicardial fat; closed foramen ovale; biventricular dilatation: left ventricular cavity diameter 45 mm, left ventricular free wall thickness 9 mm, ventricular septum thickness 9 mm; right ventricle thickness 4 mm, without gross scars or abnormal fat infiltrates; multiple anomalous delicate cordae in right ventricle between

papillary muscles and free wall; fenestrated non-coronary cusp of aortic valve; other valves unremarkable; early myocardial decomposition, otherwise unremarkable; histologic sections show unremarkable myocardium

Coronary arteries: Normal ostia; right dominance; moderate atherosclerosis:
 Left anterior descending artery (LAD): 40% luminal narrowing of proximal LAD by pathologic intimal thickening with smooth muscle rich intimal proliferation
 Left circumflex artery (LCA): 50% narrowing of proximal LCA by pathologic intimal thickening
 Right coronary artery (RCA): 60% narrowing of proximal to mid RCA by pathologic intimal thickening with smooth muscle rich neointimal proliferation

Conduction system: The sinoatrial node and sinus nodal artery are histologically unremarkable. The compact atrioventricular (AV) node shows right downward displacement, and mildly increased fat and vascularity. The AV nodal artery is mildly dysplastic with predominantly medial thickening and adventitial fibrosis. Focal subendocardial and perivascular interstitial fibrosis is present in the crest of the ventricular septum. The penetrating bundle is centrally located in the fibrous body and exhibits increased proteoglycan and decreased cellular components without inflammation. There are no discernible increased proteoglycan and fibrosis. The proximal bundle branches are intact and also demonstrate increased proteoglycan and decreased cellular components without inflammation. There are no discernible bypass tracts between the AV node and ventricular septum.

Comment: Histologic examination is suboptimal due to post-mortem decomposition; however, the dysplastic AV nodal artery and fibrosis in the branching bundle and crest of ventricular septum are not artifactual. Although the histologic findings would be more likely to produce bundle branch block, similar changes have been described in association with sudden cardiac death, likely due to ventricular arrhythmia. The etiology of the fibrosis is unclear, possibly due to small vessel narrowing or a resolved prior inflammatory condition.”

NEUROPATHOLOGY REPORT

Department of Neuropathology and Ophthalmic Pathology, AFIP:

“We examined the multiple portions of fixed brain-tissue, measuring 20 x 15 x 2 cm in aggregate, submitted in reference to this case. This includes fragments consistent with cerebrum, cerebellum, brainstem and dura. No gross lesions are identified.

Histological sections submitted: 1. Cerebral cortex. 2. Medulla. 3. Medulla/uppermost cervical spinal cord. 4. Cerebellum. 5. Pons. 6. Cerebellum, dentate nucleus. 8. Basal ganglia. 9. Hippocampal area. 10. Dura.

All sections were processed in paraffin; histological slides were stained with H & E. This material was reviewed in conference by staff in the Department of Neuropathology and Ophthalmic Pathology.

Histologic sections show neurons with shrunken eosinophilic cytoplasm and indistinct nuclei, and glia with pyknotic nuclei and eosinophilic cytoplasm, in cerebral cortex, basal ganglia, hippocampal formatin, brainstem and cerebellum. These cellular features are consistent with diffuse hypoxic-ischemic changes. The dura shows no diagnostic histologic changes.”

ADDITIONAL PROCEDURES

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

OPINION

This 32 year-old male Iraqi detainee died in US custody of atherosclerotic cardiovascular disease, with moderate coronary artery atherosclerosis (three vessel disease) and mild dysplasia of the atrioventricular nodal artery with increased fibrosis in the branching bundle and crest of the ventricular septum. Fibrosis within the heart, particularly around the conduction system may initiate cardiac arrhythmias. There is no evidence of any external or internal trauma or evidence of physical restraint. No other significant natural disease within the limitations of the autopsy was found, and toxicologic studies are negative.

The manner of death is natural.

(b)(6)

(b)(6)

Medical Examiner



FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

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

0002-05-CID789-39250

REPLY TO
ATTENTION OF

AFIP-CME-T

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence
(b)(6) (b)(6)

Name
MOHAMMED SALAM, SOHAIB MANSOR

SSAN: Autopsy: ME (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: February 27, 2005

TO:

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

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 1/5/2005

Date Received: 2/16/2005

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

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

None were found.

(b)(6)

Office of the Armed Forces Medical Examiner

(b)(6)

Office of the Armed Forces Medical Examiner

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROIS 39542

ROI 05-CID789-39250-5H

Exhibit(s): 12 thru 13

Page(s): 000041 thru 000049

Referred to:

**Commander
U.S. Army Medical Command
Attn: FOIA Office, Stop 76
1216 Stanley Road 2D FL
Fort Sam Houston, Texas 78234-5049**

ACLU DDII CID ROIS 39544

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

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

0002-05-CID789-39250

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) Mohammed Saloun Sotrib Manjor		GRADE Grade —	BRANCH OF SERVICE Arme —	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale 162 624
ORGANIZATION Organisation —		NATION (e.g., United States) Pays —	DATE OF BIRTH Date de naissance 1973 / 01 / 01	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race CAUCASOID Caucasique NEGROID Négróide <input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) Iraqi		MARITAL STATUS État Civil SINGLE Célibataire MARRIED Marié WIDOWED Veuf DIVORCED Divorcé SEPARATED Séparé		RELIGION Culte PROTESTANT Protestant CATHOLIC Catholique JEWISH Juif 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 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 (attaque et le décès)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort. ¹	Suspected Pulmonary Embolus	< 30 min
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²		

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
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste	
<input type="checkbox"/> SUICIDE Suicide	SIGNATURE Signature	DATE Date
<input type="checkbox"/> HOMICIDE Homicide		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)
15:08 5 JAN 05

PLACE OF DEATH Lieu de décès
Camp Bucca, 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 (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse 447 REG/EMEDS
GRADE Grade (b)(6)	SIGNATURE Signature (b)(6)
DATE Date 2 FEB 04	

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
² State conditions contributing to the death, but not related to the disease or condition causing death.
¹ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du cœur, etc.
² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

AD FORM 1266 (08-93)

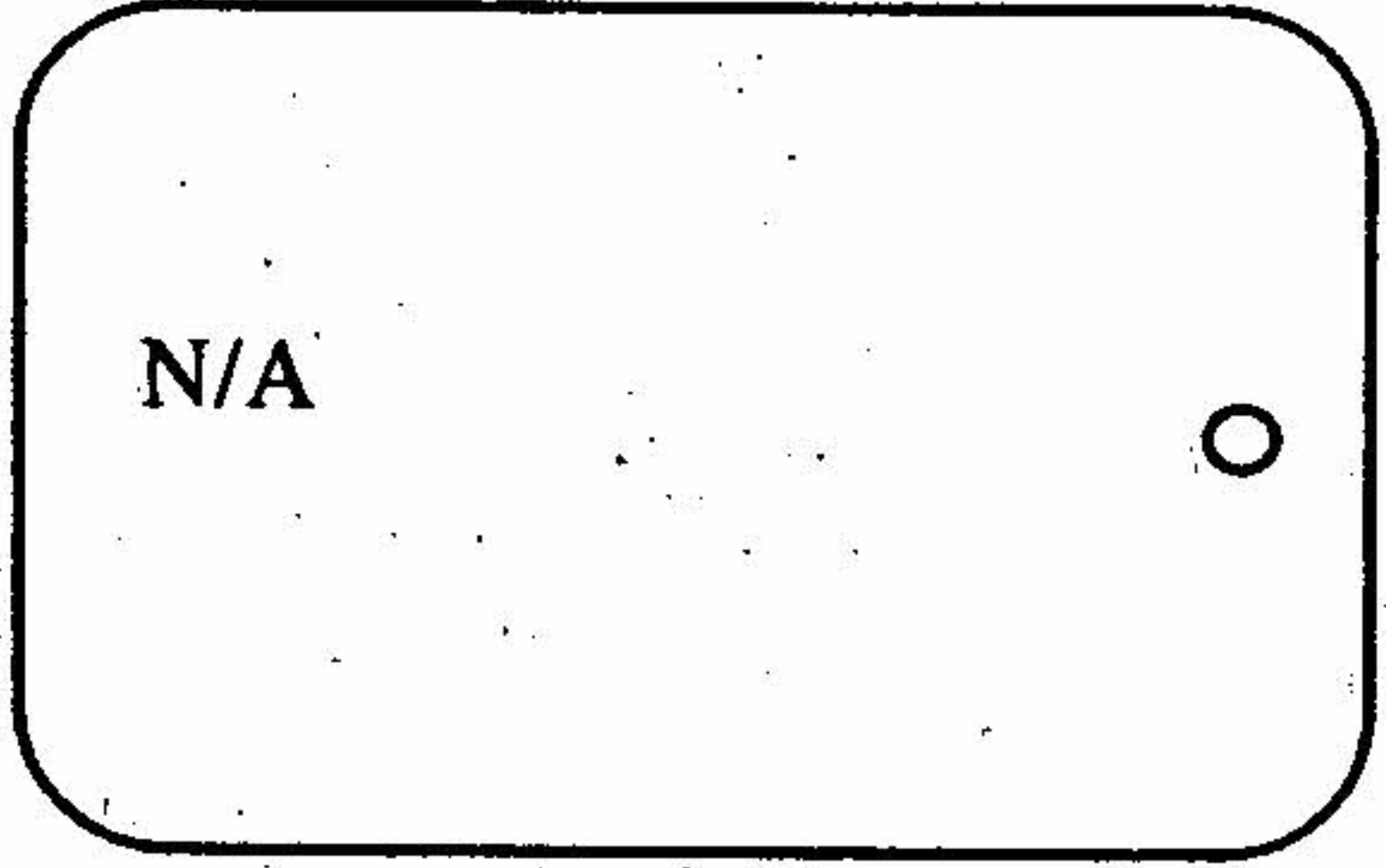
REPLACES DA FORM 3565-1 JAN 1972 AND DA FORM 3565-R (DAS), 28 SEP 1975, WHICH ARE OBSOLETE.

FOR OFFICIAL USE ONLY Law Enforcement Sensitive

AGLU DDICID ROIS 130545
EXHIBIT 2

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

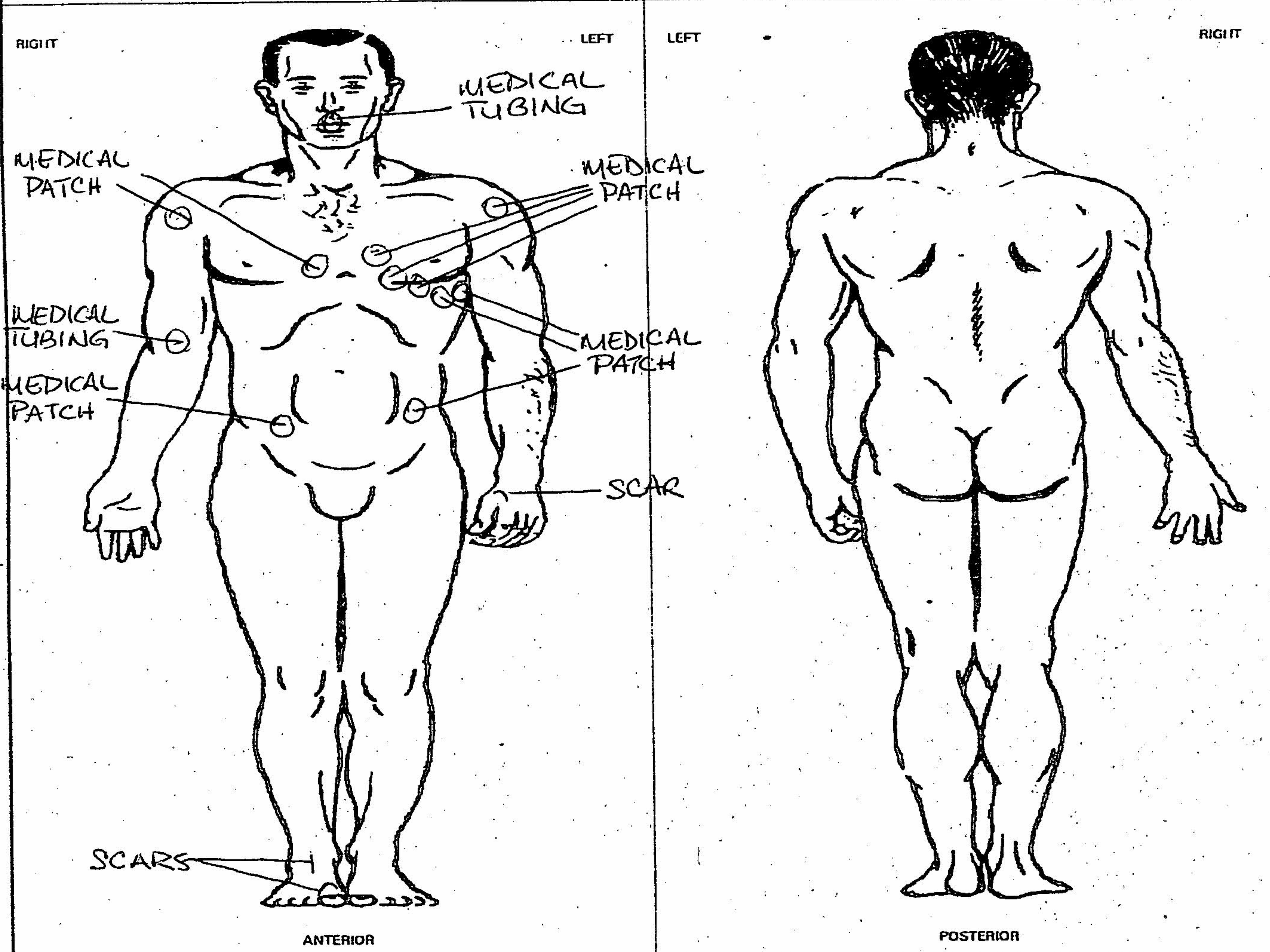
0002-05 CID789-39250

RECORD OF IDENTIFICATION PROCESSING <i>(Effects and Physical Data)</i>			DATE 20050108		
LAST NAME - FIRST NAME - MIDDLE INITIAL <i>(Or unknown number)</i> BTB MOHAMMED SALUN, SOHAIB MANSOOR		GRADE N/A	SERVICE NO. SSAN N/A	CIL CASE NUMBER <i>(If applicable)</i> N/A	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER 028-05/AR246THQMCO/04			PLOT N/A	ROW N/A	GRAVE N/A
RECEIVED FROM TALIL, IRAQ			IMPRINT OF IDENTIFICATION TAG		
OFFICIAL IDENTIFICATION FOUND WITH REMAINS <i>(Include personal effects aiding identification)</i> 1 EA IDENTIFICATION BAND, I.D. PARTICULAR # 32089 NOTHING FOLLOWS					
ITEMS OF CLOTHING AND EQUIPMENT FOUND WITH REMAINS <i>(Indicate type, color, size, markings, service, etc. If laundry marks are indistinct, follow procedures outlined in TM10-286)</i> 1 EA BLANKET, BLUE, BLACK AND RED IN COLOR 1 EA UNDERWEAR, WHITE IN COLOR 1 EA SWEAT PANTS, BLACK IN COLOR, LABELED "NBA WESTERN ANNIVERSARY" NOTHING FOLLOWS					
FINGERPRINTS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		X-RAYS MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FLUOROSCOPE STATEMENT ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHOTOGRAPHS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ANTHROPOLOGICAL STATEMENT MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CHEMICAL STATEMENT ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHYSICAL DESCRIPTION					
ESTIMATED HEIGHT 73"	MUSCULARITY MEDIUM	COLOR OF HAIR BLACK	RACE OR NATIVITY MONGOLOID		
TATTOOS, SCARS OR MARKS ON BODY SEE DD FORM 893					
EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS SEE DD FORM 893					
WOUNDS OR INJURIES SEE DD FORM 893					
I HAVE PERSONALLY VIEWED THE REMAINS OF THIS DECEASED AND ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.					
NAME, GRADE, AND ORGANIZATION (b)(6)			SIGNATURE (b)(6)		

RECORD OF IDENTIFICATION PROCESSING ANATOMICAL CHART

LAST NAME - FIRST NAME - MIDDLE INITIAL (for unknown number) BTB: MOHAMMED SALIUM SAHAIB MANSOOR		GRADE N/D		SERVICE NUMBER N/D	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NO. 028-05/AR 246 TH Div. Co./04			PLOT N/A	ROW N/A	GRAVE N/A
				ESTIMATED AGE (Yrs) 32	ESTIMATED HEIGHT 73"

BLACK OUT PORTIONS NOT RECOVERED



CONDITION OF REMAINS (Check pertinent blocks)

<input type="checkbox"/> SEMI-SKELETAL	<input checked="" type="checkbox"/> FLESH COVERED	<input checked="" type="checkbox"/> INTACT	<input type="checkbox"/> DECOMPOSED
		<input type="checkbox"/> BURNED (Degree: <input type="checkbox"/> 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d)	

REMARKS (Continue on reverse if additional space is required)
NOTHING FOLLOWS

NAME OF PREPARING OFFICIAL (Print or type) (b)(6)	SIGNATURE (b)(6)
--	------------------

ONLY LAW ENFO

0033-05-CID259

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

0002-05-CID789-39250

SHIPPING CONTAINER TALLY 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

REQUISITION AND INVOICE/SHIPPING DOCUMENT

Form Approved
OMB No. 0704-0246
Expires Jan 31, 2003

The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0246), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to a penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2.

1. FROM: (Include ZIP Code) 122 ASG Tallil AB, IRAQ, APO AE 09331		SHEET NO. 1	NO. OF SHEETS 1	5. REQUISITION DATE 2005.01.06	6. REQUISITION NUMBER (b)(6)
2. TO: (Include ZIP Code) 240 QM Co. BIAP Mortuary Baghdad, IRAQ APO AE 09321		7. DATE MATERIAL REQUIRED (YYYYMMDD) 2005.01.06		8. PRIORITY 1/999	
3. SHIP TO - MARK FOR BIAP Mortuary POC: (b)(6)		9. AUTHORITY OR PURPOSE Mortuary Operation			10. SIGNATURE (b)(6)
4. APPROPRIATIONS DATA		11a. VOUCHER NUMBER & DATE (YYYYMMDD) (b)(6)			12. DATE SHIPPED (YYYYMMDD)
		13. MODE OF SHIPMENT			14. BILL OF LADING NUMBER
		15. AIR MOVEMENT DESIGNATOR OR PORT REFERENCE NO.			

ITEM NO. (a)	FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIEL AND/OR SERVICES (b)	UNIT OF ISSUE (c)	QUANTITY REQUESTED (d)	SUPPLY ACTION (e)	TYPE CON-TAINER (f)	CON-TAINER NOS. (g)	UNIT PRICE (h)	TOTAL COST (i)	AMOUNT
1	No ice transfer case with human remains BTB Mohammed Saloun Sahab Mansoor								

16. TRANSPORTATION VIA MATS OR MSTs CHARGEABLE TO				17. SPECIAL HANDLING						
18. ISSUED BY (b)(6)	TOTAL CON-TAINERS	TYPE CON-TAINER	DESCRIPTION	TOTAL WEIGHT	TOTAL CUBE	19. CONTAINERS RECEIVED EXCEPT AS NOTED	DATE (YYYYMMDD)	BY	SHEET TOTAL	
	1	CS	87 x 27 x 48	300 lbs	65		QUANTITIES RECEIVED EXCEPT AS NOTED	DATE (YYYYMMDD)	BY	GRAND TOTAL
	PACKED BY						POSTED	DATE (YYYYMMDD)	BY	20. RECEIVER'S VOUCHER NO.
	TOTAL									

DD FORM 1149, APR 2000

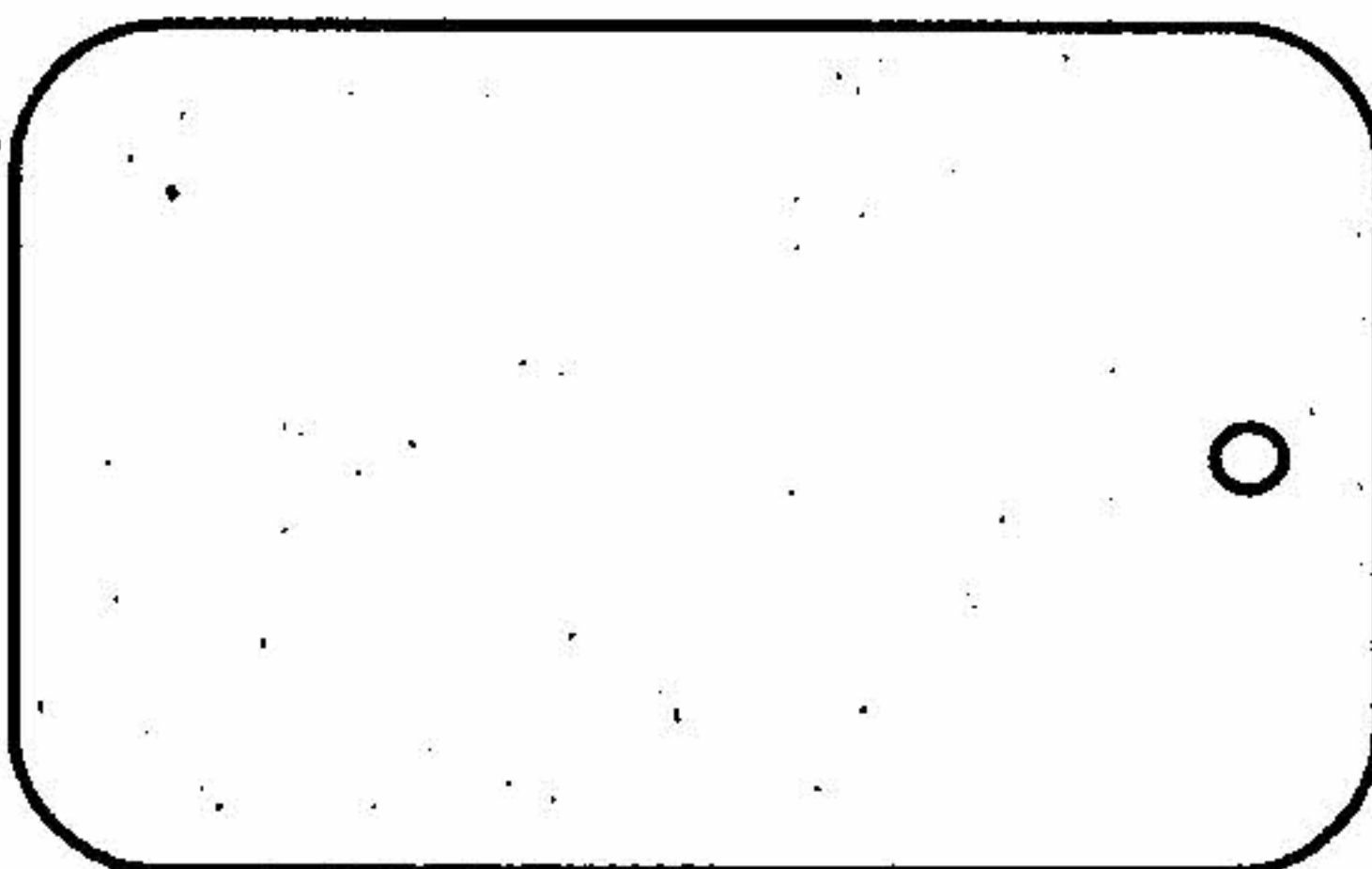
51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
PREVIOUS EDITION MAY BE USED.

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE
FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

EXHIBIT 2-00045

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

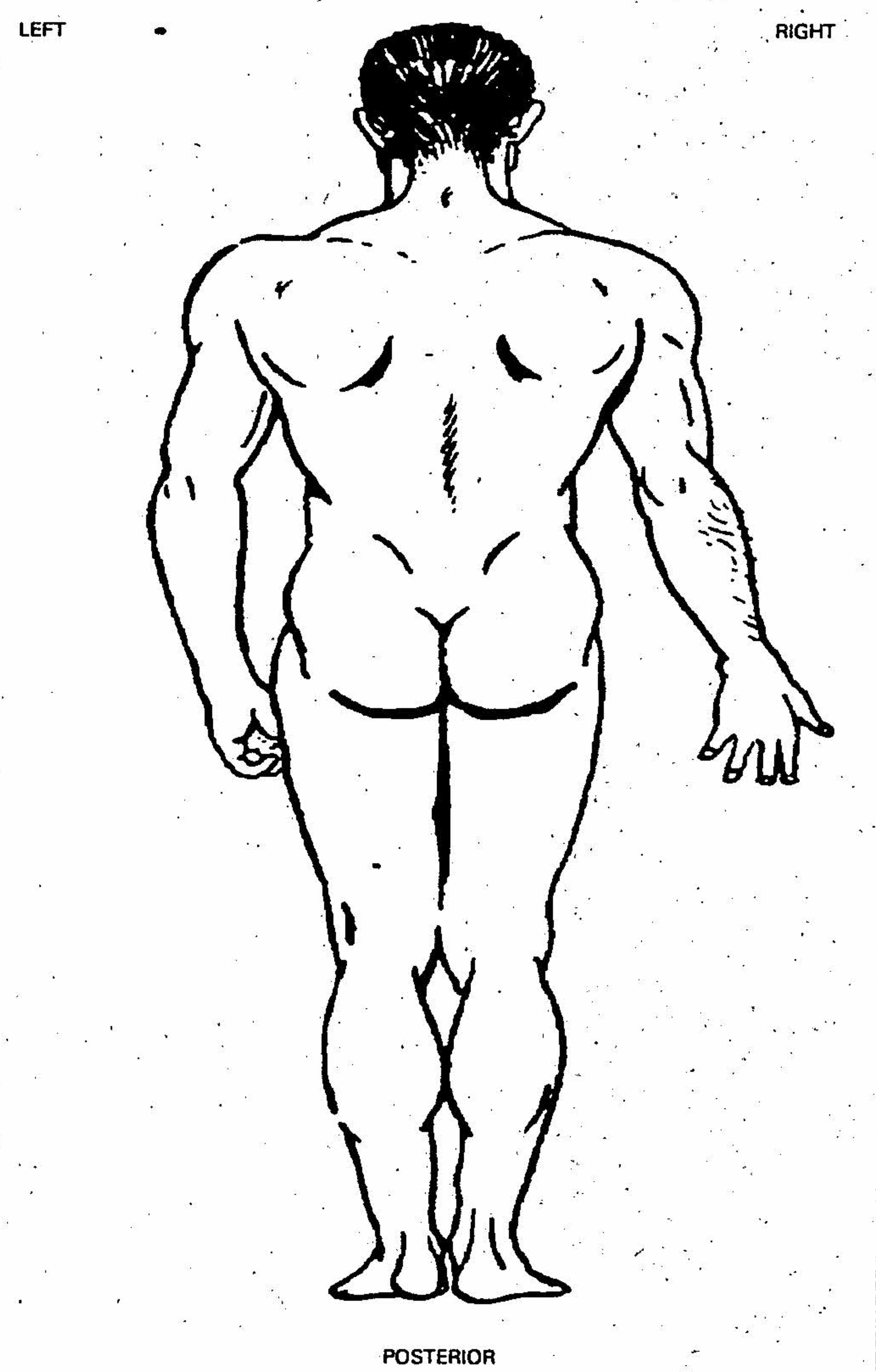
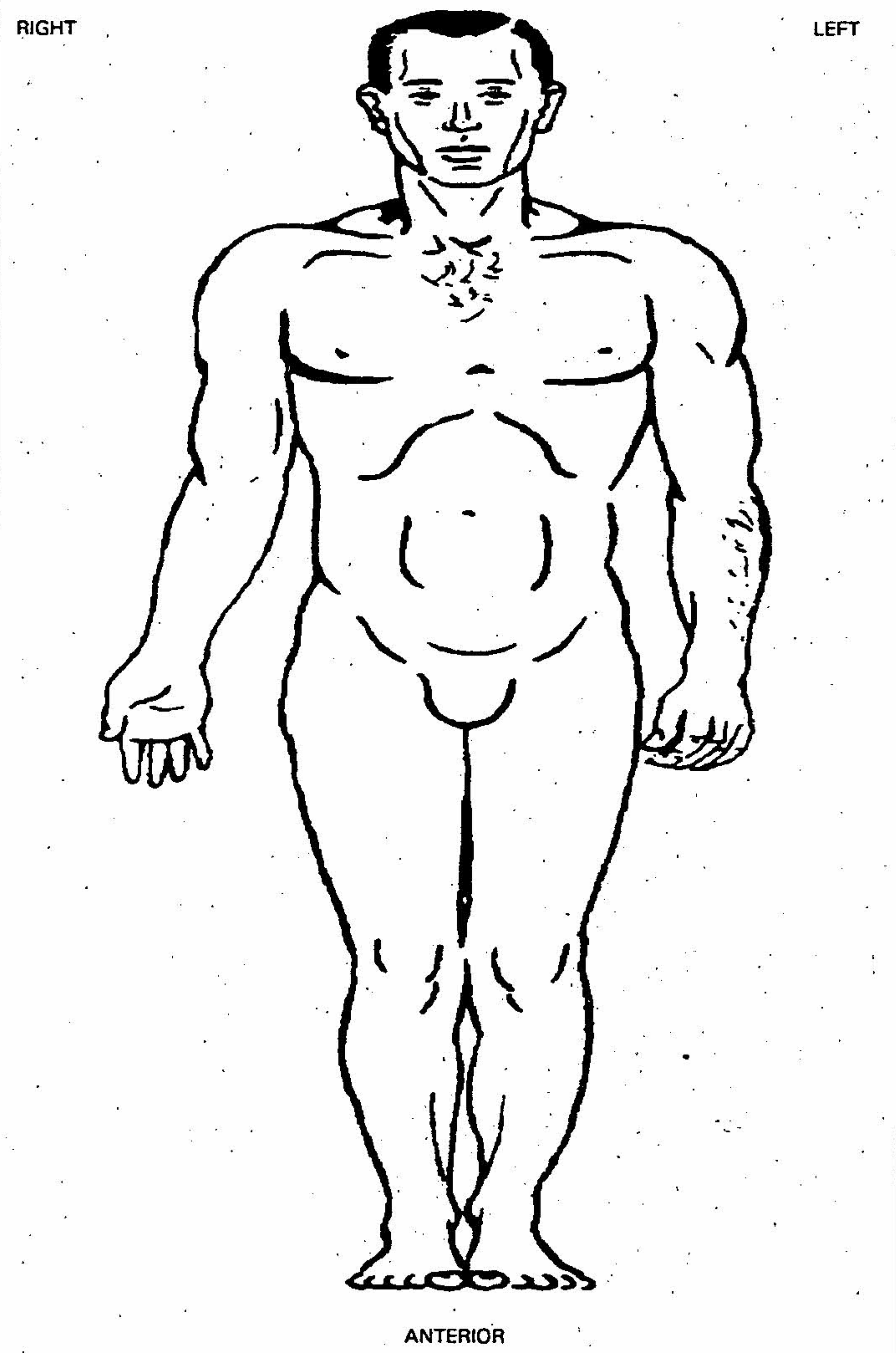
0002-05-CID789-39250

RECORD OF IDENTIFICATION PROCESSING <i>(Effects and Physical Data)</i>			DATE 06 Jan 05		
LAST NAME - FIRST NAME - MIDDLE INITIAL (Or unknown number) BTB Mohammed Salun Sohaib Mansoor		GRADE N/A	SERVICE NO. SSAN N/A	CIL CASE NUMBER (If applicable) N/A	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER 02-05/AR 54/01			PLOT N/A	ROW N/A	GRAVE N/A
RECEIVED FROM Camp Bucca			IMPRINT OF IDENTIFICATION TAG		
OFFICIAL IDENTIFICATION FOUND WITH REMAINS (Include personal effects aiding identification) None found Prisoner ID tag "Mohammed Salun, Sohaib Mansoor" ID particular # 32089					
ITEMS OF CLOTHING AND EQUIPMENT FOUND WITH REMAINS (Indicate type, color, size, markings, service, etc. If laundry marks are indistinct, follow procedures outlined in TM10-286) pants, black in color, N3A Western anniversary logo boxers, white in color					
FINGERPRINTS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		X-RAYS MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FLUOROSCOPE STATEMENT ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHOTOGRAPHS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ANTHROPOLOGICAL STATEMENT MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CHEMICAL STATEMENT ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHYSICAL DESCRIPTION					
ESTIMATED HEIGHT 71"	MUSCULARITY Medium	COLOR OF HAIR black		RACE OR NATIVITY mongoloid	
TATTOOS, SCARS OR MARKS ON BODY None					
EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS No					
WOUNDS OR INJURIES None					
I HAVE PERSONALLY VIEWED THE REMAINS OF THIS DECEASED AND ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.					
NAME, GRADE, AND ORGANIZATION (b)(6) 54th QM Co			SIGNATURE (b)(6)		

RECORD OF IDENTIFICATION PROCESSING ANATOMICAL CHART

LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number) BTB Mohammed Sultan, Jehed Mavisser		GRADE NA		SERVICE NUMBER N/A	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NO. N/A		PLOT N/A	ROW N/A	GRAVE N/A	ESTIMATED AGE (Yrs) 3)
					ESTIMATED HEIGHT 5'7"

BLACK OUT PORTIONS NOT RECOVERED



CONDITION OF REMAINS (Check pertinent blocks)

SEMI-SKELETAL FLESH COVERED INTACT DECOMPOSED

BURNED (Degree: 1st 2d 3d)

REMARKS (Continue on reverse if additional space is required)

Sex: male Race: mongoloid

Tattoos: none

Mustache: yes

Table mass: 71#

Ears pierced: no

NAME OF PREPARING OFFICIAL (Print or type) sig (b)(6)

(b)(6)

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

0002 05 CID 789 39250

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use of this form, see AR 600-8-1. the proponent agency is PERSCOM

THRU: (Include ZIP Code)	TO: (Include ZIP Code)	FROM: (Include ZIP Code)
--------------------------	------------------------	--------------------------

1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial)	2. SSN	3. GRADE
4. ORGANIZATION AND STATION		5. ACCIDENT INFORMATION
		a. DATE
		b. PLACE (City and State)

SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR

6. INDIVIDUAL WAS <input type="checkbox"/> OUT PATIENT <input type="checkbox"/> ADMITTED <input checked="" type="checkbox"/> DEAD ON ARRIVAL	7. NAME OF HOSPITAL OR TREATMENT FACILITY <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY Camp Bucca
8. HOUR AND DATE ADMITTED 14:45 5 JAN 05	9. HOUR AND DATE EXAMINED 14:45 5 JAN 05
10. NATURE AND EXTENT OF <input type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input checked="" type="checkbox"/> RESULTING IN DEATH (Explain) Cardiopulmonary Arrest; Suspect Pulm embolus	
11. MEDICAL OPINION: a. INDIVIDUAL <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT UNDER THE INFLUENCE OF <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS (Specify): b. INDIVIDUAL <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate). c. INJURY <input type="checkbox"/> IS <input type="checkbox"/> IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE. d. INJURY <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY BASIS FOR OPINION: N/A	

12. THE FOLLOWING DISABILITY MAY RESULT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL <input type="checkbox"/> PERMANENT TOTAL N/A	13. BLOOD ALCOHOL TEST MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	14. NO. OF MG ALCOHOL/100 ML BLOOD -
---	---	---

15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when)
Cardiopulmonary Arrest; Suspect Pulmonary embolus

6. DATE 5 JAN 05	17. TYPED OR PRINTED NAME OF ATTENDING PH (b)(6)	18. SIGNATURE (b)(6)
---------------------	---	-------------------------

SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER

19. DUTY STATUS <input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY <input type="checkbox"/> ABSENT WITH AUTHORITY: <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE	20. HOUR AND DATE OF ABSENCE a. FROM b. TO
---	--

21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance)
 YES NO

22. INDIVIDUAL WAS ON <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> ACTIVE DUTY FOR TRAINING <input type="checkbox"/> INACTIVE DUTY TRAINING	23. HOUR AND DATE TRAINING a. BEGAN b. ENDED
---	--

24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING <input type="checkbox"/> DIRECTLY TO TRAINING <input type="checkbox"/> DIRECTLY FROM TRAINING	25. MODE OF TRANSPORTATION	26. HOUR BEGINNING TRAVEL	27. DISTANCE INVOLVED	28. NORMAL TIME FOR TRAVEL
--	----------------------------	---------------------------	-----------------------	----------------------------

29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE
 PRESENT FOR DUTY ABSENT WITH AUTHORITY ABSENT WITHOUT AUTHORITY

30. DETAILS OF ACCIDENT - REMARKS (If additional space is needed, continue on reverse) (Attach inclosures as necessary)

31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

33. DATE	34. TYPE NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER	35. SIGNATURE
----------	---	---------------

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

REPLACES DA FORM 2173, 1 JUNE 64, WHICH IS OBSOLETE

FORM OCT 72 2173

ACLU RDI CID ROIS 39552

FOR OFFICIAL USE ONLY Law Enforcement Sensitive

EXHIBIT 2

000048

