

**FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE**

**DEPARTMENT OF THE ARMY  
UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND  
76<sup>th</sup> MILITARY POLICE DETACHMENT (CID) (FWD) (-)  
10<sup>th</sup> MILITARY POLICE BATTALION (CID) (FWD)  
BAGHDAD CENTRAL CONFINEMENT FACILITY  
ABU GHRAIB, IRAQ  
APO AE 09342**

CIRF-ZA-BD

19 May 2006

MEMORANDUM FOR SEE DISTRIBUTION.

SUBJECT: CID REPORT OF INVESTIGATION – FINAL/SSI – 0007-2006-CID789 -78451 – 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 7 JAN 2006, 1123; 344<sup>TH</sup> FIELD HOSPITAL, BAGHDAD CENTRAL CONFINEMENT FACILITY (BCCF); GRID 38S MB130840; ABU GHRAIB, IRAQ (IZ)

DATE/TIME REPORTED: 7 JAN 2006, 1215

INVESTIGATED BY: SA (b)(6), (b)(7)(C), (b)(7)(F)  
SA [REDACTED]

SUBJECT: 1. NONE; [DEATH BY NATURAL CAUSES]

VICTIM: 1. GHADBAN, TALIB ENEZY; INTERNMENT SERIAL NUMBER (ISN) (b)(6), (b)(7)(C)  
(b)(6), (b)(7)(C) (DECEASED); 1 JAN 1950; IRAQ; MALE; WHITE; XZ; DATE OF CAPTURE BY U.S. FORCES, 15 SEP 2005; [DEATH BY NATURAL CAUSES] (NFI)

“This is an Operation Iraqi Freedom Investigation”.

On 7 Jan 06, this investigation was initiated when 1LT (b)(6), (b)(7)(C) [REDACTED] 344<sup>th</sup> Field Hospital, BCCF, Abu Ghraib, IZ notified this office of a detainee death.

Investigation revealed Detainee GHADBAN died a natural death as a result of Atherosclerotic Cerebral Vascular Disease.

STATUTES:

N/A

EXHIBITS/SUBSTANTIATION:

1

**FOR OFFICIAL USE ONLY  
Law Enforcement Sensitive**

**ACLU DDII CID ROI 23996**

**FOR OFFICIAL USE ONLY**  
**Law Enforcement Sensitive**

Attached:

1. Agent's Investigation Report (AIR) of SA (b)(6), (b)(7)(C) 7 Jan 06, detailing the basis for investigation; interview of medical personnel; obtaining detainee records; and other investigative activity.
2. Detention Report and Personal Data Report pertaining to detainee GHADBAN.
3. AIR of SA (b)(6), (b)(7)(C), (b)(7)(F) Fort Meade Resident Agency (CID), Fort Meade, MD, 15 Jan 06, detailing the receipt of the Request for Assistance (RFA); and attending the autopsy.
4. Compact Disc containing the images of the autopsy of detainee GHADBAN (USACRC and file copy only).
5. AIR of SA (b)(6), (b)(7)(C) 5 May 06, detailing the receipt of the final autopsy report and death certificate of detainee GHADBAN.
6. Autopsy Report, #ME06-0062, 13 Mar 06, pertaining to detainee GHADBAN.
7. Death Certificate, 8 Mar 06, pertaining to detainee GHADBAN.
8. Photo Packet comprised of 7 photographs (1-7) (detainee GHADBAN).
9. Compact Disc 060007.789 containing the photographic images and the originals of Exhibit 8 (USACRC and file copy only).

NOT ATTACHED:

None.

The originals of Exhibits 1, 3, 5, 8 and 9 are forwarded with the USACRC copy of this report. The original of Exhibit 2 is retained in the files of Task Force 134, Camp Victory, IZ. The original of Exhibits 4, 6 and 7 are retained in the files of the Armed Forces Institute of Pathology, 1413 Research Blvd., Building 102, Rockville, MD.

STATUS: This is a Final Report.



**FOR OFFICIAL USE ONLY**  
**Law Enforcement Sensitive**

Report Prepared By:

Report Approved By:

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

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

Special Agent, (b)(7)(F)

Special Agent in Charge

Distribution:

1 - Director, USACRC, 6010 6th Street, Fort Belvoir, VA 22060-5506 (ORIGINAL)

1 - CDR, USACIDC, ATTN: CIOP-ZA, FORT BELVOIR, VA

(cid001dcsopsops2sc@sbelvoirdms.army.smil.mil)

1 - CHIEF, INVESTIGATIVE OPERATIONS, USACIDC

(b)(6), (b)(7)(C) @sbelvoirdms.army.smil.mil (b)(6), (b)(7)(C) @us.army.smil.mil

1 - CDR, 3<sup>RD</sup> MILITARY POLICE GROUP (CID)

(3CIDEOC@force1.army.smil.mil)

1 - CDR, 10<sup>TH</sup> MP BN (CID) (FWD)

(b)(6), (b)(7)(C) @iraq.centcom.smil.mil (b)(6), (b)(7)(C) @iraq.centcom.smil.mil

1 - CDR, 76<sup>TH</sup> MP DET (CID)(FWD)

(b)(6), (b)(7)(C) @iraq.centcom.smil.mil

1 - CDR, FOB ABU GHRAIB, MNC-I, BCCF, ABU GHRAIB, IZ

(b)(6), (b)(7)(C) @iraq.centcom.smil.mil

1 - PROVOST MARSHAL, MNF-I, AL FAW PALACE

(b)(6), (b)(7)(C) @iraq.centcom.smil.mil

1 - CDR, 96<sup>TH</sup> MP BN, BCCF, ABU GHRAIB, IZ

(b)(6), (b)(7)(C) @iraq.centcom.smil.mil

1 - CDR, DETAINEE OPERATIONS, MNF-1, TF 134, ATTN: MAJ (b)(6), (b)(7)(C)

(b)(6), (b)(7)(C) @iraq.centcom.smil.mil

1 - SJA, 452<sup>ND</sup> MP BN, 42<sup>ND</sup> MP BDE, MNC-I, BCCF, ABU GHRAIB, IZ

(b)(6), (b)(7)(C) @iraq.centcom.smil.mil

1 - AFIP, DOVER PORT MORTUARY, DOVER AFB, DE

(b)(6), (b)(7)(C) @us.army.smil.mil (b)(6), (b)(7)(C) @us.army.smil.mil

1 - File

FOR OFFICIAL USE ONLY  
Law Enforcement Sensitive

AGENT'S INVESTIGATIVE REPORT  
CID Regulation 195-1

ROI NUMBER 0007-06-CID789-78451

Page 1 of 1 pages

DETAILS:

About 1215, 07 Jan 06, this office was notified by 1LT (b)(6), (b)(7)(C) Patient Administration Division (PAD), 344<sup>TH</sup> Medical Field Hospital, Baghdad Central Confinement Facility (BCCF), Abu Ghraib, Iraq (AGI), that a detainee had died at the hospital.

About 1235, 07 Jan 06, SA (b)(6), (b)(7)(C) verified and photographed the body of Detainee Talib Enezy GHADBAN, Internment Serial Number (ISN) (b)(6), (b)(7)(C) See Photographic CD for details)

About 1255, 07 Jan 06, SA (b)(6), (b)(7)(C) interviewed MAJ (b)(6), (b)(7)(C) Medical Doctor, Intensive Care Unit (ICU), 344<sup>th</sup> Field Hospital, BCCF, AGI. MAJ (b)(6), (b)(7)(C) related the detainee had been admitted on 31 Dec 05 for feeling light headed and feeling off. Dr. (b)(6), (b)(7)(C) stated the detainee had a stroke approximately five days prior to his death. Dr. (b)(6), (b)(7)(C) stated the detainee had been placed on life support consisting of a ventilator, feeding tube and Intravenous (IV) fluids containing antibiotics. Dr. (b)(6), (b)(7)(C) stated that a Computerized Axial Tomography (CAT) scan was conducted on the detainee and showed the right side of the brain had swelled and was pushing the left side of the brain into the skull causing damage to the brain. Dr. (b)(6), (b)(7)(C) stated the 344<sup>TH</sup> Medical Field Hospital and 30<sup>TH</sup> Medical Brigade, Camp Victory, Iraq, made a decision to remove the detainee from life support and only leave the feeding tube, due to a cultural issue, at approximately 0800, 07 Jan 06. Dr. (b)(6), (b)(7)(C) pronounced the detainee dead at 1123, 07 Jan 06 and related the preliminary cause of death was a stroke.

About 1330, 7 Jan 06, SA (b)(6), (b)(7)(C), (b)(7)(F) this office, obtained the Detention Report (DR) and Personal Data Report (PDR) pertaining to GHADBAN from the Biometrics Automated Toolset System (BATS), BCCF, AGI. (See DR and PDR pertaining to GHADBAN for details)/// LAST ITEM///

TYPE SA (b)(6), (b)(7)(C), (b)(7)(F)	ORGANIZATION 76 <sup>th</sup> MP Det (CID)(FWD)(-), BCCF, AGI, APO AE 09342	
SIG (b)(6), (b)(7)(C)	DATE 7 Jan 06	EXHIBIT 1

CID FORM 94-E  
(Automated)

FOR OFFICIAL USE ONLY  
Law Enforcement Sensitive  
PROTECTIVE MARKING IS EXCLUDED FROM  
AUTOMATIC TERMINATION (Para 13, AR 34-16)

ACLU DDII CID ROI 23999

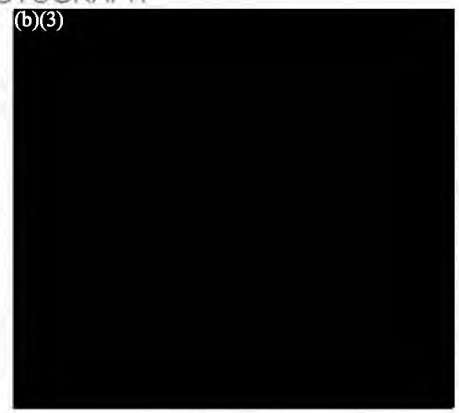


DETENTION REPORT

PERSONAL

PHOTOGRAPH

MP Number: Evacuation Date:



Screening DTG: 030800ZOCT2005

First Name: TALIB

Middle Name: ENEZY

Last Name: GHADBAN

Gender: MALE

Service/ID #: 178769

Birthdate: 01JAN1950

Birthplace: IRAQ, ANBAR, RAMADI, RAMADI

Marital Status: MARRIED

Status: UNKNOWN

CAPTURE INFORMATION

Evacuation Date:

MP Number:

Capture Date: 150230ZSEP2005

Capture Unit: 2MEF

Place: IRAQ, ANBAR, RAMADI, RAMADI,

Documents: KEY

Circumstances: AT TARGET AREA

Weapons/Equip: NONE

EXTENDED EPW INFORMATION

EPW Status: IN TRANSIT

Camp Name: BUCCA

Compound:

Blood Type:

Accused Crime:

Dietary Notes:

DNA Sample?

Physical Exam?

Had Money?

Amount:

Had Property?

Property Description:

Transfer Date:

Transfer Location:

Release Date:

Death Cert #:

Date Created: 052021ZDEC2005 Last Modified: 222321ZDEC2005

EPW Status: IN TRANSIT

Camp Name: **BUCCA**

Compound: **IHA**

Blood Type:

Accused Crime: **AT TARGET AREA**

Dietary Notes:

DNA Sample? **YES**

Physical Exam? **YES**

Had Money?

Amount:

Had Property?

Property Description:

Transfer Date: **05DEC2005**

Transfer Location: **BUCCA**

Release Date:

Death Cert #:

Date Created: 281853ZSEP2005 Last Modified: 222321ZDEC2005

EPW Status: **DECEASED**

Camp Name: **BCF**

Compound: **IHA**

Blood Type:

Accused Crime:

Dietary Notes:

DNA Sample? **YES**

Physical Exam? **YES**

Had Money?

Amount:

Had Property?

Property Description:

Transfer Date:

Transfer Location:

Release Date:

Death Cert #:

Date Created: 231611ZDEC2005 Last Modified: 071034ZJAN2006

**DETENTION INFORMATION**

Present: **NO**

Arrival Date: **231600ZDEC2005**

Location: **BCF**

Place to be Released:

Civil Affairs Coordination:

MI Hold: **NO**

Special Instructions:

Prosecution Value: **NO**

Group Name:

Tribe: AL BITAYAB

Meets Sec Def  
Criteria:

Special Handling  
Requirements:

Operation:

Comments: BUCCAL SWAB 28SEP2005 DECEASED 07JAN2006 ABU GHRAIB

MILITARY SERVICE HISTORY

- PRESENT; ; ; ; EXEMPT IP 1974-FALL RETIRED; ; ; ; ;

CIVILIAN SERVICE HISTORY

- PRESENT; ; ; RETIRED; ; ; ; ;

ALIASES

First Name	Middle Name	Last Name	Nickname
------------	-------------	-----------	----------

ID Numbers

ID Number Type	ID Number
----------------	-----------

CAP TAG	6610
---------	------

DETAINEE REQUESTS

SELF HARM REPORTS

OFFENSE LOG REPORTS

PERSON COMMENTS

Rel Src #	Comments DOI
-----------	--------------



15487-587 OCT-90-7000

PERSONAL DATA REPORT

GENERAL INFORMATION

PHOTOGRAPH

Dossier: {D24FCAA E-F948-4FD4-B0BB-7F829076BF95}

Enroll Date: 9/28/2005 5:00:09 PM

Enrollment Station: IRQ:IHA:Processing:Abu Ghrab

Name (F,M,L): TALIB ENEZY GHADBAN ()

Full Name:

WMD Category:

Operational Status:

Occupation:

National ID #: 178769

Gender: MALE

Race: UNKNOWN

Hair Color: BLACK

Eye Color: BROWN

Build:

Height (in): Min: 57 Max:

Weight (lb): Min: 140 Max:



ON ALERT? YES  
AT TARGET AREA

PERSONAL DATA

Birthdate: 01JAN1950

Birthplace: IRAQ, ANBAR, RAMADI, RAMADI

Death Date:

Religion: ISLAM-SUNNI

Primary Nationality: IRAQ

Nationality:

2nd Nationality:

Ethnicity: MIDDLE EAST

Marital Status: MARRIED

Personnel Status: UNKNOWN

CAPTURE INFORMATION

Evacuation Date:

MP Number:

Capture Date: 150230ZSEP2005

Capture Unit: 2MEF

Place: IRAQ, ANBAR, RAMADI, RAMADI,

Documents: KEY

Circumstances: AT TARGET AREA

Weapons/Equip: NONE

FOR OFFICIAL USE ONLY

ACLU DDII CID ROI 24003

EXHIBIT 2

LAW ENFORCEMENT SENSITIVE



INDIVIDUAL STATUS INFORMATION

JITF-CT Classification U.S. Relationship Status DoD Relationship Status

ALIASES

First Name Middle Name Last Name Nickname

ID Numbers

ID Number Type ID Number

CAP TAG 6610

PASSPORT INFORMATION

Type Number Issue Date Expiration Date Country Authority

PERSONAL TRAITS

LANGUAGE(S)

Language Name: Language Proficiency Is Native Language

ARABIC, MODERN STANDARD NATIVE PROFICIENCY YES

Comments: grade school

ADDRESSES

To: PRESENT

From: iraq ramaadi, , , ,

EMPLOYMENT HISTORY

- PRESENT; ; ; RETIRED; ; ; ; ; ; ; ;

MILITARY SERVICE HISTORY

- PRESENT; ; ; ; ; EXEMPT IP 1974-FALL RETIRED; ; ; ; ; ; ; ;

PHONE NUMBERS

Type Intl Area Code Phone # Ext.

VEHICLE INFORMATION

RELATIVES

Relation First Middle Last Maiden Birthdate

Mother (b)(6), (b)(7)(C)
Residence (b)(6), (b)(7)(C)
Occupation:
Age/Descr:
Dossier #:

PERSON COMMENTS

Rel Src # Comments DOI

<b>AGENT'S INVESTIGATION REPORT</b> <i>CID Regulation 195-1</i>	ROI NUMBER 0003-06-CID012-RDF
	PAGE 1 OF 1 PAGES

DETAILS

**BASIS FOR INVESTIGATION:** About 1800, 14 Jan 06, this office was notified by SA (b)(6), (b)(7)(C) Aberdeen Resident Agency, Aberdeen Proving Ground, MD, that the remains of Detainee Talib Enezy GHADBAN, Internment Serial Number (ISN) (b)(6), (b)(7)(C) Abu Gharib, Iraq, had arrived at Dover Air Force Base (DAFB), DE 19902, and an autopsy would be conducted the morning of 15 Jan 06.

About 1000, 15 Jan 06, SA (b)(6), (b)(7)(C) and SA (b)(6), (b)(7)(C) attended the autopsy of Detainee GHADBAN, which was conducted by Dr. (b)(6), (b)(7)(C) CDR, Medical Corps (MC), United States Navy (USN), Office of the Armed Forces Institute of Pathology (AFIP), Rockville, MD 20850. Dr. (b)(6), (b)(7)(C) declined to provide the preliminary cause and manner of death at the time of this report.

**AGENT'S COMMENT:** No evidence was identified or collected. Photographers from AFIP exposed digital photographs of the autopsy and prepared a compact disk containing all images exposed. The official results of the autopsy will be documented in the Final Autopsy Report, which will be posted when completed, to the Army Knowledge Online (AKO). (See CD-Rom for details.)

No further investigative activity anticipated by this office.

////////////////////////////////////LAST ENTRY////////////////////////////////////

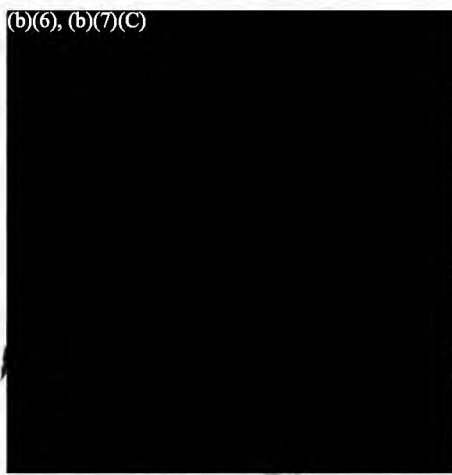
TYPED AGENT'S NAME AND SEQUENCE NUMBER (b)(6), (b)(7)(C), (b)(7)(F)	ORGANIZATION Fort Meade Resident Agency (CID) Fort Meade, MD 20755	
	DATE 15 Jan 05	EXHIBIT B

ACLU DDII CID ROI 24005



0003-06-CID012-RDF

0013-06-CID012-RFA



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



FOR OFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 24006

EXHIBIT 4

ENCLOS - 2

FOR OFFICIAL USE ONLY  
Law Enforcement Sensitive

AGENT'S INVESTIGATIVE REPORT  
CID Regulation 195-1

ROI NUMBER 0007-06-CID789-78451

Page 1 of 1 pages

DETAILS:

About 1745, 12 May 06, SA (b)(6), (b)(7)(C) received a copy of the final autopsy report from the Office of the Armed Forces Medical Examiner (OAFME), Armed Force Institute Of Pathology (AFIP), 1413 Research Blvd., Bldg. 102, Rockville, Md 20850, pertaining to detainee ISN (b)(6), (b)(7)(C). The report listed the manner of death as "natural" and the cause of death as atherosclerotic cerebral vascular disease. (See Autopsy Report for details)

About 1526, 15 May 06, SA (b)(6), (b)(7)(C) received a copy of the final Death Certificate pertaining to detainee ISN (b)(6), (b)(7)(C) (See Death Certificate for details)///Last Entry///

TYPED NAME	SEQUENCE NUMBER	ORGANIZATION	
SA (b)(6), (b)(7)(C), (b)(7)(F)	(b)(6), (b)(7)(C)	76 <sup>th</sup> MP Det (CID)(FWD)(-), BCCF, AGI, APO AE 09342	
(b)(6), (b)(7)(C)		DATE	EXHIBIT
		15 May 2006	5

FOR OFFICIAL USE ONLY  
Law Enforcement Sensitive

PROTECTIVE MARKING IS EXCLUDED FROM  
AUTOMATIC TERMINATION (Para 13, AR 34-16)

ACLU DDII CID ROI 24071



0007-06-020789-78451



**ARMED FORCES INSTITUTE OF PATHOLOGY**

**Office of the Armed Forces Medical Examiner**

1413 Research Blvd., Bldg. 102

Rockville, MD 20850

(b)(6)



**AUTOPSY EXAMINATION REPORT**

Name: GHADBAN, Talib E.

ISN: (b)(6)

Date of Birth: not known

Date of Death: (b)(6) 2006

Date of Autopsy: 15 JAN 2006 at 0930

Date of Report: 13 MAR 2006

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: not applicable

Place of Death: Baghdad, Iraq

Place of Autopsy: Port Mortuary

Dover AFB, DE

**Circumstances of Death:** Decedent admitted to the 344th Field Hospital on 31 Dec 05 complaining of being light-headed. On 02 Jan 06, the detainee is reported to have suffered a stroke with subsequent severe brain swelling. Distorted brain anatomy was seen in imaging studies (CT scan). Detainee was removed from respirator on (b)(6) 06, 0800, but feeding tube kept in place. Detainee pronounced at 1123 (b)(6) 06.

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

**Identification:** Presumptive identification by assigned ISN.

**CAUSE OF DEATH:** ATHEROSCLEROTIC CEREBRAL VASCULAR DISEASE

**MANNER OF DEATH:** NATURAL

**FOR OFFICIAL USE ONLY** and may be exempt from mandatory disclosure under FOIA. DoD 5400.7R, "DoD Freedom of Information Act Program", DoD Directive 5230.9, "Clearance of DoD Information for Public Release", and DoD Instruction 5230.29, "Security and Policy Review of DoD Information for Public Release" apply.

~~FOR OFFICIAL USE ONLY~~  
**ACLU DDII CID ROI 24073**  
~~LAW ENFORCEMENT SENSITIVE~~ **EXHIBIT 6**

**AUTOPSY DIAGNOSES**

**I. Central Nervous System:**

- A. Acute infarction of the right cerebral hemisphere in territory of the right middle cerebral artery; the histologic appearance is consistent with infarct that has been approximately one week or less in duration
- B. Subfalcine and transtentorial herniation
- C. Thrombus, organizing, right middle cerebral artery; atherosclerotic and arteriolosclerotic vascular disease

**II. Cardiovascular Pathology:**

- A. Cardiomegaly 400 grams, predicted normal 310 grams for 138 pound male
- B. Mildly thickened and redundant tricuspid valve
- C. Focal microscopic subepicardial scarring, of unknown significance
- D. Left anterior descending artery: 30% luminal narrowing by pathologic intimal thickening
- E. Right coronary artery: 30% luminal narrowing by pathologic intimal thickening
- F. There is focal microscopic subepicardial scarring, the significance of which is unknown

**III. Nephrosclerosis with granular renal surface appearance, focal infarct of left kidney and bilateral cortical thinning**

**IV. Evidence of Medical Intervention**

- A. Nasogastric feeding tube appropriately positioned
- B. Intravenous access site in left femoral crease
- C. Evidence of intravenous access sites in left and right antecubital fossae
- D. Foley urinary catheter
- E. EKG pads on right shoulder and left leg
- F. Treated decubitus ulcer on right back

**V. Toxicology:**

- A. Blood is negative for carboxyhemoglobin (carbon monoxide)
- B. Blood and urine are negative for ethanol
- C. Blood is negative for cyanide
- D. Urine is negative for screened drugs of abuse
- E. Urine is positive for lidocaine
- F. Urine is positive for lorazepam

~~FOR OFFICIAL USE ONLY~~

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

**EXHIBIT 6**

**ACLU/DDII CID ROI 24074**



### EXTERNAL EXAMINATION

The clothed body is that of a normally developed, adequately nourished, 65-1/2-inches, 138 pounds, Caucasian male whose appearance is consistent with an age range extending from the mid-to-late sixth through seventh decades. Lividity is posterior and fixed, rigor is passing, and the temperature is that of the refrigeration unit.

The scalp is covered with medium length black-graying hair, distributed in a male balding pattern, and a black-gray mustache and stubble beard. There is no evidence of cranio-facial trauma. The corneae are opacified, the underlying irides are brown, and the pupils are round and equal. The sclerae are slightly injected. The external auditory canals are clear. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The lower jaw is edentulous; numerous teeth of the upper jaw are missing and those present are markedly worn.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. A circumscribed circular area of erythema over the right epigastrium measures 1 inch in diameter. The abdomen is slightly protuberant but without mass or fluid wave. The genitalia are those of a normal circumcised adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. There is a 1/2 inch resolving contusion on the right side of the upper back. There are two circumscribed areas of erythema on the right side of the mid-back. A 2-1/2 inch circumscribed area of hyperpigmentation is present at the superior aspect of the gluteal crease. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing. There is a resolving, 1/2 inch contusion on the volar surface of the right forearm. Circumscribed hyperpigmented areas are present on the dorsal surfaces of both right and left hands. The skin of the hands is mildly edematous and the finger nail beds are cyanotic. The skin of the legs, from the soles of the feet to the level of the knees is darker brown than the skin of the remaining body surface.

### MEDICAL INTERVENTION

A nasogastric feeding tube is positioned through the left naris. There is evidence of previous intravascular access in the antecubital fossae bilaterally, as well as in the left femoral crease. A urinary catheter is positioned through the urethra. EKG pads are present on the right shoulder and left leg. A healing decubitus ulcer measuring 2-1/4 x 1 inch, with a gel dressing placed over it, is present on the left side of the back along the lateral scapular border. A plastic coated hospital identification bracelet printed with the decedent's name encircles the left wrist.

### RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates an absence of skeletal trauma and metallic foreign bodies

~~FOR OFFICIAL USE ONLY~~

ACLU DDII CID ROI 24075 6

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

INTERNAL EXAMINATION

HEAD (See Neuropathology Consult):

The galeal and subgaleal soft tissues of the scalp are free of injury. There are no skull fractures, and the dura mater underlying the calvarium is intact as well. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. 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 tip of the tongue is desiccated, but free of bite marks, hemorrhage, or other injuries. The bones of the cervical spine are intact and there is no evidence of soft tissue hemorrhage when layer-wise anterior and posterior dissections are extended to the spinal column.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. A 50 cc serous effusion is present in the left hemithorax, and a 400 cc serous effusion is present in the right hemithorax. The pericardial sac contains 20 cc of clear fluid. There is no excess fluid in the peritoneal cavity. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 690 and 560-grams, respectively. A few filmy adhesions extend from the visceral to the parietal surfaces of the right upper lung lobe. The external surfaces are deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. There is a small amount of white froth in the distal trachea and bronchi. No other significant abnormality is noted.

CARDIOVASCULAR SYSTEM (See Cardiovascular Pathology Consult):

The aorta gives rise to three intact and patent arch vessels. No significant lesion is present in the thoracic or abdominal segments of the aorta. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1570-gram liver has an intact, smooth capsule with prominent lobular patterning. The parenchyma is uniform tan-brown. No mass lesions or other abnormalities are seen. The gallbladder contains slightly less than 10 cc of green-black bile; there are no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 170-gram spleen has an intact, red-purple capsule. Several adhesions extend from the splenic surface to adjacent organs and to the abdominal wall. The parenchyma is uniformly deep purple with distinct Malpighian corpuscles. There is no evidence of a focal lesion.

~~FOR OFFICIAL USE ONLY~~

~~FOR OFFICIAL USE ONLY~~

ACLU DDII CID ROI 24076

EXHIBIT 6

~~LAW ENFORCEMENT AGENCY~~



**AUTOPSY REPORT** (b)(6)  
**GHADBAN, Talib E.**

0007-06-5-210719-78451

PANCREAS:

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENALS:

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

GENITOURINARY SYSTEM:

The right and left kidneys weigh 170 and 180-grams, respectively. The external surfaces of the kidneys are finely granular. There is a faint wedge-shaped infarct in the superior pole of the left kidney. The cut surfaces, apart from the infarcted tissue, are red-tan and congested, with slight thinning of the cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder is empty, having been drained by the urinary catheter. The prostate gland is enlarged with yellow-tan parenchyma and palpable poorly defined nodules. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 70-milliliters of partially digested food. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

MUSCULOSKELETAL AND INTEGUMENTARY SYSTEM

Muscle development is normal. No bone or joint abnormalities are noted. All areas of hyperpigmentation are examined by limited dissection; in no instance is there evidence of soft tissue hemorrhage. There is no evidence of injury to the back, wrists or the backs of the legs.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin, with preparation of histologic slides as appropriate.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by the OAFME staff photographers.
- Specimens submitted for toxicology and DNA analysis: vitreous, blood, gastric contents, bile, urine, brain, lung, liver, kidney, spleen, adipose, and psoas muscle.
- Full body radiographs are obtained and reflect injuries described above.
- Selected portions of organs are retained in formalin and histologic sections prepared as appropriate.
- The dissected organs are forwarded with the body.
- Personal effects are released to the appropriate mortuary operations representatives.

~~FOR OFFICIAL USE ONLY~~

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT USE ONLY~~

ACLU DDII CID ROI 24077

EXHIBIT 6

0007-06-220735-78451

SUBSPECIALTY CONSULTATION: NEUROPATHOLOGY

(b)(6) Neuropathology, reviewed in conference 3/3/2006

Brain, postmortem examination: Acute infarction of the right cerebral hemisphere in territory of the right middle cerebral artery. Subfalcine and transtentorial herniation. Thrombus, organizing, right middle cerebral artery. Atherosclerotic and arteriolosclerotic vascular disease.

A 1426-gram formalin-fixed brain was received. The falx cerebri is unremarkable. The remainder of the dura is not available for examination. The leptomeninges are thin and translucent, with congested meningeal vessels; minimal fresh subarachnoid hemorrhage is noted at the right inferior temporal gyrus. Contusion is not identified. There is diffuse softening of the right cerebral hemisphere. The cerebral gyral pattern is normal, but there is diffuse flattening. The cranial nerves are unremarkable. The circle of Willis shows a normal pattern. The cerebral blood vessels are removed. No aneurysms are seen. There is thrombosis of the right middle cerebral artery starting near the origin and extending to the second major bifurcation. Both posterior cerebral arteries have focal atherosclerotic plaques. There is right-to-left subfalcine herniation. There is right uncus (transtentorial) herniation with necrosis; the left uncus is notched with no softening. No tonsillar (transforaminal) herniation is seen. The brainstem and cerebellum have diffuse moderate swelling. Coronal sections of cerebrum show diffuse enlargement and softening of the right cerebral hemisphere (frontal, parietal, and temporal lobes), involving cortex, white matter, basal ganglia and thalamus. The cortico-medullary junction is preserved. A focal white matter hemorrhage is noted, right frontal lobe. Some focal hemorrhages involve the deep cortex and superficial white matter of the right occipital lobe. The left cerebral hemisphere is compressed. Right-to-left subfalcine and transtentorial herniation is confirmed. The third ventricle and right lateral ventricle are collapsed and displaced; the left lateral ventricle is displaced. The midbrain is compressed and contains multiple hemorrhages; the cerebral aqueduct is slit-like. The substantia nigra and locus ceruleus are well pigmented. A small linear hemorrhage is noted in the right rostral pons. The cerebellum, medulla oblongata, and fourth ventricle are unremarkable. The thoracolumbar spinal cord is not available for examination. A CD showing gross features of the brain is enclosed.

Summary of sections: 1. Left superior/middle frontal gyrus. 2. Left inferior parietal lobule. 3. Left superior/middle temporal gyrus. 4. Bilateral cingulate gyri (left inked black). 5. Left hippocampus. 6. Left caudate/putamen. 7. Left putamen/pallidum. 8. Bilateral thalamus/hypothalamus at mammillary bodies (left inked black). 9. Midbrain (left inked black). 10. Pons (left inked black). 11. Medulla (left inked black). 12. Left cerebellum/dentate nucleus. 13. Medullary-cervical junction (left inked black). 14. Right hippocampus. 15. Right medial occipital lobe. 16. Right frontal lobe white matter. 17. Right dorsal parietal lobe. 18. Right middle cerebral artery. 19. Bilateral posterior cerebral arteries (left inked black). All sections were processed in paraffin; slides were stained with H & E. This material was reviewed in conference by staff of the Department of Neuropathology and Ophthalmic Pathology.

Microscopic sections show extensive infarction of cerebral cortex, white matter, basal ganglia and thalamus within right middle cerebral artery territory, with acute neuronal injury, scattered macrophages, patchy neutrophils, coagulation necrosis, and vacuolation of neuropil/white matter. No significant subarachnoid hemorrhage is identified. No ventricular hemorrhage is seen. Scattered small intraparenchymal perivascular hemorrhages are present. The histologic appearance is consistent with infarct that has been approximately one week or less in duration. The right middle cerebral artery contains organizing thrombus with fibrin deposition and adherence to vessel wall. Cerebral vessels show atherosclerosis and arteriolosclerosis. Parenchymal hemorrhages are noted in midbrain and rostral pons.

(b)(6)

~~FOR OFFICIAL USE ONLY~~

ACLU DDII CID ROI 24078

~~FOR OFFICIAL USE ONLY~~  
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 6

000081



SUBSPECIALTY CONSULTATION: CARDIOVASCULAR PATHOLOGY

**FINAL DIAGNOSIS**

**DIAGNOSIS:** (b)(6) **Heart, post mortem examination: Cardiomegaly**

History: Male detainee (date of birth unknown) admitted to 344<sup>th</sup> Field Hospital 12/31/05 with signs and symptoms of stroke; subject died (b)(6) 06.

Heart: 400 grams, predicted normal 310 grams for 138 pound male; normal epicardial fat; closed foramen ovale; left ventricular cavity diameter 30 mm, left ventricular free wall thickness 13 mm, ventricular septum thickness 15 mm, right ventricle thickness 4 mm without gross scars or abnormal fat infiltrates; mildly thickened and redundant tricuspid valve, other valves grossly unremarkable; endocardium grossly unremarkable; no gross myocardial fibrosis or necrosis; histologic sections show focal microscopic subepicardial scarring; there are no inflammatory cell infiltrates, myocyte necrosis, or cardiomyopathic changes.

Coronary arteries: Normal ostia, right dominance; focally mild coronary atherosclerosis  
Left anterior descending artery: 30% luminal narrowing by pathologic intimal thickening  
Right coronary artery: 30% luminal narrowing by pathologic intimal thickening

Comment: There is focal microscopic subepicardial scarring, the significance of which is unknown.

Thank you for sending this case for our review. Case seen in conference.

(b)(6)

Staff pathologist

Blocks made: 7  
Slides made: 7 H&E, 6 Movat

~~FOR OFFICIAL USE ONLY~~

~~FOR OFFICIAL USE ONLY~~  
~~LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID ROI 24079

000082

(b)(6)

0007-06-010785-78451

OPINION

This detainee died of cerebral vascular disease, specifically, of thrombotic occlusion of the right middle cerebral artery and ischemic changes of the central nervous system structures it supplies. Cardiomegaly and nephrosclerotic changes support the interpretation that the decedent had hypertensive disease of long standing.

Despite extensive and detailed examination, there is no evidence of trauma or injury. The identification of lidocaine and a benzodiazepine in the urine are consistent with the detainee's status as a hospitalized patient with cardiac instability and possibly seizures.

The manner of death is natural.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

~~FOR OFFICIAL USE ONLY~~

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID ROI 24080

EXHIBIT 6





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

0007-06-210789-78457

REPLY TO  
ATTENTION OF

AFIP-CME-T

TO:

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

PATIENT IDENTIFICATION

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

Name  
GHADBAN, TALIB E.

SSAN:                              Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: January 26, 2006

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS              REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD  
Date of Incident:              Date Received: 1/18/2006

**CARBON MONOXIDE:** The carboxyhemoglobin saturation in the blood was less than 1% as determined by spectrophotometry with a limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.

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

**CYANIDE:** There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

**DRUGS:** The **URINE** 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 Lidocaine: Lidocaine was detected in the urine by gas chromatography and confirmed by gas chromatography/mass spectrometry.



REPLY TO  
ATTENTION OF

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

0007-06-020785-78457

**REPORT OF TOXICOLOGICAL EXAMINATION (CONT - GHADBAN, TALIB E.):**

Positive Benzodiazepine: Lorazepam was detected in the urine by immunoassay and confirmed by gas chromatography/mass spectrometry. The blood contained 0.09 mg/L of lorazepam quantitated by gas chromatography/mass spectrometry.

(b)(6)

Office of the Armed Forces Medical Examiner

(b)(6)

Office of the Armed Forces Medical Examiner



0007-06-210789-74451

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Ghadban, Talib, E		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
DATE OF BIRTH Date de naissance		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE Race		MARITAL STATUS État Civil	
RELIGION Culte		OTHER (Specify) Autre (Spécifier)	
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Négre	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input checked="" type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> JEWISH Juf
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR 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. Cerebral Vascular Disease			
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORRID 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 Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
<input type="checkbox"/> SUICIDE Suicide	SIGNATURE / Signature (b)(6)		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
<input type="checkbox"/> HOMICIDE Homicide	DATE Date 15 January 2006		
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2006		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 dé funt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme (b)(6) Medical Examiner	
GRADE Grade (b)(6)		INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE	
DATE Date (b)(6)		SIGNATURE Signature (b)(6)	

DD FORM 1 APR 77 2064

REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 28 SEP 75, WHICH ARE OBSOLETE.

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE  
EXHIBIT 7

ACLU DDII CID ROI 24083

000086

0007-06-020789-78451

(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00



# PHOTOGRAPH PACKET



NUMBER

DESCRIPTION OF PHOTOGRAPHS

- |   |   |
|---|---|
| 1 | Photograph depicting Identification Tag of (b)(6), (b)(7)(C)<br>(b)(6), (b)(7)(C) |
| 2 | Photograph depicting view from feet to head.                                      |
| 3 | Photograph depicting view from feet to head.                                      |
| 4 | Photograph depicting view of face.  |
| 5 | Photograph depicting view of face.  |
| 6 | Photograph depicting view of face.  |
| 7 | Photograph depicting full body view.  |

EXHIBIT 8



DA FORM 1300 (REV. 11-63) DEATH TAG

1. LAST NAME-FIRST NAME-MIDDLE INITIAL  
Gibson, J. L.

2. GRADE  
Sgt. Pvt.

3. SOCIAL SECURITY NO.

4. ORGANIZATION  
The Army

5. WARD  
The

6. DEATH OCCURRED  
11 23 44

7. PLACE WHERE DEATH OCCURRED  
The Army 344

8. AUTHORIZED SIGNATURE  
(b)(6), (b)(7)(C)

FOR USE OF THE NEXT OF KIN (AN AGENT) THE PROXIMATE NEXT OF KIN

ACLU DDII CID ROI 24086

0007-06-CID789-78451

0007-06-CID789-78451

Photo CD

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 24099

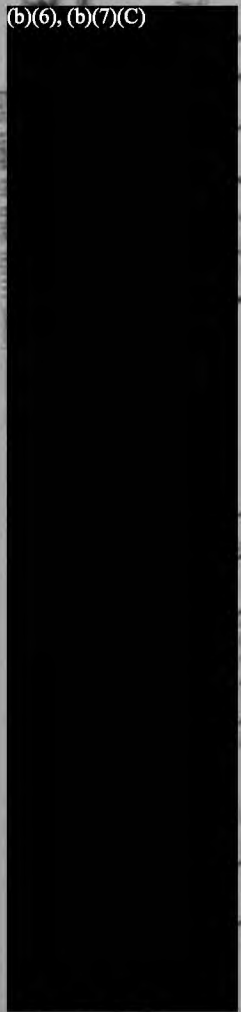
EXHIBIT

000100

9

1. LAST NAME-FIRST NAME-MIDDLE INITIAL Gladson, J. L.				2. GRADE	
4. ORGANIZATION				3. SOCIAL SECURITY NO.	
5. DEATH OCCURRED		7. PLACE WHERE DEATH OCCURRED			
6. HOUR	DAY	MO.	YEAR	8. WARD	
11:23				Ic	
AUTHORIZED SIGNATURE					

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



DA FORM 3000

DA FORM 3000