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DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Camp Bucca CID Office
CAMP BUCCA CID OFFICE, 3D MILITARY POLICE GROUP (CID), Camp
Bucca, Umm Qasr, Iraq, APO AE, Iraq

21 Mar 2008

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL/SSI - 0063-2007-CID579-24087 - 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 19 DEC 2007, 1600 - 19 DEC 2007, 1735; 31ST COMBAT SUPPORT HOSPITAL,
THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO, AE 09375

DATE/TIME REPORTED: 19 DEC 2007, 1735

INVESTIGATED BY:

SA (b)(6), (b)(7)(C), (b)(7)(F)

SA [REDACTED]

SUBJECT:

1. NONE, ; [DEATH BY NATURAL CAUSES] (NFI)

VICTIM:

1. DHAHI AL AMIRI, HASSAN HUSAYN (DECEASED); IRAQI; (DOB); (POB);
MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) (b)(6), (b)(7)(C) [REDACTED] THEATER
INTERNMENT FACILITY (TIF), CAMP BUCCA, APO, ARMED FORCES AFRICA,
CANADA, EUROPE & MIDDLE EAST 09375; XZ ; [DEATH BY NATURAL CAUSES]

INVESTIGATIVE SUMMARY:

"This is an Operation Iraqi Freedom Investigation"

About 1735, 19 Dec 07, SA (b)(6), (b)(7)(C) [REDACTED] was notified by CPT (b)(6), (b)(7)(C) [REDACTED] 31st

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Combat Support Hospital, Theater Internment Facility (TIF), Camp Bucca, APO AE 09376, that Detainee DHAHI AL AMIRI died at the hospital after being admitted for intestinal bleeding.

Investigation determined Detainee DHAHI AL AMIRI was transported to the TIF hospital after he was found vomiting blood in Compound 26. After being evaluated in the Emergency Room, it was determined Detainee DHAHI AL AMIRI needed surgery for a mass erosion through his esophagus. Detainee DHAHI AL AMIRI died during surgery due to the loss of blood and was pronounced dead at 1728 by LTC (b)(6), (b)(7)(C) 31st Combat Support Hospital, TIF, Camp Bucca, APO AE 09376.

An autopsy by the Armed Forces Medical Examiner's Office determined the cause of death to be Hemorrhage due to Peptic Ulcer Disease and the Manner of Death as Natural. The results of this investigation are consistent with those findings.

STATUTES:

N/A

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agents Investigative Report (AIR) of SA (b)(6), (b)(7)(C) 24 Dec 07.
2. Photographic Packet. (Victim) (USACIDC, and file copies only)
3. Compact Disc (CID) containing original images associated with Exhibit 2. (USACRC, USACIDC, and file copies only)
4. Death Packet pertaining to Detainee DHAHI AL AMIRI.
5. AIR of SA (b)(6), (b)(7)(C) 28 Dec 07.
6. Autopsy Photo's of Detainee DHAHI AL AMIRI. (USACRC, USACIDC, and file copies only)

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7. AIR of SA (b)(6), (b)(7)(C) 15 Mar 08.
8. Report of Toxicology Examination, pertaining to Detainee DHAHI AL AMIRI, 4 Jan 08.
9. Certificate of Death, pertaining to Detainee DHAHI AL AMIRI, 13 Mar 08.
10. Final Autopsy Report, pertaining to Detainee DHAHI AL AMIRI, 11 Mar 08.

Not Attached:

None.

The original of Exhibits 1 thru 3, 5 and 7 are attached to the USACRC copy of this report. The original of Exhibit 4 is retained in the files of the 332nd EMDOS, Air Force Theater Hospital, LSA Anaconda, Balad, Iraq. The original of Exhibits 6 and 8 thru 10 are retained in the files of the Armed Forces Institute of Pathology, Rockville, MD.

STATUS: This is a final report. Commander's Report of Disciplinary or Administrative Action (DA Form 4833) is not required.

CID reports of investigation may be subject to a Quality Assurance review by CID higher headquarters.

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Report Prepared By:

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

Special Agent

Report Approved By:

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

Special Agent in Charge

DISTRIBUTION:

Dir, USACRC, Ft Belvoir, VA

DIR AFIP AFME WASH, DC

AFIP DOVER OAFME

11th MP BN (CID)(OPERATIONS)

68th MP DET (CID), ARIFJAN, KUWAIT

31ST COMBAT SUPPORT HOSPITAL (CSH), CAMP BUCCA, UMM QASR,
IRAQ, APO AE 09375

CDR, 3D MP GROUP (CID)(OPERATIONS)

COMMANDER, 705TH MP BN, TIF, UMM QASR, IRAQ, APO AE 09375

COMMANDER, FOB BUCCA, UMM QASR, IRAQ, APO AE 09375

DEPUTY COMMANDER, FOB BUCCA, UMM QASR, IRAQ, APO AE 09375

Forensic Science Officer

STAFF JUDGE ADVOCATE, CAMP BUCCA, UMM QASR, IRAQ, APO AE 09375

MNC-I- CJI CASUALTY OPS, ATTN: OIC

CAMP BUCCA CID OFFICE, 68th MP DET (CID), APO AE 09375

FILE

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

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ROI NUMBER

0063-07-CID579-24087

PAGE 1 OF 1 PAGES

BASIS FOR INVESTIGATION: About 1735, 19 Dec 07, SA (b)(6), (b)(7)(C) was notified by CPT (b)(6), (b)(7)(C) 31st Combat Support Hospital, Theater Internment Facility (TIF), Camp Bucca, APO AE 09376, that Detainee DHAHI AL AMIRI died at the hospital after being admitted for intestinal bleeding.

About 1802, 19 Dec 07, SA (b)(6), (b)(7)(C) coordinated with CPT (b)(6), (b)(7)(C) TIF Hospital, Camp Bucca, APO AE 09375, to determine the status of Detainee DHAHI AL AMIRI and what treatment he received. About 1341, 19 Dec 07, the TIF Hospital was contacted concerning Detainee DHAHI AL AMIRI coughing up blood. About 1430, 19 Dec 07, he was admitted to the TIF Hospital Emergency Room (ER) for examination. It was determined approximately 30 to 40 minutes later he needed surgery for internal bleeding. The operation revealed Detainee DHAHI AL AMIRI had mass eroding through his esophagus, which was causing internal bleeding. Detainee DHAHI AL AMIRI was pronounced dead at 1728 by LTC (b)(6), (b)(7)(C) TIF Hospital, Camp Bucca, APO AE 09375.

About 1815, 19 Dec 08, SA (b)(6), (b)(7)(C) exposed photographs of the body of Detainee DHAHI AL AMIRI utilizing a Nikon Coolpix Digital Camera. (See photograph packet and photographs for details)

About 1030, 20 Dec 07, SA (b)(6), (b)(7)(C) coordinated with SGT (b)(6), (b)(7)(C) Patient Administration Division (PAD), TIF Hospital, Camp Bucca, APO AE 09375 and obtained the death packet of Detainee DHAHI AL AMIRI. (See Death Packet for details)

About 1140, 20 Dec 07, SA (b)(6), (b)(7)(C) interviewed COL (b)(6), (b)(7)(C) TIF Hospital, Camp Bucca, APO AE 09375, concerning his treatment of Detainee DHAHI AL AMIRI. COL (b)(6), (b)(7)(C) relayed Detainee DHAHI AL AMIRI arrived at the ER after he was vomiting bright red blood and an intravenous (IV) line was placed in his leg. Detainee DHAHI AL AMIRI was taken into surgery due to internal arterial bleeding. His stomach contents were removed and a three millimeter hole was discovered at the gastro esophageal junction. The blood vessels were worn and spraying blood. A mass was felt eroding, which Dr. (b)(6), (b)(7)(C) felt may have been cancerous. Dr. (b)(6), (b)(7)(C) relayed the only way to have saved Detainee DHAHI AL AMIRI would have been to remove his stomach and esophagus, which is not possible at the TIF Hospital.

About 1540, 24 Dec 07, SA (b)(6), (b)(7)(C) coordinated with SFC (b)(6), (b)(7)(C) 7TH Sustainment Brigade, Mortuary Affairs, LSA Adder, Tallil, APO AE 09331, concerning the status of Detainee DHAHI AL AMIRI. SFC (b)(6), (b)(7)(C) relayed the body was forwarded to the Armed Forces Institute of Pathology (AFIP), Rockville, MD (NF), for autopsy. SFC (b)(6), (b)(7)(C) relayed the family requested the remains, but were denied until the body was examined by AFIP and shipped back to Iraq. ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA (b)(6), (b)(7)(C), (b)(7)(F)

ORGANIZATION

68th MP Detachment (CID), Camp Bucca, APO AE 09375

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

DATE

24 Dec 07

EXHIBIT

ENFORCEMENT SENSITIVE

FOUO

LAW ENFORCEMENT SENSITIVE

FOUO

LAW ENFORCEMENT SENSITIVE

EXHIBIT 3

ACLU DDII CID ROI 25754

AGENT'S INVESTIGATION REPORT

ROI NUMBER

0063-07-CID579-24087

CID Regulation 195-1

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PAGE 1 OF 1 PAGES

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TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA (b)(6), (b)(7)(C), (b)(7)(F)		68th MP Detachment (CID), Camp Bucca, APO AE 09375	
SIGNATURE		DATE	EXHIBIT
		24 Dec 07	

ACLU DDII CID ROI 25756

CERTIFICATE OF DEATH

For use of this form, see AR 190-8; the proponent agency is DCSREF

INTERMENT SERIAL NUMBER

(b)(6)

LAW ENFORCEMENT SENSITIVE

FROM: 31st COMBAT SUPPORT HOSPITAL CAMP BUCCA, IRAQ APO AE 09375

TO:

NAME (Last, first, MI) (b)(6)		GRADE N/A	SERVICE NUMBER (b)(6)
NATIONALITY IRAQI	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE	
PLACE OF BIRTH		DATE OF BIRTH	
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN			FIRST NAME OF FATHER
PLACE OF DEATH 31st CSH CAMP BUCCA, IRAQ	DATE OF DEATH (b)(6) 2007	CAUSE OF DEATH ACUTE BLOOD LOSS	
PLACE OF BURIAL			DATE OF BURIAL
IDENTIFICATION OF GRAVE			

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)

- RETAINED BY DETAINING POWER
- FORWARDED WITH DEATH CERTIFICATE TO (Specify)
- FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY	DATE (b)(6) 07	(b)(6)
	SIGNATURE OF COMMANDING OFFICER (b)(6)	(b)(6)
	WITNESSES	
	SIGNATURE (b)(6)	ADDRESS 31st CSH, CAMP BUCCA APO AE 09375
SIGNATURE (b)(6)	(b)(6)	ADDRESS 31st CSH, CAMP BUCCA APO AE 09375

HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL				
FOR USE OF THIS FORM, SEE AR 40400; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL		TE 31st CSH CAMP BUCCA IRAQ APO AE 093751				
<p>Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.</p>		<p>Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.</p>				
SECTION A - ATTENDING MEDICAL OFFICER'S REPORT						
PERSONAL DATA						
1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available) DHAHI, HASSAN HUSAYN ISN: (b)(6)		2. TIME OF DEATH (Hour-day-month-year) 1728 (b)(6) 2007		3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
		4. RELIGION ISLAM		5. CHAPLAIN NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
		6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH				
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number						
CAUSE OF DEATH					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)		DUE TO (or as a consequence of) ACUTE BLOOD LOSS			4 hours	
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) UNCONTROLLABLE GASTROINTESTINAL BLEEDING (2)				
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		a. b.				
9. DATE (b)(6) 2007		10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)		11. (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) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			21. AUTOPSY ORDERED BY (Signature)			
22. PROVISIONAL PATHOLOGICAL FINDINGS N						
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 (D'Outre-Mer)

LAW ENFORCEMENT SENSITIVE

NAME OF DECEASED (Last, First, Middle) DHAHI, HASSAN HUSAYN		Nom du décédé (Nom et prénom) DHAHI, HASSAN HUSAYN		SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)	
ORGANIZATION ISN: (b)(6) CAMP BUCCA TIF		NATION (e.g., United States) Pays IRAQ		DATE OF BIRTH Date de naissance N/A	
RACE CAUCASOID NEGROID OTHER (Specify) ARAB		MARITAL STATUS SINGLE MARRIED WIDOWED		RELIGION PROTESTANT CATHOLIC JEWISH ISLAM	
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		STREET ADDRESS	
CITY OF TOWN AND STATE		VILLE (Code postal compris)			

MEDICAL STATEMENT Declaration médicale

CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort.		ACUTE BLOOD LOSS
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	UNCONTROLLABLE GASTROINTESTINAL BLEEDING
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
ACCIDENT Mort accidentelle		
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste	
HOMICIDE Homicide	SIGNATURE Signature	AVIATION ACCIDENT Accident à Avion

DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) 1728 (b)(6) 2007	PLACE OF DEATH Lieu de décès 31st CSH 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 Nom du médecin militaire ou du médecin sanitaire (b)(6)	TITLE OR DEGREE Titre ou diplôme (b)(6)
INSTALLATION OR ADDRESS Installation ou adresse 31st CSH CAMP BUCCA, IRAQ APO AE 09375	SIGNATURE Signature (b)(6)
DATE Date (b)(6) 2007	

¹ State disease, injury or complication which caused death, but not mode of death.
² State conditions contributing to the death, but not related to the disease or condition.
¹ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière (le moyen) de la mort.
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.

AGLU DDII CID ROI 25773

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

DISPOSITION OF REMAINS
LAW ENFORCEMENT SENSITIVE

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 <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (<i>Specify</i>)			DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS				
REGISTRY (<i>Town and Country</i>)		DATE REGISTERED	FILE NUMBER	
			STATE	OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

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ACLU DDII CID ROI 25774

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

LAW ENFORCEMENT SENSITIVE

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) DHAHI, HASSAN HUSAYN		GRADE Grade N/A	BRANCH OF SERVICE N/A	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)
ORGANIZATION Organisation ISN: (b)(6) CAMP BUCCA TIF		NATION (e.g., United States) Pays IRAQ	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race CAUCASOID Caucasique	MARITAL STATUS État Civil SINGLE Célibataire	RELIGION Culte PROTESTANT Protestant	OTHER (Specify) Autre (Spécifier)	
NEGROID Négróide	MARRIED Marié	CATHOLIC Catholique	X ISLAM	
X OTHER (Specify) Autre (Spécifier) ARAB	WIDOWED Veuf	JEWISH Juif		
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		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
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 DEATH Maladie ou condition directement responsable de la mort.	ACUTE BLOOD LOSS	4 hours
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	
	UNCONTROLLABLE GASTROINTESTINAL BLEEDING	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> ND Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
ACCIDENT Mort accidentelle		
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste	
HOMICIDE Homicide	SIGNATURE Signature	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
	DATE Date	

DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) 1728 (b)(6) 2007	PLACE OF DEATH Lieu de décès 31st CSH 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 Nom du médecin militaire ou du médecin sanitaire (b)(6)	TITLE OR DEGREE Titre ou diplôme (b)(6)
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse 31st CSH CAMP BUCCA, IRAQ APO AE 09375
DATE Date (b)(6) 2007	SIGNATURE Signature (b)(6)

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 que l'arrêt cardiaque, 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.

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

DISPOSITION OF REMAINS
LAW ENFORCEMENT SENSITIVE

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 <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			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

FOUO

ACLU DDII CID ROI 25776

LAW ENFORCEMENT SENSITIVE

STATEMENT OF IDENTIFICATION

For use of this form, see AR 638-2; the proponent agency is ODCSPER

NAME OF DECEASED (Last, First, MI) GRADE **LAW ENFORCEMENT SENSITIVE** BRANCH OF SERVICE DATE OF INCIDENT

DHAHI, HASSAN HUSAYN SI (b)(6) DETAINEE (b)(6) 2007

ORGANIZATION AND BASE PLACE OF DEATH/INCIDENT

DETAINEE CAMP BUCCA

CONDITION OF REMAINS (Describe briefly in Narrative below)

<input checked="" type="checkbox"/> Recognizable	<input type="checkbox"/> Not Recognizable	<input type="checkbox"/> Commingled	<input type="checkbox"/> Mutilated
<input type="checkbox"/> Burned	<input type="checkbox"/> Decomposed	<input type="checkbox"/> Semi-Skeletal	<input type="checkbox"/> Skeletal

MEANS OF IDENTIFICATION (Check all appropriate boxes. Specify supporting data in Narrative below)

<input type="checkbox"/> Fingerprint Comparison	<input type="checkbox"/> Footprint Comparison	<input type="checkbox"/> Dental Comparison	<input type="checkbox"/> Anatomical Comparison
<input type="checkbox"/> Skeletal Comparison	<input type="checkbox"/> Personal Effects	<input checked="" type="checkbox"/> Visual Recognition	<input checked="" type="checkbox"/> Identification Tag(s)
<input checked="" type="checkbox"/> Other (Explain in Narrative)			

ENCLOSURES

<input type="checkbox"/> DD Form 565	<input type="checkbox"/> DD Form 890	<input type="checkbox"/> DD Form 891	<input type="checkbox"/> DD Form 892
<input type="checkbox"/> DD Form 893	<input type="checkbox"/> DD Form 894	<input type="checkbox"/> DD Form 897	<input type="checkbox"/> ID Card
<input type="checkbox"/> DD Form 369	<input type="checkbox"/> FD 258	<input type="checkbox"/> AF Form 137	<input type="checkbox"/> SF 603
<input type="checkbox"/> Dental X-Rays	<input type="checkbox"/> SF 88	<input type="checkbox"/> SF 93	<input checked="" type="checkbox"/> DD Form 2064
<input type="checkbox"/> SF 601	<input checked="" type="checkbox"/> Photo	<input checked="" type="checkbox"/> SF 600	<input checked="" type="checkbox"/> DD Form 3894

NARRATIVE AND SUMMARY (Continue on reverse or use additional sheets, if required)

IDENTIFIED THROUGH D.M.S., IRIS SCAN AND PHOTOGRAPH.

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TAB

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NARRATIVE AND SUMMARY (Continued)

LAW ENFORCEMENT SENSITIVE

RECOMMENDATIONS

RECOMMENDATIONS PRESENTED

TYPED NAME OF IDENTIFICATION SPECIALIST		NAME AND ADDRESS OF INSTALLATION
TITLE OF IDENTIFICATION SPECIALIST		
SIGNATURE OF IDENTIFICATION SPECIALIST		DATE

RECOMMENDATIONS APPROVED

To the best of my knowledge and belief, the statements made herein are correct, and true.

TYPED NAME OF APPROVING OFFICER		GRADE	NAME AND ADDRESS OF INSTALLATION
TITLE OF APPROVING OFFICER			
SIGNATURE OF APPROVING OFFICER			DATE

FOUO

516-108

MEDICAL RECORD

OPERATION REPORT
LAW ENFORCEMENT SENSITIVE

PREOPERATIVE DIAGNOSIS

GIB

(b)(6)	FIRST ASSISTANT	SECOND ASSISTANT
ANESTHETIST (b)(6)	ANESTHETIC	TIME BEGAN: 1600
CIRCULATING NURSE (b)(6)	SCRUB NURSE Scrub Tech: (b)(6)	TIME OPERATION BEGAN 1627
		TIME OPERATION COMPLETED

OPERATIVE DIAGNOSES

Acute Gastric Hemorrhage

DRAINS (Kind and number) NONE	SPONGE COUNT VERIFIED Correct
----------------------------------	----------------------------------

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION

OPERATION PERFORMED
Exploratory Laparotomy, Gastrotomy. Attempts to oversew bleed site

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.) Pt to OR on emergency basis. Anesthesia administered by team. Midline incision for exploratory laparotomy. Stomach opened transversely. Clots & food products removed. ~3 mm actively bleed site identified in pylorogastrotomy junction. Attempts to oversew found massive bleeding resulting in NO control of bleeding. Lesser sac opened & palpable mass at G-3 junction noted. Pt continued to hemorrhage despite all attempts to control bleed. Pt expired @ 1728 (b)(6) 2007. Abd closed with staples (b)(6)	PROSTHETIC DEVICES (Lot no.)	DATE OF OPERATION (b)(6) 2007
---	------------------------------	----------------------------------

SIGNATURE OF SURGEON (b)(6)	DATE (b)(6) 2007
--------------------------------	---------------------

PATIENT'S IDENTIFICATION Camp Bucca TIF Hospital, Iraq ISN / (b)(6)	REGISTER/I.D. NO.	WARD NO.
---	-------------------	----------

LAW ENFORCEMENT SENSITIVE

Patient: BUCCA, (b)(6)
Facility: WBKXBT

Date: (b)(6) 2007 1423 AST
Clinic: 31ST TF MED (BUCCA)

Appt Type: ROUTIN
Provider: (b)(6)

AutoCites Refreshed by (b)(6) 2007 1702 AST

Problems
No Problems Found.
Active Medications
No Active Medications Found.
Allergies
Patient has no known allergies

Screening Written by (b)(6) 2007 1423 AST

Appointment Reason For Visit: vomiting blood (hematemesis);

Selected Reason(s) For Visit:
vomiting blood (hematemesis) (New) Comments:

Vitals
Vitals Written by (b)(6) 2007 1423 AST
BP: 135/76, HR: 64, RR: 16, T: 98.1 °F, O2: 100, Tobacco Use: No, Pain Scale: 3/10 Mild

SO Note Written by (b)(6) 2007 1704 AST

Chief complaint
The Chief Complaint is: I am vomiting.

History of present illness
The Patient is a 43 year old male.
° Encounter Background Information: 43yo male with hx of peptic ulcer dse presents with 3 episodes of hematemesis today. pt denies taking ns aids, but states that he has been taking an "antiulcer med." he also states that he is experiencing epigastric pain, that is 5/10, sharp. denies melana, diarrhea. no other assoc symptoms. no agg/all factors.

Past medical/surgical history
Reported History:
Past medical history see above

Personal history
Social history den

Family history
Family medical history den

Review of systems
Systemic symptoms: No systemic symptoms.
Head symptoms: No head symptoms.
Eye symptoms: No eye symptoms.
Otolaryngeal symptoms: No otolaryngeal symptoms.
Cardiovascular symptoms: No cardiovascular symptoms.
Pulmonary symptoms: No pulmonary symptoms.
Gastrointestinal symptoms: Nausea, vomiting, and abdominal pain but no diarrhea.
Genitourinary symptoms: No genitourinary symptoms.
Endocrine symptoms: No endocrine symptoms.
Skin symptoms: No skin symptoms.
Hematologic symptoms: No hematologic symptoms.
Musculoskeletal symptoms: No musculoskeletal symptoms.
Neurological symptoms: No neurological symptoms.

Physical findings
Vital signs:

Table with patient information: Name, FMP/SSN, DOB, PCat, MC Status, Insurance, Sex, Tel H, Tel W, CS, WS, Sponsor, Rank, Unit, Outpt Rec. Rm, PCM, Tel. PCM.

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-502). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.
FOUO
ACLU-RDI 5554 p.18 25780

LAW ENFORCEMENT SENSITIVE

° Current vital signs reviewed.
Standard Measurements:
° Normal.

General appearance:
° Patient was awake. ° Patient was alert. ° Patient was oriented to time, place, and person.

Head:
• Head: diaphoresis, noted to forehead.

Cardiovascular system:
• Cardiovascular system: RRR, nmtr

Abdomen:
• Abdomen: pain over epigastric region. no pain in lower quads. no rebound.

Urinary system:
° Normal.

Rectum:
• Rectum: brown stool, trace heme positive

Musculoskeletal system:
General/bilateral: ° Musculoskeletal system: normal.

Neurological:
• System: A&O x 3. moving all extremities equally.

A/P Written by (b)(6) 2007 1709 AST

1. vomiting blood (hematemesis)
Comments: 44yo male with hematemesis. 2large bores peripheral ivs inserted. initially VSS. NGT placed with dark maroon blood lavaged (approx 1L). xrays, suspicious for free air under left side. Pt had one more episode of significant hematemesis. Intubated with 8.0 to protect airway. 3units of O+ given, awaiting FFP. Fluids also started. Left cordis placed. (b)(6) attending surgeon, at bedside. calling OR team. pt is critical. VSS on admission to OR: pulse 60, BP 120/50, o2sats100% on ventilator.

Disposition Written by (b)(6) 2007 1709 AST

Released Without Limitations
Follow up: as needed.
Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.
Injury & Illness: Not Work Related; Not Battle Related; Category: All Other, Medical/Surgical Cause: Non-Battle Injury
Appointment Class: Outpatient
E&M Code: 99212 - Estab Outpatient Focused H&P - Straightforward Decisions

Signed By (b)(6) 2007 1709
(b)(6)

Name:	BUCCA, (b)(6)	Sex:	M	Sponsor:	BUCCA (b)(6)
FMP/SSN:	(b)(6)	Tel H:		Rank:	
DOB:	(b)(6) 1963	Tel W:		Unit:	
PCat:	K78 FOREIGN NATIONAL-POW/INTERNEE	CS:		Outpt Rec. Rm:	
MC Status:		WS:		PCM:	
Insurance:	No			Tel. PCM:	

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
030	Pt arrived in ER LAW ENFORCEMENT SENSITIVE
(b)(6)	blood, NG tube placed, labs sent.
07	Pt was sent for K&S @ 1500, then transferred
	to Trauma room 1. Pt start vomiting
	large amount of bright red blood. At 1530
	Pt. was having airway issues. Pt was
	intubated @ 1535. (see med list) and placed
	on vent by RT. 16Fr Foley was placed and
	Femoral line placed by M.D. ABG drawn.
	Pt. was given 3 units PRBC's prior to transfer
	to O.R. See vitals on NSG documentation
	Pt. was V.S. stable @ transfer time 1625 to
	O.R. CXR done to confirm tube placement
(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.

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record
 STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1 USAPA V2 00

(b)(6)

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 ACLU DDII CID ROI 25782

MEDICAL RECORD

LAW ENFORCEMENT SENSITIVE

RECEIPT OF BODY AT MORGUE

The body of DHAHI, HASSAN HUSAYN ISN: (b)(6) was received

at _____ A.M. / P.M. on _____ (Date)

(Signature)

CERTIFICATE OF REMOVAL

The body of DHAHI, HASSAN HUSAYN ISN: (b)(6) was removed

by _____ (Name and address of undertaker)

at _____ A.M. / P.M. on _____ (Date)

(Signature of person releasing body to undertaker)

(Signature of representative of undertaker)

The following statement shall be completed only when specifically ordered.

PHYSICIAN'S STATEMENT REGARDING CONDITION OF REMAINS AS PER CASE (Describe post-mortem, surface disfigurements, abrasions, lacerations, punctures, whether remains were embalmed, etc.)

THIS BODY CONTAINS A MEDICAL IMPLANT WHICH MAY INCLUDE A BATTERY OR POWER CELL. YES NO

(b)(6)

PATIENT'S IDENTIFICATION (For typed or written entries give Name, last, first, middle, grade, date, hospital or residential country)

REGISTER NO. WEAHID NO.

DHAHA, HASSAN HUSAYN
ISN: (b)(6)

DISPOSITION OF BODY
Medical Record

FOUO

STANDARD FORM 523-A (JULY 12, 51)

ACLU DDII CID ROI 25783

LAW ENFORCEMENT SENSITIVE

EXHIBIT 4

Basis for Investigation: About 1010, 19 Dec 07, this office received a Request for Assistance (RFA) from SA (b)(6), (b)(7)(C) Special Agent in Charge, 68th Military Police Detachment (CID), Camp Bucca, APO AE 09375, to attend the autopsy of Detainee Hassan Husayn DHAHI AL AMIRI, ISN: (b)(6), (b)(7)(C) Camp Bucca, APO AE 09375.

About 1200, 28 Dec 07, SA (b)(6), (b)(7)(C) attended the autopsy of Detainee DHAHI AL AMIRI (ME # 07-1383), which was conducted by Dr. (CPT) (b)(6), (b)(7)(C) USAF, Associate Medical Examiner, Office of the Armed Forces Medical Examiner (OAFME), Armed Forces Institute of Pathology (AFIP), 1413 Research Blvd, Bldg 102, Rockville, MD 20850. The preliminary cause of death was opined as gastric ulcers and manner of death as natural. Photographers from AFIP exposed digital photographs of the autopsy and prepared a compact disc (CD) containing all images exposed. A copy of the CD containing all images was obtained. Fingerprints were obtained by the FBI. (See CD for details).

STATUS: The official results of the autopsy will be documented in the Final Autopsy Report, which will be provided upon completion. /// Last Entry ///

SA (b)(6), (b)(7)(C)	APG Resident Agency (CID)
Special Agent, (b)(7)(F)	APG, MD 21005
Signature (b)(6), (b)(7)(C)	Date: 28 Dec 07
	Exhibit: Cool

CID Form OR OFFICIAL USE ONLY **ACLU DDII CID ROI 25784**
LAW ENFORCEMENT SENSITIVE

AGENT'S INVESTIGATION REPORT

ROI NUMBER

0063-07-CID579-24087

CID Regulation 195-1

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PAGE 1 OF 1 PAGES

About 1016, 15 Mar 08, SA (b)(6), (b)(7)(C) received the Report of Toxicological Examination, Toxicology Accession number 080014, Certificate of Death and Autopsy Examination Report, Armed Forces Institute of Pathology (AFIP) number 3081281, from AFIP, Office of the Armed Forces Medical Examiner, 1413 Research Blvd., Bldg. 102, Rockville, MD 20850. (See Toxicological Examination, Certificate of Death and Autopsy Examination Report for details) ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

SA

ORGANIZATION

68th MP Detachment (CID), Camp Bucca,
APO AE 09375

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

DATE

15 Mar 08

EXHIBIT

ACLU DDII CID ROI 25817

-LAW ENFORCEMENT SENSITIVE

Exhibit(s) 8 thru 10

Page(s) 000070 thru 000080 referred to:

CDR U.S. Army Medical Command
Freedom of Information/Privacy Act Office
ATTN: MCFP Bldg 126 Stop 76
1216 Stanley Road 2nd Floor
Fort Sam Houston, TX 78234-5049

ACLU DDII CID ROI 25818

LAW ENFORCEMENT SENSITIVE

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



REPLY TO
ATTENTION OF

AFIP-CME-T

TO:

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

PATIENT IDENTIFICATION

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

Name
DHAHI, AL AMIRI HASSAN HUSAYN

SSAN: Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: (b)(6) 2008

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: (b)(6) 2007

Date Received: (b)(6) 2008

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.

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

DRUGS: The **BLOOD** was screened for acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, mefloquine, 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 Benzodiazepine: Midazolam was detected in the blood by immunoassay and confirmed by gas chromatography/mass spectrometry. The blood contained 0.10 mg/L of midazolam as tested by gas chromatography/mass spectrometry.

(b)(6)

Office of the Armed Forces Medical Examiner

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FREEDOM OF INFORMATION ACT Exemption No. 6c,d Applies

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ACLU DDII CID ROI 25819

LAW ENFORCEMENT SENSITIVE

EXHIBIT 8

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LAW ENFORCEMENT SENSITIVE

ARMED FORCES INSTITUTE OF PATHOLOGY - TOXICOLOGY DIVISION

TO:
 ARMED FORCES INSTITUTE OF PATHOLOGY
 ATTN: DIVISION OF FORENSIC TOXICOLOGY
 BUILDING 54
 6825 16TH STREET, N.W.
 WASHINGTON, DC 20306-6000

FORWARD FINAL

Dover AFB Port Mortuary

Incident : OIF
 Remains/Case #: (b)(6)
 Recovery/TC #: (b)(6)
 Process Date (b)(6) 07 ME # (b)(6)

NAME OF PATIENT (Last, First, MI)	SOCIAL SECURITY #	AGE	SEX	RACE
BTS Dhaki, HASSA HUSAYN	(b)(6)			

DATE OF INCIDENT / ACCIDENT	TIME AND DATE OF DEATH	AUTOPSY #
(b)(6)	07 (b)(6) 07 @ 17:28	(b)(6)

MEDICATION HISTORY (Prescribed or administered, in patient's possession, container found near body, etc.)

NUMBER	ORGAN/TISSUE/AMOUNT	NUMBER	ORGAN/TISSUE/AMOUNT	NUMBER	ORGAN/TISSUE/AMOUNT
1.	Vitreous	5.	lung	9.	spleen
2.	hair	6.	Adipose	10.	kidney
3.	muscle Heart	7.	LIVER	11.	
4.	Blood	8.	Bile	12.	

INCIDENT/ACCIDENT DETAILS (Include pertinent information regarding crash site, autopsy, coroner, etc.)

DFT# (b)(6)

PRINTED NAME OF REQUESTER/TITLE	SIGNATURE	DATE	PHONE / FAX
(b)(6)		07	

CHAIN OF CUSTODY (CC)

RELEASED BY	RECEIVED BY	DATE	TIME	PURPOSE FOR REQUEST
(b)(6)				
	(b)(6)	2008		Received From Courier
		2008		

FOUO

ACLU DDII CID ROI 25820

LAW ENFORCEMENT SENSITIVE

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Dhahi, Al Amiri, Hassan Husayn		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social ISN (b)(6)
RACE Race		MARITAL STATUS État Civil	RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Négre	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> PROTESTANT Protestant
	<input type="checkbox"/> WIDOWED Veuf		<input checked="" type="checkbox"/> CATHOLIC Catholique
			<input type="checkbox"/> JEWISH Juif
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 Hemorrhage due to peptic ulcer disease			
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 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)	DATE Date (b)(6) 2007	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
<input type="checkbox"/> HOMICIDE Homicide			
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2007	PLACE OF DEATH Lieu de décès 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 dé funtist 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 Assoc. Medical Examiner	
INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE			
DATE Date (b)(6) 2008	SIGNATURE Signature (b)(6)		

DD FORM 1 APR 77 2064

REPLACES DA FORM 3685, 1 JAN 72 AND DA FORM 3685-R (PAS), 28 SEP 75, WHICH ARE OBSOLETE.

ACLU DDII CID ROI 25821

FOUO

0063 07 CID579-24087

LAW ENFORCEMENT SENSITIVE

(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 436 SVC/SVD 116 26th Street, Dover AFB DE 19902	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

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ACLU DDII CID ROI 25822

LAW ENFORCEMENT SENSITIVE

000073 EXHIBIT 9

LAW ENFORCEMENT SENSITIVE



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: DHAHI, Al Amiri Hassan Husayn

Autopsy No.: (b)(6)

ISN: (b)(6)

AFIP No.: (b)(6)

Date of Birth: Unknown

Rank: Civilian/Detainee

Date of Death: (b)(6) 2007

Place of Death: Iraq

Date/Time of Autopsy: (b)(6) 2007 @0900 hrs

Place of Autopsy: Port Mortuary Dover AFB,
DE

Date of Report: 11 MAR 2008

Circumstances of Death: This Operation Iraqi Freedom detainee, as reported, was vomiting blood and was transported to the surgical operating room for an emergency laparotomy. During the procedure, the decedent had uncontrollable gastric bleeding near the gastro-esophageal junction. The patient died, despite all attempts to control his acute blood loss.

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

Identification: Presumptive identification per CID investigation.

CAUSE OF DEATH: HEMORRHAGE DUE TO PEPTIC ULCER 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. **FOUO** **ACLU DDII CID ROI 25823**

AUTOPSY REPORT (b)(6)
DHAHI, Al Amiri Hassan Husayn

Page 2 of 7

LAW ENFORCEMENT SENSITIVE
EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male. The body weighs 144 pounds and is 67 ½ inches in length. The body is cold. Rigor is present to an equal degree in all extremities. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure.

The head is normocephalic, and the scalp hair is black. Facial hair consists of mustache and extends into a full black/gray beard. The irides are hazel. The corneae are cloudy. The conjunctivae and sclerae are unremarkable. The external auditory canals and oral cavity are free of foreign material and abnormal secretions. The naris has dried blood present. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The teeth are natural and in good condition. Examination of the neck reveals no evidence of injury.

The chest is unremarkable. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is flat. The external genitalia are those of a normal adult circumcised male. The anus is unremarkable.

The fingernails are intact. There are two well healed scars on the dorsal surface of the right foot measuring up to 1 inch in maximum dimension. There is one well healed scar on the dorsal surface of the left foot measuring up to 1 inch in maximum dimension. There are no tattoos noted on the body. There is a skin tag measuring ¼ inch in maximum dimension on the left back. The majority of the posterior torso has multiple vitiligo patches.

CLOTHING AND PERSONAL EFFECTS

None identified.

MEDICAL INTERVENTION

A six inch vertical, surgical staple line is above the umbilicus. There is a puncture mark on the left antecubital fossa.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates only a surgical staple line from T-11 to L3.

EVIDENCE OF INJURY

None identified.

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LAW ENFORCEMENT SENSITIVE**EXHIBIT 10**

AUTOPSY REPORT (b)(6)
 DHAHI, Al Amiri Hassan Husayn

LAW ENFORCEMENT SENSITIVE Page 3 of 7

INTERNAL EXAMINATION

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. The peritoneal has 200 milliliters of bloody fluid. All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is ¼ inch thick.

HEAD AND NECK:

The galeal and subgaleal soft tissues of the scalp are free of injury. There are no skull fractures. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels are intact.

The brain weighs 1270 grams, which has unremarkable gyri and sulci. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brain stem and cerebellum are unremarkable. The atlanto-occipital joint is stable.

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage by layer-wise dissection. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact tan mucosa. The tongue is free of bite marks, hemorrhage, or other injuries.

CARDIOVASCULAR SYSTEM:

The heart weighs 320 grams and surrounded by an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no significant atherosclerotic luminal stenosis present. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1.4, 1.4, and 0.3 centimeters thick, respectively. The endocardium is smooth and glistening.

The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material: the mucosal surfaces are smooth, yellow-tan and unremarkable. The right pleural surface has adhesions; but the left pleural surface has a smooth, glistening and unremarkable appearance. The pulmonary parenchyma is unremarkable, it exudes a slight amount of blood and frothy fluid; no focal lesions are noted.

The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 360 grams; the left 330 grams.

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HEPATOBIILIARY SYSTEM:

The liver weighs 1050 grams has an intact smooth capsule covering moderately congested tan-brown parenchyma with no focal lesions noted.

The gallbladder contains 1 milliliter of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

GASTROINTESTINAL SYSTEM:

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and shows a 7 x 5 centimeter defect near the greater curvature. Located 1 centimeter from the gastric-esophageal junction are two gastric ulcers measuring 0.7 and 1.0 centimeters in maximum dimension. Both ulcers are surrounded by a 5.5 x 5 centimeter area of mucosal erythema. A black surgical suture is located between these two lesions.

The small and large bowels contain bloody semi-liquid and fecal matter, respectively. The pancreas is slightly decomposed with a tan lobulated appearance and the ducts are clear. The appendix is present.

GENITOURINARY SYSTEM:

The right kidney weighs 90 grams; the left kidney weighs 110 grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surface. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable.

Tan bladder mucosa overlies an intact bladder wall. The bladder contains no urine. The testes, prostate gland and seminal vesicles are unremarkable.

LYMPHORETICULAR SYSTEM:

The spleen weighs 870 grams has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable.

Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

ENDOCRINE SYSTEM:

The pituitary gland is left *in situ* and is unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The right and left adrenal glands are symmetric, with bright yellow cortices and red-brown medullae. No masses or areas of hemorrhage are identified.

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MUSCULOSKELETAL SYSTEM:

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

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin, with preparation of histology slides of the spleen pending.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME.
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicology testing and/or DNA identification are: vitreous fluid, blood, bile, spleen, liver, lung, kidney, brain, myocardium, adipose tissue and skeletal muscle.
4. The dissected organs are forwarded with body.

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FINAL AUTOPSY DIAGNOSES

- I. Gastric Ulcers, Multiple, Near the Gastro-Esophageal Junction**
- II. Natural diseases or pre-existing conditions:**
 - A. Vitiligo of the posterior torso
 - B. Splenomegaly, 870 grams
- III. Evidence of Medical/Surgical Therapy:**
 - A. A 7 x 5 centimeter defect near the greater curvature of the stomach
 - B. Black suture present near the site of gastric bleeding
 - C. A vertical surgical staple line above the umbilicus
 - D. Puncture mark on the left antecubital fossa
- IV. Post-Mortem Changes: Described above**
- V. Identifying Body Marks: None identified**
- VI. Toxicology (AFIP)**
 - A. VOLATILES: No ethanol detected in the blood and vitreous fluid
 - B. DRUGS: Midazolam was detected in the blood
 - C. CYANIDE: There was no cyanide detected in the blood

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OPINION

The cause of death for this detainee, Al Amiri Hassan Husayn Dhahi, is due to acute blood loss from two bleeding gastric ulcers. The 7 x 5 centimeter defect near the greater curvature of the stomach was produced by the surgeon to find the site of bleeding during the emergency laparotomy. The toxicology screen was positive for midazolam, an intravenous general anesthetic used on surgery patients. The puncture mark on the left antecubital fossa was the likely site of administration for this anesthetic during the decedent's emergency operation. Vitiligo is a benign condition that results in depigmentation of the skin. The manner of death is natural.

Histology slides of the spleen are pending. If there is significant information identified from these slides an addendum report will be generated.

(b)(6)

Associate Medical Examiner

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Assistant Medical Examiner