



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
1-800-944-7912



PRELIMINARY AUTOPSY REPORT

Name: [b)(6)-4]
US Detainee #: [b)(6)-4]
Date of Birth: 01 JAN 1929
Date of Death: 11 MAY 2004
Date of Autopsy: 17-18 MAY 2004
Date of Report: 18 MAY 2004

Autopsy No.: ME 04- 358
AFIP No.: pending
Rank: Iraqi National,
Place of Death: Baghdad, Iraq
Place of Autopsy: LSA Anaconda
Mortuary, Balad Iraq

Circumstances of Death: This 75 year old male, an Iraqi National, was a detainee at the Central Baghdad Detainee Facility (Abu Ghraib). On 11 May 2004 he reportedly abruptly collapsed and became unconscious. Resuscitation was initiated and continued during transport to the facility hospital where he died. Mr [b)(6)-4] had a past medical history significant for diabetes mellitus, hypertension and previous myocardial infarction.

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

Identification: Presumptive identification accomplished by comparison to photographs and reports supplied by the investigative agency (75th MP Detachment CID, LSA Anaconda, Balad, Iraq)

CAUSE OF DEATH: Severe Atherosclerotic Coronary Vascular Disease

MANNER OF DEATH: Natural

This is a preliminary report based on initial examination of the remains, a final report will follow.

(b)(6)

PRELIMINARY AUTOPSY DIAGNOSES:

- I. Severe Atherosclerotic Coronary Vascular Disease**
 - a. Right Coronary Artery: 95% to pinpoint stenosis**
 - b. Left Coronary Artery: 80% stenosis with concentric calcification**
 - c. Proximal Left Descending Coronary Artery: 90% stenosis**
 - d. Status Post Remote Posterior Ventricular-Septal Infarction**
 - e. Severe Aortic Atherosclerosis**

- II. Aortic Aneurysm (8cm)**

- III. Cardiomegaly (810gm)**

- IV. Marked Nephrosclerosis**

- V. No external injuries noted**

- VI. Toxicology pending**

(b)(6)

CDR MC USN (FS)
Deputy Armed Forces
Medical Examiner

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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) b(6)-4		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale b(6)-4
ORGANIZATION Organisation		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance 01 Jan 1929	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Negride	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique	<input type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicilé à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		

MEDICAL STATEMENT Déclaration médicale

CAUSE OF DEATH (Enter only once cause per line) Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort ¹		Severe atherosclerotic cardiovascular disease Minutes
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²		
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle		
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste b(6)-2 CDR, MC, USN	
<input type="checkbox"/> HOMICIDE Homicide	DATE Date 18 May 2004	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (Hour, day) Date de décès (l'heure, le jour) 11 May 2004	PLACE OF DEATH Lieu de décès Baghdad, 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 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)-2	TITLE OR DEGREE Titre ou diplôme Deputy Medical Examiner
GRADE Grade CDR	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902
DATE Date 2 June 04	b(6)-2

¹ State disease, injury or complication with etc.
² State conditions contributing to the death, but not related to the disease or condition causing death.
¹ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, 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.

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

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