

From: (b)(6) USSOUTHCOM/SCJ3 (H)
To: (b)(6) OSD POLICY; (b)(6) J-37 Detainee Affairs
Cc: (b)(6) USSOUTHCOM/SCJ3 (H); (b)(6) USSOUTHCOM/SCJ3 (H); (b)(6) USSOUTHCOM/SCJ3 (H)
Subject: FW: (S//NF) FW: (S//NF) Latif (DHRMO) Death Certificate Received // Cause of Death - Suicide (S//NF)
Date: Tuesday, November 06, 2012 10:59:26 AM
Attachments: AD RAHMAN.pdf
 AFME Autopsy Report ISM56.pdf.pdf

CLASSIFICATION: ~~SECRET//NOFORN~~

Here's the autopsy report and the translated death certificate.

-----Original Message-----

(b)(3);10 U.S.C. § 130b,(b)(6)

Sent: Monday, November 05, 2012 1:33 PM

To: (b)(6) USSOUTHCOM/SCJ3 (H); (b)(6) USSOUTHCOM/SCJ3 (H)

Subject: (S//NF) FW: (S//NF) Latif (DHRMO) Death Certificate Received // Cause of Death - Suicide

~~SECRET//NOFORN~~

Team,

Translated Death Cert attached.

(b)(3);10 U.S.C. § 130b,(b)(6)

Classified By:
 David W. Dunphy
 J3

Reason: 1.4(a)

Declassify On: April 11, 2022

~~SECRET~~ (b)(3);10 U.S.C. § 130b,(b)(6)

-----Original Message-----

From: (b)(3);10 U.S.C. § 130b,(b)(6)

Sent: Monday, November 05, 2012 1:32 PM

To: (b)(6) USSOUTHCOM JTFGTMO; (b)(6) USSOUTHCOM JTFGTMO

Subject: FW: (S//NF) Latif (DHRMO) Death Certificate Received // Cause of Death - Suicide

~~SECRET//NOFORN~~

Here is the translated DC...

Classified By:

(b)(3);10 U.S.C. § 130b,(b)(6)

LEOPOLD/1:14-cv-00030-RDM/023886

Reason: 1.4(a)

Declassify On: August 8, 2037

~~SECRET//NOFORN~~

-----Original Message-----

From: (b)(3):10 U.S.C. § 130b,(b)(6)

Sent: Monday, November 05, 2012 12:18 PM

To: (b)(3):10 U.S.C. § 130b,(b)(6)

Subject: FW: ~~(S)~~ Latif (DHRMO) Death Certificate Received // Cause of Death - Suicide

(b)(1).Sec. 1.4
(a).Sec. 1.4 (b).Sec.
1.4 (d).Sec. 1.4 (g)

~~SECRET~~

(b)(3):10 U.S.C. § 130b,(b)(6)

Attached is the translation of 156's death certificate.

Regards,

(b)(3):10 U.S.C. § 130b,(b)(6)

Classified By:

(b)(3):10 U.S.C. § 130b,(b)(6)

Reason: 1.4(c)

Declassify On: September 20, 2037

~~SECRET~~

-----Original Message-----

From: (b)(3):10 U.S.C. § 130b,(b)(6)

Sent: Monday, November 05, 2012 12:10 PM

(b)(3):10 U.S.C. § 130b,(b)(6)

Subject: RE: ~~(S//NF)~~ Latif (DHRMO) Death Certificate Received // Cause of Death - Suicide

(b)(1).Sec. 1.4
(a).Sec. 1.4 (b).Sec.
1.4 (d).Sec. 1.4 (g)

~~SECRET//NOFORN~~

Sir,

Scanned translation is attached. Please let us know if you have any questions.

V/r,

(b)(3):10 U.S.C. §

(b)(3):10 U.S.C. § 130b,(b)(6)

LEOPOLD/1:14-cv-00030-RDM/023887

Classified By:

(b)(3):10 U.S.C. § 130b,(b)(6)

Reason: 1.4(c)

Declassify On: November 2, 2037

~~SECRET//NOFORN~~

-----Original Message-----

(b)(3):10 U.S.C. § 130b,(b)(6)

Sent: Monday, November 05, 2012 8:19 AM

(b)(3):10 U.S.C. § 130b,(b)(6)

Subject: FW: ~~(S//NF)~~ Latif (DHRMC) Death Certificate Received // Cause of Death - Suicide

~~SECRET//NOFORN~~

(b)(3):10 U.S.C. § 130b,(b)(6)

Please have this translated ASAP. Forward translation to me and (b)(3):10 U.S.C. § 130b,(b)(6) when completed.

Thanks!

(b)(3):10 U.S.C. § 130b,(b)(6)

Very Respectfully,

(b)(3):10 U.S.C. § 130b,(b)(6)

Classified By:

(b)(3):10 U.S.C. § 130b,(b)(6)

Reason: 1.4(c)

Declassify On: November 2, 2037

~~SECRET//NOFORN~~

-----Original Message-----

LEOPOLD/1:14-cv-00030-RDM/023888

From: (b)(3):10 U.S.C. § 130b,(b)(6)

Sent: Monday, November 05, 2012 8:13 AM

(b)(3):10 U.S.C. § 130b,(b)(6)

Subject: FW: ~~(S)~~ Latif (DHRMO) Death Certificate Received // Cause of Death - Suicide

~~SECRET~~

(b)(3):10 U.S.C. § 130b,(b)(6)

Could you please have this death certificate translated ASAP.

Thanks,

(b)(3):10 U.S.C. § 130b,(b)(6)

Classified By:

(b)(3):10 U.S.C. § 130b,(b)(6)

Reason: 1.4(c)

Declassify On: September 20, 2037

~~SECRET~~

-----Original Message-----

From: (b)(3):10 U.S.C. § 130b,(b)(6)

Sent: Monday, November 05, 2012 8:09 AM

To: (b)(3):10 U.S.C. § 130b,(b)(6)

Subject: FW: ~~(S/NF)~~ Latif (DHRMO) Death Certificate Received // Cause of Death - Suicide

~~SECRET//NOFORN~~

Please assist.

Classified By:

(b)(3):10 U.S.C. § 130b,(b)(6)

Reason: 1.4(a)

Declassify On: August 8, 2037

~~SECRET//NOFORN~~

-----Original Message-----

From: (b)(3):10 U.S.C. § 130b,(b)(6)

Sent: Friday, November 02, 2012 9:49 AM

To: Smith, John W RDML USSOUTHCOM JTFGTMO; Lettko, James C BG USSOUTHCOM JTFGTMO

(b)(3):10 U.S.C. § 130b,(b)(6)

Subject: ~~(S/NF)~~ Latif (DHRMO) Death Certificate Received // Cause of Death - Suicide

~~SECRET//NOFORN~~

LEOPOLD/1:14-cv-00030-RDM/023889

Gentlemen,

The latest update from JS below. (b)(1),Sec. 1.4 (a)

(b)(1),Sec. 1.4 (a)

I expect that we will have completed our translation of the death certificate (attached) by Monday, COB.

(b)(1),Sec. 1.4 (a),Sec. 1.4 (b),Sec. 1.4 (d),Sec. 1.4 (g)

v/r

(b)(3);10 U.S.C. § 1306,(b)
(6)

Classified By:

(b)(3);10 U.S.C. § 1306,(b)(6)

Reason: 1.4(a)

Declassify On: April 11, 2022

~~SECRET//NOFORN~~

-----Original Message-----

From: (b)(6)

Sent: Friday, November 02, 2012 9:14 AM

To: Roberson, Darryl L Maj Gen JCS J3 VDJ3

Cc: (b)(6) USSOUTHCOM/SCJ3 (H); (b)(6) 'ALL SCJ341

Distribution (H); (b)(6) USSOUTHCOM/SCJ3 (H); (b)(6)

(b)(6) USAREUR; (b)(6) OSD POLICY; (b)(6)

(b)(6) USSOUTHCOM/SCJ4 (H); (b)(3);10 U.S.C. § 1306,(b)(6) USSOUTHCOM JTFGTMO;

(b)(6) OSD POLICY; (b)(3);10 U.S.C. § 1306,(b)(6) EUCOM EPOC-

OD-Air Cell; (b)(3);10 U.S.C. § 1306,(b)(6) USAF HQ USAF/A1; (b)(6)

(b)(6) USSOUTHCOM/SCJ3 (H); (b)(6)

USSOUTHCOM/SC-CC (H); (b)(6) AMC 618

TACC/XOOO; (b)(3);10 U.S.C. § 1306,(b)(6) USAF HQ USAF/A1SAM; J33 JOD SOUTHCOM; J-37 Detainee

Affairs; (b)(6) JOC BATTLE CAPTAIN; JOC TEAM CHIEF; JOC-XO;

(b)(6) JTFGTMO-J3-JOC Watch Officer; (b)(6)

USSOUTHCOM/SC-CC (H); Lietzau, William K SES OSD POLICY; (b)(6) (b)(6)

(b)(6) (b)(6) (b)(3);10 U.S.C. § 1306,(b)(6)

(b)(6) USSOUTHCOM/SCJ3 (H); (b)(6) USTRANSCOM J3; (b)(6)

(b)(6) (b)(6) USTRANSCOM J3; (b)(6) Nagata, Michael MG JCS

J37; (b)(6) AMC/A7SOC; NJOIC Battle Captain JCS J-3; NMCC NJOIC Deputy Battle

Captain JCS; (b)(6) PMG; NORAD USNORTHCOM CMD CTR - FAC - OMB; (b)(6)

(b)(6) OMB Detention Operations; OPS Team OSD LNO JCS J-3; (b)(6)

(b)(6) USSOUTHCOM/SCJ3 (H); (b)(6) USSOUTHCOM/SCJ4 (H);

(b)(6) SC JOC CPT (H); SC JOC INTEL (H); SC JOC OPS (H); (b)(6)

(b)(6) USTRANSCOM J3; (b)(6)

USSOUTHCOM/SCJ3 (H); (b)(6) USCENCOM CCJ3-JS-SO-DO; USTC-

DDOC Chief; USTCJ3-W SOUTH; (b)(6)

USSOUTHCOM/TRANSCOM (H); (b)(6)

Subject: Latif (DHRMC) Death Certificate Received // Cause of Death - Suicide

(b)(1),Sec. 1.4
(a),Sec. 1.4 (b),Sec.
1.4 (d),Sec. 1.4 (g)

LEOPOLD/1:14-cv-00030-RDM/023890

Classification: ~~SECRET//NOFORN~~

Maj Gen Roberson,

(b)(1),(b)(7)(C),Sec. 1.4 (a),Sec. 1.4 (b),Sec. 1.4 (d),Sec. 1.4 (g)

(b)(1),Sec. 1.4 (a)

I will coordinate with OCJCS PA (b)(6) to develop talking points and further refine the actions required for JS/OSD/COCOMs once the ME submits the autopsy report.

The meeting with DASD Lietzau is scheduled for 1600 this afternoon.

v/r

(b)(6)

-----Original Message-----

From: (b)(3);10 U.S.C. § 130b,(b)(6)

Sent: Thursday, November 01, 2012 5:53 PM

To: Fraser, Doug M Gen USAF USSOUTHCOM/SC-CC (H)

General--

(b)(1),(b)(6),(b)(7)(C),Sec. 1.4 (a),Sec. 1.4 (b),Sec. 1.4 (d),Sec. 1.4 (g)

1. Cause of death: paliperidone (Invega) toxicity. Paliperidone is one of the psychiatric medications that the deceased was prescribed.
2. Manner of death is Suicide.
3. Acute pneumonia is listed as other significant condition.

(b)(1),(b)(6),(b)(7)(C),Sec. 1.4 (a),Sec. 1.4 (b),Sec. 1.4 (d),Sec. 1.4 (g)

(b)(1).Sec. 1.4 (a).Sec. 1.4 (b).Sec. 1.4 (d).Sec. 1.4 (g)

Way Ahead:

1. With your approval I will forward a copy of the Death Certificate to DASD Lietzau's office;
2. We will complete the 15-6 investigation and marry-up with the interim report in your possession;
3. Once we receive the autopsy report, we will begin the process of returning the remains to Yemen.

Very Respectfully,

(b)(3):10 U.S.C. § 130b.(b)(6)

-----Original Message-----

From: (b)(6)
 Sent: Thursday, November 01, 2012 4:08 PM
 To: Roberson, Darryl L Maj Gen JCS J3 VDJ3
 Cc: (b)(6) USSOUTHCOM/SCJ3 (H); (b)(6) ALL SCJ341
 Distribution (H); (b)(6) USSOUTHCOM/SCJ3 (H); (b)(6)
 (b)(6) USAREUR; (b)(6) (b)(6) OSD POLICY; (b)(6)
 JCS J3 NMCC; (b)(6) USSOUTHCOM/SCJ4 (H); (b)(3):10 U.S.C. § 130b.(b)(6)
 (b)(3):10 U.S.C. § 130b.(b)(6) (b)(6) OSD POLICY; (b)(6)
 USSOUTHCOM JTFGTMO; EUROM EPOC-OD-Air Cell (b)(3):10 U.S.C. § 130b.(b)(6) USAF HQ USAF/A1;
 (b)(6) (b)(6) USSOUTHCOM/SCJ3 (H);
 (b)(6) USSOUTHCOM/SC-CC (H); (b)(6) (b)(6)
 (b)(6) USAF AMC 618 TACC/XOOO (b)(3):10 U.S.C. § 130b.(b)(6) USAF HQ USAF/A1SAM; J33 JOD
 SOUTHCOM; J-37 Detainee Affairs; (b)(6) JOC BATTLE CAPTAIN;
 JOC TEAM CHIEF; JOC-XO; (b)(6) JTFGTMO-J3-JOC Watch Officer (b)(6)
 (b)(6) USSOUTHCOM/SC-CC (H); (b)(6) Lietzau,
 William K SES OSD POLICY; (b)(6)
 (b)(6) (b)(3):10 U.S.C. § 130b.(b)(6) (b)(6)
 (b)(6) USSOUTHCOM/SCJ3 (H); (b)(6) (b)(6)
 (b)(6) Nagata, Michael MG JCS J37;
 (b)(6) AMC/A7SOC; NJOIC Battle Captain JCS J-3; NMCC NJOIC Deputy Battle Captain
 JCS; (b)(6) PMG; NORAD USNORTHCOM CMD CTR - EAC - OMB; (b)(6)
 (b)(6) OMB Detention Operations; OPS Team OSD LNO JCS J-3 (b)(6)
 (b)(6) USSOUTHCOM/SCJ3 (H); (b)(6) USSOUTHCOM/SCJ4 (H);
 (b)(3):10 U.S.C. § 130b.(b)(6) SC JOC CPT (H); SC JOC INTEL (H); SC JOC OPS (H); (b)(6)
 (b)(6) (b)(6)
 USSOUTHCOM/SCJ3 (H); (b)(6) USCENCOM CCJ3-JS-SO-DO; USTC-
 DDOC Chief; USTCJ3-W SOUTH; (b)(6) (b)(6)
 USSOUTHCOM/TRANSCOM (H); (b)(6)
 Subject: DHRMC Read-Out -- DCO Meeting -- 1 Nov

Classification: ~~SECRET//NOFORN~~

Maj Gen Roberson,

(b)(1).Sec. 1.4 (a).Sec. 1.4 (b).Sec. 1.4 (d).Sec. 1.4 (g)

Participants: OSD Detainee Policy, JS J-37, USSOUTHCOM, USEUCOM, USTRANSCOM, JTF GTMO

Specifics:

LEOPOLD/1:14-cv-00030-RDM/023892

(b)(1).Sec. 1.4
 (a).Sec. 1.4 (b).Sec.
 1.4 (d).Sec. 1.4 (g)

(b)(1),(b)(7)(C),Sec. 1.4 (a),Sec. 1.4 (b),Sec. 1.4 (d),Sec. 1.4 (g)

4. DASD Lietzau returned from the CENTCOM AOR this afternoon and has invited you to a 1600-1630 meeting tomorrow (FRI 02NOV12) in his office (5D414) to discuss these issues.

v/r

(b)(6)

(b)(6)

CLASSIFICATION: ~~SECRET//NOFORN~~

DERIVED FROM: dtd:11/6/2012

DECLASSIFY ON:

(b)(7)(C)

(b)(7)(C)



UNCLASSIFIED//~~FOUO~~

**DEPARTMENT OF DEFENSE
ARMED FORCES MEDICAL EXAMINER SYSTEM
116 PURPLE HEART DRIVE
DOVER AFB, DE 19902-6061**

MCMR-MEI

FINAL AUTOPSY EXAMINATION REPORT

Name: Ad-Rahman, Allal Abawallil
Det ID: YM-156; US9YM-000156DP

Date of Birth: (b)(6)

Date of Death: 08 SEP 2012

Date and time of Autopsy: 09 SEP 2012 @ 1700

Date of Report: 02 NOV 2012

Autopsy No.: (b)(6)

Rank: CIV, Detainee

Place of Death: Guantanamo Bay Naval Base
(GBNB)

Place of Autopsy: Guantanamo Bay Naval
Hospital, GBNB, Cuba

Circumstances of Death: According to reports, the decedent was found unresponsive in his holding area.

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

Identification: Positive identification by fingerprint comparison

CAUSE OF DEATH: Paliperidone toxicity

MANNER OF DEATH: Suicide

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LEOPOLD/1:14-cv-00030-RDM/023897

AUTOPSY REPORT (b)(6)**AD-RAHMAN, Allal Abawallil**

2

POSTMORTEM EXAMINATION

The postmortem examination on case (b)(6) of Detainee Identification Number YM-156; US9YM-000156DP is performed at the Naval Hospital, GBNB, Cuba, starting at approximately 1700. During the identification process the following names are found to be associated with this case: Abd Al Rahman Abd, Allal Ab-Aljallil (Identification band), Ad-Rahman, Allal Abawallil (FBI fingerprint comparison) and Abd Al Latif, Adnan Farhan (name in Detainee Profile). Persons in attendance are listed below (See "Additional Procedures").

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male that weighs approximately 120 pounds, is 65 inches in length and appears compatible with the reported age of 31 years. The body is cold after refrigeration. 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 a black moustache and beard. The irides are dark. The corneae are clear. The conjunctivae are unremarkable. The sclerae are white. The external auditory canals and oral cavity are free of foreign material and abnormal secretions. There is bloody drainage from the external nares. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The teeth are natural and in fair 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. There is a ¾ x ¾ inch scar on the anterior lateral surface of the right thigh. The external genitalia are those of a normal adult male. The posterior torso and anus are atraumatic. The extremities show no evidence of injury. An identification band is present on the left wrist with "US9YM-000156DP", the name "Abd Al-Rahman Abd, Allal Ab-Aljallil" and other demographic information. A paper tag is attached to the right 1st toe with "# 156" and "Died 8SEP12". The fingernails are intact.

CLOTHING AND PERSONAL EFFECTS

The body is received for examination wrapped in two (2) white sheets. The following items of clothing are submitted separately:

- Two (2) pairs of pants, tan (1), white (1)
- A pair of white socks
- A long-sleeved thermal top, previously cut
- A white T-shirt, previously cut

MEDICAL INTERVENTION

- An intravascular catheter is present in the right hand.

AUTOPSY REPORT (b)(6)
AD-RAHMAN, Allal Abawallil

RADIOGRAPHS

A complete set of postmortem radiographs is obtained. Findings consistent with pneumonia are present in bilaterally. No evidence of skeletal injury or metallic foreign material is identified.

EVIDENCE OF INJURY

Internal examination shows fracture of the anterior aspect of the left 2nd rib. There is minimal hemorrhage present in the adjacent soft tissue.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The sternum and vertebral bodies are visibly and palpably intact. No adhesions or abnormal collections of fluid are present in any of the body cavities. All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is ½ inch thick.

HEAD AND CENTRAL NERVOUS SYSTEM:

The scalp is reflected. The galeal and subgaleal soft tissues of the scalp are free of injury. There are no skull fractures. The calvarium of the skull is removed. 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. Clear cerebrospinal fluid surrounds the brain, which has unremarkable gyri and sulci. The brain is placed in fixative and retained for Neuropathological examination. The brain weighs 1313 gm after fixation. The atlanto-occipital joint is stable. The upper spinal cord is unremarkable.

NECK:

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 white mucosa. The tongue is free of bite marks, hemorrhage, or other injuries.

CARDIOVASCULAR SYSTEM:

The 280 gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show widely patent lumina. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable. The venae cavae and its major tributaries return to the heart in the usual

AUTOPSY REPORT (b)(6)
AD-RAHMAN, Allal Abawallil

4

distribution and are free of thrombi.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is diffusely congested, exuding moderate amounts 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 720 grams, the left 400 grams.

HEPATOBIILIARY SYSTEM:

The 1200-gram liver has an intact smooth capsule covering moderately congested tan-brown parenchyma with no focal lesions noted. The gallbladder contains approximately 10 mL 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 the lumen contains approximately 70 mL of flocculent tan material and 24 cylindrical (7/16 x 3/16 inch) medication capsules. The small and large bowel contain soft tan fecal material throughout. No additional medication capsules are identified. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present.

GENITOURINARY SYSTEM:

The right and left kidneys each weighs 110 grams. The renal capsules are smooth, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces. The cortex is sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 70 mL of amber urine. The testes, prostate gland and seminal vesicles are without injury or other abnormalities.

LYMPHORETICULAR SYSTEM:

The 150 gram spleen 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 examined 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

AUTOPSY REPORT (b)(6)
AD-RAHMAN, Allal Abawallah

5

yellow cortices and red-brown medullae. No masses or areas of hemorrhage are identified.

MUSCULOSKELETAL SYSTEM:

No abnormalities of the muscle or bone are identified. Posterior incisions of the torso and extremities show no evidence of subcutaneous or intra-muscular hemorrhage.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by MCCS Wolsey, AFMES photographer. Other attendees¹ included (b)(6),(b)(7)(C) NCIS.
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 (central/peripheral), urine, spleen, lung, kidney, liver, myocardium, bile, gastric contents, adipose tissue and psoas muscle.
4. The brain is retained for Neuropathological examination. The remaining dissected organs are forwarded with the body.
5. The material recovered from the gastric contents is released to (b)(6),(b)(7)(C)

NEUROPATHOLOGY CONSULTATION

Neuropathologic Diagnosis: Adult brain with no significant histopathologic abnormality

MICROSCOPIC EXAMINATION

1. Heart (slide 1): No significant microscopic abnormality
2. Lung, left (slides 2,9): Pulmonary alveolar congestion; pulmonary edema; scattered bacterial colonies; rare foci of neutrophilic infiltration
3. Lung, right (slides 3,7,8): Confluent areas of intra-alveolar neutrophilic infiltration, pulmonary edema, pulmonary alveolar congestion, scattered bacterial colonies
4. Liver (slide 4): No significant microscopic abnormality
5. Spleen (slide 5): No significant microscopic abnormality
6. Kidneys (slide 6): Autolysis, otherwise no significant microscopic abnormality

¹ A complete list of attendees is on file.

FINAL AUTOPSY DIAGNOSES

- I. Paliperidone (Invega®) toxicity
 - A. Elevated paliperidone level in the blood
 - B. Recovery of multiple (24) paliperidone capsules from the gastric contents
- II. Additional findings
 - A. Acute, bilateral pneumonia
 - B. Fracture of left 2nd rib
- III. Toxicology: Paliperidone, morphine, codeine, oxycodone, oxymorphone, lorazepam, quetiapine, mirtazapine and citalopram were detected in the body fluids

OPINION

According to reports this 31 year old male civilian detainee was found unresponsive in his holding area. Resuscitative efforts were initiated at the scene and the decedent was transported to the hospital where he was pronounced deceased. Review of the available medical records showed a history of multiple psychiatric disorders, suicidal ideation with previous attempts, intentional harm to others and reported traumatic brain injury. Autopsy examination showed a fracture of the left 2nd rib, compatible with medical therapy. No other evidence of injury was identified. Histologic examination of the lungs showed acute bilateral pneumonia.

Toxicologic examination revealed the presence of paliperidone (blood 330 ng/ml), codeine (blood 0.3 mg/L), oxycodone (blood 0.08 mg/L), quetiapine (blood 0.5 mg/L), mirtazapine (0.2 mg/L) and citalopram (blood 0.5 mg/L). Morphine, oxymorphone and lorazepam were present in the urine without detectable blood levels.

Paliperidone overdose has been reportedly associated with drowsiness, sedation, tachycardia, hypotension, and QT prolongation. Torsade de pointes and ventricular fibrillation have also been reported.² Therapeutic blood levels have been shown to be in the 10-20 ng/mL range.³

In summary, the decedent died of paliperidone toxicity resulting from a medication overdose. Although significant, it is uncertain to what extent the acute pneumonia contributed to the decedent's demise. Based on the above findings and the available investigative information, no evidence was identified to suggest that the decedent's actions were other than purposeful and self-inflicted. Therefore the manner of death is best classified as suicide.

² <http://www.drugs.com/pro/invega.html>

³ Baselt, RC., Cravey, RH., Disposition of Toxic Drugs and Chemicals in Man, Chemical Toxicology Institute, Foster City, CA, 9th Ed, pg 1271-72.

AUTOPSY REPORT
AD-RAHMAN, Allal Abawallil

(b)(6)

UNCLASSIFIED//~~FOUO~~

7

This case has been reviewed in consultation with the Department of Neuropathology at the Joint Pathology Center. Their findings have been incorporated into the above report. The full text report is on file.

(b)(6)

Deputy Medical Examiner

(b)(6)