



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 1-301-319-0000



FINAL AUTOPSY REPORT

Name: Abdulkarim, Mohammed Anwar
 ISN: (b)(6)
 Date of Birth: (b)(6) 1976
 Date of Death: (b)(6) 2007
 Date of Autopsy: 3 May 2007 @ 1200
 Date of Report: 23 May 2007

Autopsy No.: (b)(6)
 AFIP No.: (b)(6)
 Rank: Detainee
 Place of Death: Iraq
 Place of Autopsy: Port Mortuary
 Dover AFB, DE

Circumstances of Death: This 30 year-old Iraqi detainee was reportedly discovered by other detainees unresponsive and suffering from multiple sharp and blunt force injuries

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

Identification: Presumptive identification is established by internment serial number. Post-mortem fingerprints and a specimen suitable for DNA analysis are obtained.

CAUSE OF DEATH: **Sharp and Blunt Force Injuries**

MANNER OF DEATH: **Homicide**

FINAL AUTOPSY DIAGNOSES:

I. Sharp and Blunt Force Injuries:

A. Incised wound of the left chest

1. **Wound characteristics: ¾ x 1/8-inch length, one sharp and one blunt edge, with an approximate depth of penetration of ½-inch**
2. **Injury to: Skin and subcutaneous tissue**
3. **Direction: Front to back, without significant left/right or up/down deviation**
4. **Associated injuries: Hemorrhage along the wound path**

B. Stab wound of the left chest:

1. **Wound characteristics: 2 1/8 x 1/8-inch length, one sharp and one blunt edge, with an approximate depth of penetration of 5 ½-inches**
2. **Injury to: Skin, subcutaneous tissue, left anterior 3rd intercostal space, pericardium, left ventricle (3-inch defect), pericardium, left lower lobe of the lung (two defects, each 1 ¼-inch), left posterior 7th intercostal space**
3. **Direction: Front to back and downward, without significant right/left deviation**
4. **Associated injuries: Left hemothorax (500 ml), laceration of the distal left anterior descending coronary artery**

C. Stab wound of the left chest:

1. **Wound characteristics: 2 ¼ x 1/8-inch length, one sharp and one blunt edge, with an approximate depth of penetration of 6-inches**
2. **Injury to: Skin, subcutaneous tissue, left anterior 3rd intercostal space, pericardium, left ventricle (1 1/4-inch defect), pericardium, left hemidiaphragm (2-inch defect), left lobe of the liver (2 ¾-inch defect), stomach (1/2-inch defect), left posterior 8th intercostal space**
3. **Direction: Front to back and downward, without significant right/left deviation**
4. **Associated injuries: Left hemothorax (500 ml), laceration of the distal left anterior descending coronary artery**

D. Stab wound of the right upper quadrant of the abdomen:

1. **Wound characteristics: 1 ¼ x 1/8-inch length, one sharp and one blunt edge, with an approximate depth of penetration of 1 1/2-inches**
2. **Injury to: Skin and subcutaneous tissue**
3. **Direction: Front to back, without significant left/right or up/down deviation**
4. **Associated injuries: Hemorrhage along the wound path**

- E. Stab wound of the left upper quadrant of the abdomen:**
1. **Wound characteristics: 1 ¼ x 1/8-inch length, one sharp and one blunt edge, with an approximate depth of penetration of 4-inches**
 2. **Injury to: Skin, subcutaneous tissue, omentum, pancreas (1 ½-inch defect), mesentery, descending colon**
 3. **Direction: Front to back, without significant left/right or up/down deviation**
 4. **Associated injuries: Hemorrhage along the wound path**

- F. Blunt force injuries of the head:**
1. **Laceration right forehead, 1 ¼ x ¼-inch, with surrounding abrasion, 1 ½ x ½-inch, and contusion, 2 x 1 ½-inches**
 2. **Laceration right upper eyelid, 1 x 1/8-inch**
 3. **Petechial hemorrhage, right eye**
 4. **Contusion right preauricular area, 1 ½ x 1-inch, with underlying 2 x 1 ¼-inch defect of the temporal skull with fracture of the right temporal bone**
 5. **Stellate laceration left parietal/temporal scalp, 4 x up to 3-inches, with underlying 3 x 2-inch defect of the temporal skull with multiple fractures of the left temporal bone**
 6. **Contusion left temporal scalp, 3 x 2-inches**
 7. **Abrasion left ear, 1 x ¼-inch**
 8. **Hinge fractures (2) of the anterior and middle cranial fossae**
 9. **Multiple fractures of the sphenoid bone**
 10. **Fracture of the right zygoma, right orbit, and right nasal bone**
 11. **Fracture of the left zygoma and left maxillary sinus**
 12. **Diffuse subarachnoid hemorrhage**

II. Additional Injuries

- A. **Contusion, left upper extremity, 6 x 4-inches**
- B. **Abrasion and contusions, left lower extremity, ranging from 1 x ½-inch to 4 x 2 ½-inches**

III. No significant natural disease identified within the limitations of this autopsy

IV. No evidence of medical intervention

V. Identifying marks or tattoos:

- A. **Scars on the right side and midline of the abdomen, right leg, and left parietal scalp**
- B. **Tattoo** (b)(6)

VI. Toxicology (AFIP):

- A. Volatiles: No ethanol is detected in the blood and vitreous fluid**
- B. Drugs: No screened drugs of abuse or medications are found in the urine**
- C. Carbon Monoxide: The carboxyhemoglobin saturation in the blood is 1%**
- D. Cyanide: No cyanide is detected in the blood**

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, 67-inch tall, 195-pound Middle Eastern male whose appearance is consistent with the reported age of 30 years. Lividity is on the posterior torso and fixed. Rigor is passing, and the temperature is that of the refrigeration unit.

The scalp is covered with 2-inch long straight brown hair in a normal distribution. There is a 1-inch scar on the left parietal scalp. Facial hair consists of a moustache and beard. The irides are brown, the corneae are cloudy, the right conjunctiva has petechial hemorrhage, the left conjunctiva is pale, the sclerae are white and the pupils are round and equal in diameter. There is blood in the left external auditory canal. The right external auditory canal is clear. The ears are not pierced. The nares are patent. The nose and maxillae are palpably stable. The teeth appear natural and in fair condition, with some molars missing.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is soft and slightly protuberant. There are two ½-inch scars on the right side of the abdomen and a 9 ½-inch scar on the midline of the abdomen. The genitalia are those of a normal adult male. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. There is a tattoo (b)(6) Please refer to the evidence of injury section for injury to the head and torso.

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects are present on the body at the time of autopsy:

- None

MEDICAL INTERVENTION

- None

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the following:

- Skeletal trauma as described below

EVIDENCE OF INJURY

I. Sharp and Blunt Force Injuries:

A. Incised Wound of the Left Chest:

On the left chest, located 15-inches below the top of the head and centered 2-inches left of the anterior midline, is an incised wound which measures $\frac{3}{4}$ x $\frac{1}{8}$ -inch after re-approximation. This wound is horizontally oriented. The medial end is blunt and the lateral end is sharp. The incised wound penetrates skin and subcutaneous tissue. The wound path is directed front to back, without significant left/right or up/down deviation, with an approximate depth of penetration of $\frac{1}{2}$ -inch. Associated with the incised wound is hemorrhage along the wound path.

B. Stab Wound of the Left Chest:

On the left chest, located 16 $\frac{1}{2}$ -inches below the top of the head and centered 3-inches left of the anterior midline, is a stab wound which measures 2 $\frac{1}{8}$ x $\frac{1}{8}$ -inch after re-approximation. This wound is obliquely oriented along the 2 to 8 o'clock axis. The 8 o'clock end is blunt and the 2 o'clock end is sharp. The stab wound penetrates skin, subcutaneous tissue, the anterior left 3rd intercostal space, pericardium, left ventricle of the heart (3-inch defect), pericardium, lower lobe of the left lung (two defects, each 1 $\frac{1}{4}$ -inch), and the posterior left 7th intercostal space. The wound path is directed front to back and downward, without significant left/right deviation, with an approximate depth of penetration of 5 $\frac{1}{2}$ -inches. Associated with the stab wound is left hemothorax (500 ml), transection of the distal left anterior descending coronary artery, and hemorrhage along the wound path.

C. Stab Wound of the Left Chest:

On the left chest, located 17-inches below the top of the head and centered 3 $\frac{1}{2}$ -inches left of the anterior midline, is a stab wound which measures 2 $\frac{1}{4}$ x $\frac{1}{8}$ -inch after re-approximation. This wound is horizontally oriented. The medial end is blunt and the lateral end is sharp. The stab wound penetrates skin, subcutaneous tissue, the anterior left 3rd intercostal space, pericardium, left ventricle of the heart (1 $\frac{1}{4}$ -inch defect), pericardium, left hemidiaphragm, left lobe of the liver (2 $\frac{3}{4}$ -inch defect), stomach (1/2-defect), and the posterior left 8th intercostal space. The wound path is directed front to back and downward, without significant left/right deviation, with an approximate depth of penetration of 6-inches. Associated with the stab wound is left hemothorax (500 ml), transection of the distal left anterior descending coronary artery, and hemorrhage along the wound path.

D. Stab Wound of the Abdomen:

On the right upper quadrant of the abdomen, located 24-inches below the top of the head and centered 2-inches right of the anterior midline, is a stab wound which measures 1 $\frac{1}{4}$ x $\frac{1}{8}$ -inch after re-approximation. This wound is obliquely oriented along the 2 to 8 o'clock axis. The 8 o'clock end is blunt and the 2 o'clock end is sharp. The stab wound penetrates skin and subcutaneous tissue. The wound path is directed front to back without significant up/down or left/right

deviation, with an approximate depth of penetration of 1 ½-inches. Associated with the stab wound is hemorrhage along the wound path.

E. Stab Wound of the Abdomen:

On the left upper quadrant of the abdomen, located 24-inches below the top of the head and centered 2-inches left of the anterior midline, is a stab wound which measures 1 ¾ x 1/8-inch after re-approximation. This wound is obliquely oriented along the 2 to 8 o'clock axis. The 8 o'clock end is blunt and the 2 o'clock end is sharp. The stab wound penetrates skin, subcutaneous tissue omentum, pancreas (1 ½-inch defect), mesentery and descending colon. The wound path is directed front to back without significant up/down or left/right deviation, with an approximate depth of penetration of 4-inches. Associated with the stab wound is hemorrhage along the wound path.

F. Blunt Force Injuries of the Head and Extremities:

There is a laceration of the right side of the forehead, 1 ¼ x ¼-inch, with a surrounding contusion, 2 x 1 ½-inches, and abrasion, 1 ½ x ½-inch. There is a laceration of the upper right eyelid, 1 x 1/8-inch. There is a contusion of the right preauricular area, 1 ½ x 1-inch, with an underlying 2 x 1 ¼-inch defect of the temporal bone with fracture of the temporal bone. There is a stellate laceration of the left parietal/temporal scalp, 4 x up to 3-inches, with an underlying 3 x 2-inches defect of the temporal bone with multiple fractures of the temporal bone. There is a contusion of the left temporal scalp, 3 x 2-inches. There is an abrasion of the left ear, 1 x ¾-inch. There are hinge fractures of the anterior and middle cranial fossae. There are multiple fractures of the sphenoid bone. There are multiple bilateral facial fractures. There is diffuse subarachnoid hemorrhage. There is a contusion of the left arm, 6 x 4-inches. There is an abrasion, 3 x 1-inch, and contusions, ranging from 1 x ½-inch to 4 x 2 ½-inches, of the left leg.

INTERNAL EXAMINATION

HEAD:

See "Evidence of Injury". The 1330 gm brain has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other non-traumatic abnormalities.

NECK:

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

BODY CAVITIES:

See "Evidence of Injury". The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pericardial or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

See "Evidence of Injury". The right and left lungs weigh 410 and 240 gm, respectively. The uninjured external surfaces are smooth and deep red-purple. The uninjured pulmonary parenchyma is moderately congested and edematous. No areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

See "Evidence of Injury". The heart weighs 320 gm. The uninjured epicardial surface is smooth, with minimal fat investment. The uninjured coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no atherosclerosis. The uninjured myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The uninjured endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

See "Evidence of Injury". The 1900 gm liver has a smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other non-traumatic abnormalities are seen. The gallbladder contains 5 ml of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 190 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

See "Evidence of Injury". The uninjured pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other non-traumatic 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 110 and 120 gm, respectively. The external surfaces of the kidneys are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. Grey-pink bladder mucosa overlies an intact bladder wall. The bladder contains 100 ml of clear yellow urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

See "Evidence of Injury". The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 100 ml of dark green material. The

duodenum, loops of small bowel and uninjured colon are unremarkable. The appendix is present.

MUSCULOSKELETAL SYSTEM:

See "Evidence of Injury". There are no non-traumatic bone or joint abnormalities. Skeletal muscle development is normal.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by OAFME staff photographers
- Full body radiographs are obtained
- Specimens retained for toxicological testing and/or DNA identification are: spleen, liver, blood, brain, bile, urine, gastric contents, vitreous, psoas muscle, adipose tissue, lung and kidney
- The dissected organs are forwarded with body.
- Selected portions of organs are retained in formalin, without preparation of histological slides
- Personal effects are released to the appropriate mortuary operations representatives

OPINION

This 30 year-old male (b)(6) died of sharp and blunt force injuries. Stab wounds of the left chest (B) and (C) injured the heart and left lung, resulting in massive bleeding into the left chest cavity, and also injured the liver and stomach. Stab wound (E) of the left upper quadrant of the abdomen injured the omentum, mesentery, pancreas and large bowel. An incised wound (A) of the left chest and stab wound (D) of the right upper quadrant of the abdomen did not injure vital structures but contributed to overall blood loss. Blunt force injuries of the head resulted in diffuse bleeding on the surface of the brain and multiple skull and facial fractures, including two hinge fractures. Toxicological testing for ethanol, drugs and cyanide was negative. The carboxyhemoglobin saturation was 1%. The manner of death is homicide.

(b)(6)

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Medical Examiner

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Medical Examiner

| CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer) | | | |
|--|--|---|--|
| NAME OF DECEASED (Last, First, Middle) Nom du défunt (Nom et prénoms) | | GRADE Grade | BRANCH OF SERVICE Branche de service |
| BTB Abdulkarim, Mohammed, Anwar | | | Civilian |
| ORGANIZATION Organisation | | NATION (e.g. United States) Pays | DATE OF BIRTH Date de naissance |
| | | Iraq | (b)(6) 1976 |
| | | | SEX Sexe |
| | | | <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| RACE Race | | MARITAL STATUS Etat civil | |
| <input checked="" type="checkbox"/> CAUCASOID Caucasique | | SINGLE Célibataire | |
| <input type="checkbox"/> NEGROID Nègre | | MARRIED Marié | |
| <input type="checkbox"/> OTHER (Specify) Autre (Spécifier) | | DIVORCED Divorcé | |
| | | SEPARATED Séparé | |
| | | WIDOWED Veuve | |
| NAME OF NEXT OF KIN Nom du plus proche parent | | RELATIONSHIP TO DECEASED Parenté du décès avec le déf. | |
| | | | |
| STREET ADDRESS Adresse à (Rue) | | CITY OR TOWN OR STATE (Inclure ZIP Code) Ville (Code postal complet) | |
| | | | |
| MEDICAL STATEMENT Déclaration Médicale | | | |
| CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Indiquer qu'une seule par ligne) | | | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort | | | Blunt and sharp force injuries |
| ANTECEDENT CAUSES Symptômes précurseurs de la mort | | | Minutes |
| MORIBUND CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition moribonde, s'il y a lieu, menant à la cause primaire | | | |
| UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Cause sous-jacente, 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 | CIRCUMSTANCES SURROUNDING DEATH DUE TO SYSTEMAL CAUSES Circonstances de la mort occasionnées par des causes systémiques |
| <input checked="" type="checkbox"/> NATURAL Mort naturelle | | <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non | |
| <input type="checkbox"/> ACCIDENT Mort accidentelle | | | |
| <input type="checkbox"/> SUICIDE Suicide | | | |
| <input checked="" type="checkbox"/> HOMICIDE Homicide | | | |
| DATE OF DEATH (City, and Date de décès (de jour, de | | DATE Date | AVIATION ACCIDENT ACCIDENT D'AVIA |
| (b)(6) 2007 | | 3 May 2007 | <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non |
| I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et constaté que le décès est survenu à l'époque indiquée et de la suite des causes énumérées ci-dessus. | | | |
| NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin civil | | I AM A Je suis | |
| (b)(6) | | Medical Examiner | |
| INSTALLATION OR ADDRESS Pays | | INSTALLATION OR ADDRESS Pays | |
| (b)(6) | | Dover AFB, Dover DE | |
| DATE Date | | DATE Date | |
| 5/3/2007 | | (b)(6) | |

DD FORM 1300, APR 77 2064

REPLACES DA FORM 1300, 1 JAN 76 AND DA FORM 1300-10, 1 SEP 74, WHICH ARE OBSOLETE.



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Office of the Armed Forces Medical Examiner
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Rockville, MD 20850
1-301-319-0000



FINAL AUTOPSY REPORT

| | |
|---------------------------------------|---------------------------------|
| Name: BTB Mahmud, Karwan Muhammad Ali | Autopsy No.: (b)(6) |
| ISN: (b)(6) | AFIP No.: (b)(6) |
| Date of Birth (b)(6) 1980 | Rank: Detainee |
| Date of Death (b)(6) 2007 | Place of Death: Iraq |
| Date of Autopsy: 13 Apr 2007 @ 1200 | Place of Autopsy: Port Mortuary |
| Date of Report: 19 June 2007 | Dover AFB, DE |

Circumstances of Death: This 26 year-old Iraqi detainee was found unresponsive by other detainees and subsequently removed from life-support 4 days later after medical intervention.

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

Identification: Presumptive identification is established by a wrist identification band. Post-mortem fingerprints, dental examination, and a specimen suitable for DNA analysis are obtained.

CAUSE OF DEATH: **Left Ventricular Hypertrophy with Focal Subendocardial Interstitial and Replacement Fibrosis**

MANNER OF DEATH: **Natural**

FINAL AUTOPSY DIAGNOSES:

- I. **No evidence of significant recent injury**
- II. **Evidence of natural disease:**
 - A. **Diffuse neuronal hypoxic/ischemic changes in the cerebrum and cerebellum**
 - B. **Cardiomegaly, 440 grams**
 - C. **Subendocardial coagulative necrosis and multifocal single cell contraction band necrosis, left ventricle**
 - D. **Left ventricular hypertrophy with focal subendocardial interstitial and replacement fibrosis**
 - E. **Bronchopneumonia with bilateral pulmonary congestion (1010 grams right, 830 grams left)**
 - F. **Bilateral pleural effusion (100 ml right, 50 ml left)**
 - G. **Pericardial effusion (50 ml)**
 - H. **Peritoneal effusion (50 ml)**
- III. **Evidence of medical intervention:**
 - A. **Nasogastric tube, orogastric tube, endotracheal tube, large-bore intravenous catheter left neck, Foley catheter, multiple needle puncture sites upper and lower extremities with associated contusions, EKG leads (3) on torso, defibrillator pad outlines (2) on chest, and two separate bags of intravenous fluids (one of normal saline and one containing morphine sulfate)**
- IV. **Identifying marks or tattoos: Scars of the right hand, right forearm, and right foot**
- V. **Toxicology (AFIP):**
 - A. **Volatiles: No ethanol is detected in the blood and vitreous fluid**
 - B. **Drugs: Lorazepam and 1-Hydroxymidazolam are detected in the urine but not in the blood. Morphine is detected in the urine and quantitated in the liver at 0.43 mg/kg**
 - C. **Carbon Monoxide: The carboxyhemoglobin saturation in the blood is 1%¹**
 - D. **Cyanide: No cyanide is detected in the blood**

¹ Carboxyhemoglobin saturations of 0-3% are expected for non-smokers.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, 66 inch tall, 140 pound Middle Eastern male whose appearance is consistent with the reported age of 26 years. Lividity is on the posterior ears and neck, posterior torso and posterior lower extremities and fixed. Rigor is passing, and the temperature is that of the refrigeration unit.

The scalp is covered with 2-inch long straight black hair in a normal distribution. Facial hair consists of a goatee and moustache. The irides are brown, the corneae are cloudy, the conjunctivae are pale, the sclerae are white and the pupils are round and equal in diameter. The external auditory canals are clear. The ears are not pierced. The nares are patent. The nose and maxillae are palpably stable. The teeth appear natural and in good condition. There is a 0.5 cm abrasion on the lower gingival.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is soft and flat. The genitalia are those of a normal adult male. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper extremities are diffusely edematous. The fingernails are intact. The lower extremities are symmetric and without clubbing or edema.

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects accompany the body at the time of autopsy:

- Blue long-sleeve T-shirt
- White T-shirt
- Black sweatpants
- Green scrub pants
- White socks (2)
- Green towel

MEDICAL INTERVENTION

- Nasogastric tube
- Orogastric tube
- Endotracheal tube
- Large-bore intravenous catheter left neck with associated underlying soft tissue hemorrhage
- Foley catheter
- Multiple needle puncture sites upper and lower extremities with associated contusions
- EKG leads (3) on torso
- Defibrillator pad outlines (2) on chest
- One bag of intravenous normal saline
- One bag of intravenous fluid with morphine sulfate

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates no fractures and no internal metal fragments

INTERNAL EXAMINATION

HEAD:

The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1350 gm brain (fresh weight). Please see Neuropathology Addendum. There are no skull fractures.

NECK:

Layer-wise dissection of the anterior and posterior neck structures reveals no injury. 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 tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. There are bilateral pleural effusions (100 ml right, 50 ml left). There is a pericardial effusion (50 ml). There is a peritoneal effusion (50 ml). The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 1010 and 830 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is severely congested and edematous. Focal areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 440 gm heart is contained in an intact pericardial sac. Please see Cardiovascular Pathology Addendum. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1800 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 20 ml of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 360 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

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 gray medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 140 and 170 gm, respectively. The external surfaces of the kidneys are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. Gray-pink bladder mucosa overlies an intact bladder wall. The bladder contains 100 ml of yellow urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, gray-white mucosa. The stomach contains approximately 5 ml of brown liquid. The gastric wall is intact. The duodenum, loops of small bowel and colon are unremarkable. The appendix is present.

MUSCULOSKELETAL SYSTEM:

There are no bone or joint abnormalities. Skeletal muscle development is normal. Cut downs of the upper and lower extremities and back are unremarkable.

MICROSCOPIC EXAMINATION

- Lung: One section of lung demonstrates bronchopneumonia; another section of lung demonstrates pulmonary edema
- Liver: No significant microscopic abnormalities
- Kidney: No significant microscopic abnormalities

ADDITIONAL PROCEDURES

- Documentary photographs are taken by OAFME staff photographers
- Full body radiographs are obtained
- Specimens retained for toxicological testing and/or DNA identification are: spleen, liver, blood, bile, urine, gastric contents, vitreous fluid, psoas muscle, adipose tissue, lung and kidney
- The dissected organs are forwarded with body.
- Selected portions of organs are retained in formalin, with preparation of histological slides of the lungs, liver and kidney
- Personal effects are released to the appropriate mortuary operations representatives
- The heart and brain are submitted for further examination by cardiovascular pathology and neuropathology, respectively
- Re-association of the heart (Dover # 9450) and the brain (Dover # 9451)

OPINION

This 26 year-old Iraqi detainee died of left ventricular hypertrophy with focal subendocardial interstitial and replacement fibrosis. There was no evidence of recent significant injury or bruising on the head. Per investigative reports, there were conflicting reports of possible head trauma when the deceased was examined at two different medical treatment facilities in Iraq. A head CT scan at one facility reportedly demonstrated "severe anoxic brain injury with herniation, cephalohematoma in scalp right occipital and left parietal". Hypoxic changes in the brain can result in herniation, however there was no evidence of blunt force trauma or herniation at the time of autopsy. The heart demonstrated enlargement of the left ventricle, which has been associated with fatal arrhythmias. The brain demonstrated changes consistent with a decrease in blood flow, which could occur as a result of a cardiac arrhythmia. Microscopic sections of one of the lungs demonstrated focal bronchopneumonia, which most likely developed while the deceased was hospitalized for 4 days. Sections of the liver and kidney were unremarkable. Toxicological testing was negative for ethanol and cyanide. The carboxyhemoglobin saturation in the blood was 1%. Two drugs associated with resuscitation, lorazepam and 1-Hydroxymidazolam, were detected in the urine. A third drug associated with resuscitation, morphine, was detected in the urine and quantitated in the liver at a concentration consistent with therapeutic dosing. The manner of death is natural.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner (b)(6)

NEUROPATHOLOGY ADDENDUM

(b)(6)

BRAIN, AUTOPSY: DIFFUSE HYPOXIC/ISCHEMIC CHANGES

We examined the approximately 1380-gram formalin-fixed brain submitted in reference to this case.

The dura is unremarkable without hemorrhages or masses. The leptomeninges are translucent without hemorrhages. The cerebral hemispheres are symmetrical. The gyral pattern is normal. The circle of Willis has a normal adult configuration without aneurysms, significant atherosclerosis, or sites of occlusion. The cranial nerves, cerebellum, and brainstem are unremarkable. The optic chiasm is gray and soft. There is no evidence of uncal, tonsillar, or subfalcine herniation. Serial coronal sections of the cerebrum show a cortical ribbon of normal thickness, well demarcated from subjacent white matter. Myelination is normal. The ventricular system is of normal size and shape. The basal ganglia, hippocampi, thalami, and hypothalamus are unremarkable. Serial sectioning of the cerebellum shows some dusky discoloration. The left cerebellar tonsil is more prominent than the right. The brainstem is unremarkable. The substantia nigra and locus ceruleus are normally pigmented for age. The aqueduct is patent. The spinal cord is not submitted, but the uppermost cervical cord and cervicomedullary junction are unremarkable.

Summary of microscopic sections: 1. left middle frontal gyrus. 2. left cingulate gyrus. 3. left superior/middle temporal gyri. 4. mamillary bodies. 5. left basal ganglia. 6. optic chiasm. 7. right thalamus. 8. left parietal lobule. 9. left hippocampus. 10. vermis. 11. right hippocampus. 12. left cerebellar dentate nucleus. 13. left cerebellar tonsil. 14. right cerebellar tonsil. 15. dusky right cerebellum. 16. dusky left cerebellum. 17. occipital lobe. 18. substantia nigra. 19. pons. 20. medulla.

The tissue was processed in paraffin; a section prepared from each paraffin block was stained with H&E. Additional sections prepared from selected blocks were stained with GMS and PAS.

Microscopic sections demonstrate diffuse neuronal hypoxic/ischemic changes in the cerebrum and cerebellum. Purkinje cell loss is noted with developed Bergmann gliosis. Neutrophils are present in the optic chiasm. The left thalamus has focal intravascular branching structures that are PAS positive and GMS negative. This may represent fibrin. The underlying cause of the diffuse hypoxic/ischemic changes is undetermined.

(b)(6)

6/13/2007

CARDIOVASCULAR PATHOLOGY ADDENDUM

FINAL DIAGNOSIS

DIAGNOSIS: (b)(6)

- 1. Subendocardial coagulative necrosis and multifocal single cell contraction band necrosis, left ventricle**
- 2. Left ventricular hypertrophy with focal subendocardial interstitial and replacement fibrosis**

History: 26 year old Iraqi detainee found unresponsive by other detainees, resuscitated and later removed from life support

Heart: 440 grams, per contributor; normal epicardial fat; probe patent foramen ovale; concentric left ventricular hypertrophy: left ventricular cavity diameter 30 mm, left ventricular free wall thickness 17 mm, ventricular septum thickness 18 mm; right ventricular dilatation: right ventricle thickness 5 mm, without gross scars or abnormal fat infiltrates; grossly unremarkable valves and endocardium; subendocardial hemorrhage, ventricular septum and posteromedial papillary muscle; histologic sections show left ventricular myocyte hypertrophy with focal subendocardial interstitial and replacement fibrosis, posterior and septal left ventricle; coagulative necrosis, posteromedial papillary muscle and posterior septum; multifocal single cell contraction band necrosis (brain death lesions)

Coronary arteries: Normal ostia, right dominance; no gross atherosclerosis

Comment: The subendocardial necrosis and multifocal single cell contraction band necrosis are secondary to anoxic brain injury and catecholamine release following a period of hypoperfusion. The cause of the initial cardiac arrest is uncertain, but may be due to arrhythmia associated with left ventricular hypertrophy and subendocardial fibrosis.

(b)(6)

Cardiovascular Pathologist

| CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer) | | | |
|--|--|---|--|
| NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) Mahmud, BTB Karwan, Muhammad Ali | | GRADE Grade Civilian | BRANCH OF SERVICE Arme Civilian |
| ORGANIZATION Organisation Iraqi Detainee | | NATION (e.g. United States) Pays Iraq | DATE OF BIRTH Date de naissance (b)(6) 1980 |
| | | SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6) | |
| | | SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE | |
| RACE Race <input checked="" type="checkbox"/> CAUCASOID Caucasique | | MARITAL STATUS Etat Civil SINGLE Célibataire | |
| NEGROID Négresse | | MARRIED Marié | |
| OTHER (Specify) Autre (Spécifier) | | WIDOWED Veuf | |
| | | DIVORCED Divorcé | |
| | | SEPARATED Séparé | |
| | | 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 ¹ Maladie ou condition directement responsable de la mort. Left ventricular hypertrophy with focal subendocardial interstitial and replacement fibrosis | | | |
| 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 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 | | |
| ACCIDENT Mort accidentelle | | | |
| SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste (b)(6) | | |
| HOMICIDE Homicide | SIGNATURE (b)(6) | DATE 13 April 2007 | AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non |
| DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2007 | | PLACE OF DEATH Lieu de décès Camp Bucca Iraq | |
| I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du 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 Medical Examiner | |
| GRADE (b)(6) | INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE | | |
| DATE 6/21/2007 | SIGNATURE (b)(6) | | |
| 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 causing death. ³ 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. ⁴ Préciser les conditions qui ont contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort. | | | |

DD FORM 1 APR 77 2064

REPLACES DA FORM 3585, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 76, WHICH ARE OBSOLETE.

MEDCOM 0912

ACLU Detainee Death II ARMY MEDCOM 912

(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 <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



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
1-301-319-0000



FINAL AUTOPSY REPORT

Name: Nassir Jabrin, Umar Sa'ad
ISN: (b)(6)
Date of Birth: (BTB) (b)(6) 1985
Date of Death: (b)(6) 2007
Date of Autopsy: 9 Apr 2007 @ 1300
Date of Report: 11 May 2007

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Rank: Detainee
Place of Death: Iraq
Place of Autopsy: Port Mortuary
Dover AFB, DE

Circumstances of Death: This 22 year-old Saudi detainee was found deceased in a garbage dumpster.

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

Identification: Presumptive identification is established by a wrist identification band. Post-mortem fingerprints, dental examination, and a specimen suitable for DNA analysis are obtained.

CAUSE OF DEATH: Multiple Blunt Force Injuries Complicated by Manual Strangulation and Chest Compression

MANNER OF DEATH: Homicide

FINAL AUTOPSY DIAGNOSES:

I. Multiple Blunt Force Injuries:

A. Head and Neck:

1. Diffuse bilateral scleral hemorrhage
2. Abrasion of the forehead, $\frac{1}{4}$ x $\frac{1}{2}$ -inch
3. Bilateral periorbital contusions
4. Contusions of the upper and lower lips and oral mucosa
5. Abrasion of the left side of the nose, $\frac{1}{4}$ -inch
6. Abrasions of the right side of the face, 1-inch, and right side of the neck, 2-inches
7. Contusion of the right side of the neck, 1 x $\frac{1}{2}$ -inch
8. Abrasion of the left side of the neck, $\frac{3}{8}$ -inch
9. Contusion of the posterior neck, 2 x 1-inch
10. Diffuse subgaleal hemorrhage
11. Hemorrhage in both temporalis muscles

B. Torso:

1. Contusion of the left side of the chest and abdomen, 9 x 1-inch
2. Abrasion of the left side of the chest, 1-inch
3. Patterned contusion of the left lower quadrant of the abdomen and left hip, 3 x 3-inches
4. Patterned abrasion of the right lower quadrant of the abdomen, $2\frac{1}{2}$ x 1-inch
5. Contusion of the upper right back, $1\frac{1}{4}$ x $\frac{3}{4}$ -inch
6. Patterned contusion of the upper right back, 3 x 2-inches
7. Contusion of the lower mid back, $\frac{3}{4}$ x $\frac{1}{2}$ -inch
8. Right hemothorax, 200 ml
9. Fractures of the anterior left ribs, 2nd-9th
10. Fractures of the left pubis and ischium
11. Fracture of the right ischium
12. Fractures of the left transverse processes of the 2nd-4th lumbar vertebral bodies
13. Fracture of the right sacroiliac joint
14. Rupture of the left and right hemidiaphragm with associated displacement of abdominal contents into the thorax
15. Rupture of the stomach with gastric contents in the left thorax
16. Mesenteric hemorrhage
17. Laceration of the right adrenal gland, 0.5 cm
18. Right periadrenal hemorrhage

C. Extremities:

1. Contusion of the right elbow, 1 x $\frac{3}{4}$ -inch
2. Contusion of the left shoulder, $2\frac{1}{4}$ x 1 $\frac{3}{4}$ -inches
3. Abrasion of the left shoulder, $\frac{1}{4}$ x $\frac{1}{8}$ -inch
4. Contusion of the left arm, $2\frac{1}{2}$ x $\frac{1}{2}$ -inch
5. Abrasion of the left axilla, $\frac{3}{4}$ x $\frac{1}{8}$ -inch

Nassir Jabrin, Umar Sa'ad

6. **Contusion of the anterior right thigh, 8 x ½-inch**
7. **Abrasions (2) of the right leg, ¼-inch and 1/8-inch**
8. **Contusion of the left buttock, 2 x 1-inch**
9. **Contusions (2) of the anterior left thigh, 3 x 2-inches and 4 x 1 ½-inches**

II. Evidence of Manual Strangulation and Chest Compression

A. Neck:

1. **Diffuse bilateral scleral hemorrhage (see I. A. 1.)**
2. **Numerous bilateral petechial hemorrhages of the upper chest**
3. **Diffuse bilateral hemorrhage of the anterior and posterior neck musculature**
4. **Diffuse hemorrhage of the thyroid**
5. **Contusion of the right side of the neck, 1 x ½-inch (see I.A.7.)**
6. **Abrasion of the left side of the neck, 3/8-inch (see I.A.8.)**
7. **Contusion of the posterior neck, 2 x 1-inch (see I.A.9.)**
8. **Hyoid bone and thyroid cartilage intact**

III. Evidence of natural disease: See addendum for cardiovascular pathology

IV. No evidence of medical intervention

V. Identifying marks or tattoos: Vertical scar on mid chest, 8-inch

VI. Toxicology (AFIP):

- A. **Volatiles: No ethanol is detected in the blood or vitreous fluid**
- B. **Drugs: No screened drugs of abuse or medications are detected in the blood**
- C. **Carbon Monoxide: The carboxyhemoglobin saturation in the blood is less than 1%¹**
- D. **Cyanide: No cyanide is detected in the blood**

¹ Carboxyhemoglobin saturations of 0-3% are expected for non-smokers.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, 65-inch tall, 103 pound male whose appearance is consistent with the reported age of 22 years. Lividity is on the posterior torso and posterior extremities and fixed. Rigor is passing, and the temperature is cool.

The scalp is covered with 1 1/2-inch long straight brown hair in a normal distribution. Facial hair consists of a moustache and beard. The irides are brown, the corneae are cloudy, the conjunctivae are unremarkable, the sclerae are diffusely hemorrhagic bilaterally and the pupils are round and equal in diameter. The external auditory canals are clear. The ears are not pierced. The nares are patent with blood present bilaterally. The nose and maxillae are palpably stable. The teeth appear natural.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is soft and flat. The genitalia are those of a normal adult male. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. Please refer to the evidence of injury section for injury to the torso and extremities.

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects are present on the body at the time of autopsy:

- Yellow pants
- Three video cameras
- Four cassette tapes
- One USB cable
- Two silver cases labeled "Mobile Disk External Data Storage"
- Two unknown silver electronic accessory items

MEDICAL INTERVENTION

- No evidence of medical intervention

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the following:

- Skeletal trauma to the torso as noted below

EVIDENCE OF INJURY

I. Multiple Blunt Force Injuries:

A. Head and Neck:

There is an abrasion of the forehead, $\frac{3}{4}$ x $\frac{1}{2}$ -inch. There are bilateral periorbital contusions. There is diffuse bilateral scleral hemorrhage. There are contusions of the upper and lower lips and oral mucosa, $\frac{1}{4}$ -inch to 2 x $\frac{1}{2}$ -inch. There is an abrasion of the left side of the nose, $\frac{1}{4}$ -inch. There is an abrasion of the right side of the face, 1-inch, and an abrasion of the right side of the neck, 2-inches. There is diffuse subgaleal hemorrhage. There is hemorrhage in both temporalis muscles.

B. Torso:

There is a contusion of the left side of the chest and abdomen, 9 x 1-inch. There is abrasion of the left side of the chest, 1-inch. There is a semi-circular patterned contusion of the left lower quadrant of the abdomen and left hip, 3 x 3-inches. There is a contusion of the right upper back, 1 $\frac{1}{4}$ x $\frac{1}{4}$ -inch. There is a semi-circular patterned contusion of the right upper back, 3 x 2-inches. There is a contusion of the mid lower back, $\frac{3}{4}$ x $\frac{1}{2}$ -inch. There are fractures of the anterior 2nd-9th left ribs. There is a right hemothorax, 200 ml. There is rupture of the left and right hemidiaphragm with associated displacement of the abdominal contents into the thorax. There is rupture of the stomach with gastric contents in the left thorax. There is hemorrhage of the mesentery. There is a laceration of the right adrenal gland, 0.5 cm, and right periadrenal hemorrhage. There are fractures of the left pubis and ischium, right ischium, and right sacroiliac joint. There are fractures of the left transverse processes of the 2nd-4th lumbar vertebral bodies.

C. Extremities:

There is a contusion of the left shoulder, 2 $\frac{3}{4}$ x 1 $\frac{3}{4}$ -inches, and an abrasion of the left shoulder, $\frac{1}{4}$ x $\frac{1}{8}$ -inch. There is a contusion of the right arm, 2 $\frac{1}{2}$ x $\frac{1}{2}$ -inch. There is a contusion of the right elbow, 1 x $\frac{1}{4}$ -inch. There is an abrasion of the left axilla, $\frac{3}{4}$ x $\frac{1}{8}$ -inch. There is a contusion of the anterior right thigh, 8 x $\frac{1}{2}$ -inch. There are two (2) contusions of the anterior left thigh, 3 x 2-inches and 4 x 1 $\frac{1}{2}$ -inches. There is a contusion of the left buttock, 2 x 1-inch. There are two (2) abrasions of the right leg, $\frac{1}{4}$ -inch and $\frac{1}{8}$ -inch.

II. Evidence of Manual Strangulation and Chest Compression:

A. Head and Neck:

There is diffuse bilateral scleral hemorrhage. There is a contusion of the right side of the neck, 1 x $\frac{1}{2}$ -inch. There is a contusion of the left side of the neck, $\frac{3}{8}$ -inch. There is a contusion of the posterior neck, 2 x 1-inch. There is diffuse bilateral hemorrhage of the anterior and posterior neck musculature. There is diffuse bilateral hemorrhage of the thyroid. The hyoid bone and thyroid cartilage are intact.

B. Torso:

There are numerous bilateral petechial hemorrhages of the upper chest.

INTERNAL EXAMINATION

HEAD:

See "Evidence of Injury". The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1550 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures.

NECK:

Separate anterior and posterior neck dissections are performed. See "Evidence of Injury". The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and hemorrhagic, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

See "Evidence of Injury". The sternum and vertebral bodies are visibly and palpably intact. No excess fluid is in the left pleural and peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 230 and 210 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is moderately congested and edematous. No areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The heart weighs 390 gm and is adherent to the chest wall. The heart is sent for cardiovascular pathology evaluation (see addendum). The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1050 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 10 ml of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 70 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

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

ADRENALS:

See "Evidence of Injury". The right and left adrenal glands have bright yellow cortices and grey medullae. No non-traumatic lesions are seen.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 120 and 100 gm, respectively. The external surfaces of the kidneys are intact and smooth. The cut surfaces are pale tan, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. Grey-pink bladder mucosa overlies an intact bladder wall. The bladder contains 10 ml of clear yellow urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities

GASTROINTESTINAL TRACT:

See "Evidence of Injury". The esophagus is intact and lined by smooth, grey-white mucosa. There are 100 ml of tan semi-solid gastric contents in the left thorax. The duodenum, loops of small bowel and colon are unremarkable. The appendix is present.

MUSCULOSKELETAL SYSTEM:

Dissection of the subcutaneous tissue of the back and both upper and lower extremities is performed. See "Evidence of Injury". There are no non-traumatic bone or joint abnormalities. Skeletal muscle development is normal.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by OAFME staff photographers
- Full body radiographs are obtained
- Specimens retained for toxicological testing and/or DNA identification are: blood, spleen, liver, brain, bile, urine, gastric contents, vitreous, psoas muscle, adipose tissue, lung and kidney
- The dissected organs are forwarded with body
- The heart is retained for consultation
- Selected portions of organs are retained in formalin, without preparation of histological slides
- Personal effects are released to the appropriate mortuary operations representatives

OPINION

This 22 year-old male (b)(6) died of multiple blunt force injuries complicated by manual strangulation and chest compression. There were blunt force injuries to the head, neck, torso, and upper and lower extremities. There were injuries to the head, neck and torso consistent with manual strangulation and chest compression. Toxicological testing for ethanol, drugs of abuse, medications, and cyanide was negative. The carboxyhemoglobin concentration was less than 1%. The manner of death is homicide.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

(b)(6)

ADDENDUM

DIAGNOSIS (b)(6) **Congenital heart disease:**

1. **Pulmonic stenosis with subvalvular fibrous band, status post valvuloplasty**
2. **Bicuspid aortic valve**
3. **Patch repair of atrial septal defect**

History: 22 year old Iraqi detainee found in a garbage bag at internment facility; sternotomy scar noted at autopsy

Heart: 280 grams; diffuse fibrous pericardial adhesions and 2 x 1 cm hematoma on posterior surface of left ventricle at apex; patch repair of atrial septal defect; normal left ventricular chamber dimensions: left ventricular cavity diameter 25 mm, left ventricular free wall thickness 13 mm, ventricular septum thickness 15 mm; right ventricular hypertrophy: right ventricle thickness 7 mm; endocardial thickening, right ventricle; pulmonic stenosis: endocardial fibrous band below pulmonic valve extending inferiorly from commissures of anterior and right pulmonic cusps, absent left pulmonic cusp; thickened tricuspid valve leaflets; bicuspid aortic valve: conjoined anterior leaflet with midline raphe between left and right coronary cusps; suture material and fibrosis, anterior right ventricle; histologic sections show mild subendocardial interstitial fibrosis, posterior left ventricle, otherwise unremarkable endocardium; focal bone marrow embolus, epicardial coronary artery, anterior left ventricle

Coronary arteries: Normal ostia; right dominance; no gross atherosclerosis

Comment: The primary abnormality appears to be pulmonic stenosis, possibly arising in a bicuspid pulmonic valve. However, because there has been prior valvuloplasty, the morphology of the pulmonic valve has been altered and the original pathologic condition cannot be determined with certainty. Also, the coincidence of bicuspid pulmonic and aortic valves is extremely rare.

(b)(6)

Cardiovascular Pathologist

Blocks made: 5 heart
Slides made: 5 H&E

CERTIFICATE OF DEATH (OVERSEAS)

Acte de décès (D'Outre-Mer)

| | | | | |
|---|--|--|--|--|
| NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) Nassir Jabrin, Umar Sa'ad, | | GRADE Grade Civilian | BRANCH OF SERVICE Arme Civilian | SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6) |
| ORGANIZATION Organisation Iraqi Detainee | | NATION (e.g. United States) Pays Saudi Arabia | DATE OF BIRTH Date de naissance (b)(6) 1985 | SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |

| | | | | | |
|---|--|--|--|---|--|
| RACE Race | | MARITAL STATUS État Civil | | RELIGION Culte | |
| <input checked="" type="checkbox"/> CAUCASOID Caucasique | | <input type="checkbox"/> SINGLE Célibataire | <input type="checkbox"/> DIVORCED Divorcé | <input type="checkbox"/> PROTESTANT Protestant | <input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) |
| <input type="checkbox"/> NEGROID Négre | | <input type="checkbox"/> MARRIED Marié | <input type="checkbox"/> SEPARATED Séparé | <input type="checkbox"/> CATHOLIC Catholique | |
| <input type="checkbox"/> OTHER (Specify) Autre (Spécifier) | | <input type="checkbox"/> WIDOWED Veuf | | <input type="checkbox"/> JEWISH Juif | |

| | | | |
|--|--|---|--|
| NAME OF NEXT OF KIN Nom du plus proche parent | | RELATIONSHIP TO DECEASED Parenté du décédé avec le su: | |
| 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 | | Multiple blunt force injuries complicated by manual strangulation and chest compression |
| 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 suscitée par des causes extérieures |
| <input 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 checked="" type="checkbox"/> HOMICIDE Homicide | SIGNATURE (b)(6) | DATE 9 April 2007 |
| | | AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non |

| | |
|--|--|
| DATE OF DEATH (day, month, year) Date du décès (le jour, le mois, l'année) (b)(6) 2007 (b)(6) | 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 défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.

(b)(6) Medical Examiner

| | |
|----------------------------------|--|
| GRADE Grade (b)(6) | INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE |
| DATE Date 5/15/2007 | SIGNATURE (b)(6) |

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 causing death.
3 Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non le mode de mort, telle qu'un arrêt du cœur, etc.
4 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.

ACLU Detainee Death II ARMY MEDCOM 923



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 301-319-0000



FINAL AUTOPSY REPORT

Name: Muhammad, Khayri Naim

CID#: (b)(6)

Date of Birth: (b)(6) 1972

Date of Death: (b)(6) 07 (Found)

Date/Time of Autopsy: 06 MAR 2007 @ 1100

Date of Report: 06 JUL 2007

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Civilian, Detainee

Place of Death: Iraq

Place of Autopsy: Port Mortuary,
 Dover AFB, Dover, DE

Circumstances of Death: This 34 year-old civilian detainee was interned at Compound 3-C, Camp Remembrance II, Theater Internment Facility, Camp Cropper, Baghdad, Iraq when, as reported, he was found unresponsive in a latrine stall with a pair of yellow trousers tied around his neck.

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

Identification: Presumptive identification by examination of papers in case file. Post-mortem specimen suitable for DNA analysis is obtained.

CAUSE OF DEATH: Asphyxia due to strangulation

MANNER OF DEATH: Homicide

FINAL AUTOPSY DIAGNOSES

I. Strangulation:

- A. A nearly contiguous ligature mark is around the neck
- B. Petechiae of conjunctivae of the right and left, upper and lower eyelids and the mucosa of the upper lip
- C. Hemorrhage of the left sterno-hyoid muscle, 1 x 1/4 inch
- D. Hemorrhage of the soft tissue surrounding the left horn of the hyoid bone, 1/4 x 1/4 inch
- E. Hemorrhage of the posterior spinous muscle beneath the ligature mark, 1/2 x 1/2 inch
- F. Additional injuries:
 - 1. Abrasion of the left side of the forehead, 2-1/2 x 1 inch
 - 2. Subgaleal hemorrhage, left parietal, 2 x 1 inch
 - 3. Subgaleal hemorrhage, occiput, 1/4 x 1/4 inch
 - 4. Hemorrhage of the left temporalis muscle, 3 x 2 inches
 - 5. Abrasion of the head of the left clavicle, 1/4 x 1/4 inch
 - 6. Abrasion of the right side of the chest, 3/4 x 1/4 inch
 - 7. Abrasion of the left side of the lower back, 1/4 x 1/4 inch
 - 8. Abrasions (3) of the left elbow, ranging from 1/2 inch to 3/4 inch in greatest dimension
 - 9. Contusion of the sacrum, 2 x 1 inch
 - 10. Contusion of the left buttock, 2 x 1 inch

II. Other findings:

- A. Edematous lungs:
 - 1. Right lung, 720 grams (expected 360-570 grams)
 - 2. Left lung, 710 grams (expected 325-480 grams)

III. Evidence of medical intervention: None

IV. Natural disease: Adhesions of the right lung

V. Post-mortem changes:

- A. Lividity is fixed on the posterior surface of the body except in the areas exposed to pressure
- B. Rigor is resolving in all four extremities
- C. Cloud corneae

VI. Recovered evidence:

- A. Hand bags
- B. Nail clippings and fingernail clipper
- C. White fibers from back of white t-shirt and red fiber from yellow shirt

VII. Toxicology (AFIP):

- A. VOLATILES: No ethanol detected in the blood and vitreous fluid

- B. DRUGS: No screened drugs of abuse/medications detected in the urine
- C. CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was 4% as determined by spectrophotometry with a limit of quantitation of 1%.¹
- D. CYANIDE: None detected in the blood

VIII. Microscopic examination: Lung, right lower lobe – focal intra-alveolus edema and vascular congestion

¹ Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers.

Muhammad, Khayri Naim

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male. The body is 68 inches in length, weighs 120 pounds, and appears compatible with the stated age of 34 years old. The body is cold. Lividity is fixed on the posterior surface of the body except in the areas exposed to pressure. Rigor is resolving in all four extremities.

Injury to the head and neck are described in "Evidence of Injury". The head is normocephalic. The scalp hair is grey-black and straight. Facial hair consists of a thin moustache and stubble. The irides are brown. The corneae are cloudy. The conjunctivae are congested with petechiae of both upper and lower eyelids. The sclerae are white. The external auditory canals contain dried blood. The oral cavity and nares are free of foreign material or abnormal secretions. The nasal skeleton is palpably intact. The oral mucosa of the upper lip has petechiae. The teeth are natural and in poor condition. There is a 1 x 1/8 inch scar on the bottom of the chin at the midline.

The chest is symmetric. The genitalia are those of an adult, circumcised male. The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are intact. There is a 2 x 1/4 inch scar on the posterior right arm. There is a 1-1/2 x 1/8 inch scar on the posterior right forearm. There is a 2 x 1/8 inch scar on the posterior left wrist. There is a 1 inch area of hyperpigmented skin on the anterior left hip. There is a 1/4 inch scar on the posterior left leg.

CLOTHING AND PERSONAL EFFECTS

The body is clad a yellow shirt (with blood on the left shoulder), white t-shirt, yellow trousers, and white underwear. Brown paper evidence bags are secured over both hands. On the yellow shirt is a red fiber. On the white t-shirt (between the t-shirt and yellow shirt) is a white fiber. On the left wrist is an ID tag with the name (b)(6)
(b)(6)

MEDICAL INTERVENTION

There is no evidence of medical intervention.

RADIOGRAPHS

A complete set of post-mortem radiographs is obtained.

EVIDENCE OF INJURY**I. Strangulation:**

A nearly contiguous ligature mark is around the neck consisting primarily of a red abrasion. At the anterior midline, the ligature mark is 1/4 inch wide and located 10-1/2 inches below the top of the head. To the left of the anterior midline, the ligature mark is directed upward at a 10 degree angle. To the right of the anterior midline, the ligature mark is directed upward at a 10 degree angle. At the left ear, the ligature mark is 1/2 inch wide and located 9-1/2 inches below the top of the head. The ligature mark continues across the posterior neck. At the posterior midline, the ligature mark is 1 inch wide and 9-1/4 inches below the top of the head. At the right ear, the ligature mark is 1/4 inch wide and located 9-1/2 inches below the top of the head.

Petechiae are noted on the conjunctivae of the right and left, upper and lower eyelids and the mucosa of the upper lip. Separate anterior neck dissection

Muhammad, Khayri Naim

shows a 1 x 1/4 inch hemorrhage of the left sterno-hyoid muscle and a 1/4 x 1/4 inch hemorrhage of the soft tissue surrounding the left horn of the hyoid bone. The hyoid bone and thyroid cartilage are intact. A separate posterior neck dissection shows a 1/2 x 1/2 inch hemorrhage of the spinous muscle beneath the ligature mark.

II. Additional injuries:

There is a 2-1/2 x 1 inch abrasion of the left side of the forehead. There is a 2 x 1 inch subgaleal hemorrhage of the left parietal and a 1/4 x 1/4 inch subgaleal hemorrhage of the occiput. There is a 3 x 2 inch hemorrhage of the left temporalis muscle.

On the head of the left clavicle is a 1/4 x 1/4 inch abrasion. There is a 3/4 x 1/4 inch abrasion of the right side of the chest. There is a 1/4 x 1/4 inch abrasion of the lower left back. On the left elbow are three (3) abrasions that range from 1/2 inch to 3/4 inch in greatest dimension. Posterior superficial incisions reveal a 2 x 1 inch contusion of the sacrum and a 2 x 1 inch contusion of the left buttock.

INTERNAL EXAMINATION**HEAD: (CENTRAL NERVOUS SYSTEM)**

See "Evidence of Injury". The scalp is reflected. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain are intact. Coronal sections through the cerebellum and transverse sections through the brainstem and cerebellum reveal no lesions. The brain weighs 1520 grams.

NECK:

See "Evidence of Injury". The thyroid cartilage and hyoid are intact. The thyroid is symmetric and red-brown, without cystic or nodular change. The larynx is lined by intact white mucosa.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. There is no excess fluid in any of the body cavities. There are multiple dense adhesions of the right lung. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. There are multiple dense adhesions of the lobes of the right lung. The right and left lungs weigh 720 and 710 grams, respectively (expected, 360 – 570 gram right lung and 325 – 480 gram left lung). The pulmonary parenchyma is red-purple exuding moderate amounts of blood. No mass lesions are present. The diaphragm is intact. The pulmonary arteries are normally developed and patent without thrombus or embolus.

Muhammad, Khayri Naim

CARDIOVASCULAR SYSTEM:

The heart weighs 390 grams (expected 224 – 446 grams for body length). The pericardial surfaces are smooth, glistening and unremarkable. The pericardial sac is free of significant fluid or adhesions. There is increased epicardial fat. The coronary arteries follow their usual course and are widely patent. The atrial and ventricular septum are intact. The valves are unremarkable. The left ventricular septum measures 1.3 centimeters and the left ventricular free wall measures 1.2 centimeters. The right ventricular free wall is 0.3 centimeters thick. The aorta and its major branches arise normally and follow the usual course. There is mild non-calcific atherosclerotic disease of the aorta. The vena cava and its major tributaries return to the heart in the usual distribution and are free of thrombi.

LIVER & BILIARY SYSTEM:

The 1530 gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is moderately congested and tan-brown with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 8 milliliters of green bile. The extrahepatic biliary tree is patent.

SPLEEN:

The 210 gram (expected 150 - 200 grams) spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon with unremarkable lymphoid follicles.

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

GENITOURINARY SYSTEM:

The right and left kidneys weigh 120 and 130 gm, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains 20 milliliters of yellow urine. The prostate gland and testes are unremarkable.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains 150 milliliters of partially digested food particles. The stomach, colon, and appendix are unremarkable.

MUSCULOSKELETAL:

Muscle development is normal. No bone or joint abnormalities are identified.

MICROSCOPIC EXAMINATION

Lung, right lower lobe - focal intra-alveolus edema and vascular congestion

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff photographers.
2. Full body radiographs are obtained and demonstrate the injuries as described.
3. Specimens retained for toxicology testing and/or DNA identification are: Blood, vitreous fluid, bile, urine, liver, lung, kidney, spleen, brain, psoas muscle, adipose tissue and gastric contents.
4. The dissected organs are forwarded with the body.
5. Selected portions of organs are retained in formalin.
6. Personal effects are released to the appropriate mortuary operations representatives.
7. Recovered evidence: As described above, released to CID.
8. Superficial incisions of the posterior surface of the body and extremities (See Evidence of Injury)

OPINION

This 34 year-old male (b)(6) died of asphyxia due to strangulation. The toxicology screen was negative. The manner of death is homicide.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

| CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer) | | | |
|--|---|---|--|
| NAME OF DECEASED (Last, First, Middle) Nom du défunt (Nom et prénoms) Muhammed, Khayri, Naim | | GRADE Grade Ordn | BRANCH OF SERVICE Armée Civilian |
| ORGANIZATION Organisation | | NATION (if U.S. Armed Forces) Pays Iraq | DATE OF BIRTH Date de naissance (b)(6) 1972 |
| | | SOCIAL SECURITY NUMBER Numéro de l'assurance sociale (b)(6) | |
| | | SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE | |
| RACE Race | | MARRIAGE STATUS Stat. Civ. | |
| <input checked="" type="checkbox"/> CALICANON Caucasien | | <input type="checkbox"/> SINGLE Célibataire | |
| <input type="checkbox"/> NEGRO Nègre | | <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"/> WIDOWED Veuve | |
| | | RELIGION Culte <input type="checkbox"/> PROTESTANT Protestant <input type="checkbox"/> CATHOLIC Catholique <input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) | |
| NAME OF NEXT OF KIN Nom du plus proche parent | | RELATIONSHIP TO DECEASED Rapport du défunt avec le déf. | |
| STREET ADDRESS Adresse à (Rue) | | CITY OR TOWN OR STATE Cité, État, Code ZIP (Code postal complet) | |
| MEDICAL STATEMENT Déclaration médicale | | | |
| CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Indiquer seule cause par ligne) | | | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort. | | | Asphyxia due to strangulation |
| ANTECEDENT CAUSES Symptômes précursifs de la mort. | MEDICAL CONDITION IF ANY, LEADING TO PRIMARY CAUSE Condition médicale, s'il y a lieu, menant à la cause principale | | |
| | UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Cause sous-jacente, s'il y a lieu, menant à la cause principale | | |
| OTHER SIGNIFICANT CONDITIONS Autres conditions significatives | | | |
| MODE OF DEATH Cause de la mort | AUTOPSY PERFORMED Autopsie effectuée | | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort attribuées par des causes extérieures |
| <input type="checkbox"/> NATURAL Mort naturelle | <input checked="" type="checkbox"/> YES OUI | | |
| <input type="checkbox"/> ACCIDENT Mort accidentelle | <input type="checkbox"/> NO NON | | |
| <input type="checkbox"/> SUICIDE Suicide | <input type="checkbox"/> NO NON | | |
| <input checked="" type="checkbox"/> HOMICIDE Homicide | SIGNATURE Signature (b)(6) | DATE Date 6 March 2007 | AVIATION ACCIDENT Accident d'Avion <input type="checkbox"/> YES OUI <input checked="" type="checkbox"/> NO NON |
| DATE OF DEATH Date de décès (b)(6) 2007 | 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 défunt et la cause et le moment de la mort sont indiqués et la cause est causée par une maladie naturelle. | | | |
| NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin militaire | | TITLE OR DEGREE Titre ou diplôme | |
| (b)(6) | | | |
| GRADE Grade (b)(6) | | INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE | |
| DATE Date 3/6/2007 | | (b)(6) | |

DD FORM 1300, 1 JAN 73 AND DA FORM 1300-10-1, 1 SEP 78, WHICH ARE OBSOLETE.

MEDCOM 0931

ACLU Detainee Death II ARMY MEDCOM 931

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

| DISPOSITION OF REMAINS | | | |
|------------------------------------|-----------------------------------|--------------------------|-------|
| NAME OF MORTICUARY/REFRIGERATOR | 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 | | | |
| CITY (TOWN OR DISTRICT) | DATE REGISTERED | FILE NUMBER | |
| | | STATE | OTHER |
| NAME OF FUNERAL DIRECTOR | ADDRESS | | |
| SIGNATURE OF AUTHORIZED INDIVIDUAL | | | |

DD FORM 2864, APR 1977 (BACK)

USAPA V7.00



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
301-319-0000



FINAL AUTOPSY REPORT

Name: **BTR** Abdal. Ahmad Khalaf
SSAN: (b)(6)
Date of Birth: **BTI** (b)(6) 1947
Date of Death: (b)(6) 2007
Date/Time of Autopsy: 09 JAN 2007 @ 0900
Date of Report: 06 APR 2007

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Rank: Civilian
Place of Death: Iraq
Place of Autopsy: Port Mortuary,
Dover AFB, Dover, DE

Circumstances of Death: This 59 year-old civilian was detained at Camp Ripper, Al Asad, Iraq when, as reported, he died during an interrogation with a human exploitation team member. Per report, he appeared to have fainted thirty minutes into the interrogation and became unresponsive.

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

Identification: Presumptive identification by examination of papers in case file. Post-mortem fingerprints and specimen suitable for DNA analysis are obtained.

CAUSE OF DEATH: **Atherosclerotic cardiovascular disease**
Mitral valve prolapse with annular calcification

MANNER OF DEATH: **Undetermined**

FINAL AUTOPSY DIAGNOSES

I. Pathologic diagnoses:

A. Cardiovascular system:

1. Focal healed subendocardial infarct, lateral and posterior left ventricle
2. Left ventricular hypertrophy with subendocardial and perivascular interstitial fibrosis
3. Mitral valve prolapse with annular calcification
4. Focal moderate coronary atherosclerosis
5. Cardiomegaly, 530 grams
6. Mild atherosclerotic disease of the aorta and arteries of the base of the brain

B. Respiratory system:

1. Congested lungs:
 - i. Right lung, 740 grams
 - ii. Left lung, 500 grams
2. No evidence of pulmonary thromboembolism

II. No evidence of significant recent injury

III. Minor injuries:

- A. Abrasion of the posterior left forearm, 1/8 inch
- B. Abrasion of the posterior left hand, 1/8 inch
- C. Healing abrasion of the forehead, 1/8 inch

IV. Evidence of medical intervention:

- A. Intravenous catheters in the right and left antecubital fossae
- B. Defibrillator pad mark/abrasion, left side of the chest, 2 x 1/2 inch

V. Post-mortem changes:

- A. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure
- B. Rigor is passed in all extremities
- C. Cloudy corneae

VI. Toxicology (AFIP):

- A. VOLATILES: No ethanol detected in the blood and vitreous fluid
- B. DRUGS: No screened drugs of abuse/medications detected in the urine
- C. CARBON MONOXIDE: Carboxyhemoglobin saturation in the blood was less than 1%*
- D. CYANIDE: No cyanide detected in the blood

* Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished white male. The body is 66 inches in length, weighs 175 pounds, and appears compatible with the stated age of 59 years old. The body is cold. Lividity is fixed on the posterior surface of the body except in the areas exposed to pressure. The head and neck are suffused. Rigor has passed in both the upper and lower extremities.

The head is normocephalic. The scalp hair is grey/black with male pattern baldness. Facial hair consists of a grey moustache and beard. The irides are indistinct. The corneae are cloudy. The conjunctivae are congested. The sclerae are white. The external auditory canals, nasal cavity, and oral cavity are free of foreign material and abnormal secretions. The earlobes are not pierced. The nasal skeleton is palpably intact. The lips are without evident injury. The teeth are natural and in poor condition. The upper two incisors are absent with a denture in place. There are no petechiae of the oral mucosa. There is a 1/4 x 1/8 skin tag of the right eyelid. The neck is straight, and the trachea is midline and mobile with no evidence of injury. There are multiple skin tags of the neck ranging from 1/8 inch to 1/4 inch in greatest dimension.

The chest is symmetric. There are multiple 1/8 inch skin tags in both axillae. The abdomen is flat. The genitalia are those of a normal adult male with no evidence of injury. There are two, 1 inch, round scars on the back. (b)(6) tattoo (b)(6) There is a 2 x 1 x 1 inch skin tag of the natal fold. The anus is unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema.

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(b)(6) tattoos (b)(6)
(b)(6)

(b)(6) tattoo (b)(6) There is a 1 inch circular scar of the anterior right thigh. There are two circular scars of the lateral right leg, 1 inch and 1/2 inch, respectively. There is a 1/4 x 1/8 inch skin tag of the posterior right leg. (b)(6) tattoo (b)(6) There are two circular scars of the lateral left leg, 3/4 inch and 1-1/2 inch, respectively. The palms of the hands and soles of the feet are callous.

CLOTHING AND PERSONAL EFFECTS

The body is in an orange shirt (cut), white t-shirt (cut), orange pants, and white boxers. Brown paper evidence bags are secured with evidence tape over both hands.

MEDICAL INTERVENTION

Intravenous catheters are in the right and left antecubital fossae. There is a 2 x 1/2 inch abrasion of the left side of the chest consistent with defibrillator pad placement.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and do not demonstrate evidence of injury.

EVIDENCE OF INJURY

There is a 1/8 inch healing abrasion of the forehead. There is a 1/8 inch abrasion of the posterior left forearm. There is a 1/8 inch abrasion of the posterior left hand.

INTERNAL EXAMINATION

HEAD: (CENTRAL NERVOUS SYSTEM)

The scalp is reflected. 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. There is mild, non-occlusive atherosclerotic disease of the arteries. Coronal sections through the cerebral hemispheres and transverse sections through the brainstem and cerebellum are unremarkable. The brain weighs 1440 grams.

NECK:

The anterior and posterior strap muscles of the neck are homogenous and red-brown, without hemorrhage (separate anterior and posterior neck dissections). The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. There is 20 milliliters of serosanguinous fluid in each of the thoracic cavities. No excess fluid is in the pericardial or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The right and left lungs weigh 740 and 500 grams, respectively (expected 360-570 grams and 325-480 grams). The external surfaces are smooth, glistening and unremarkable. The pulmonary parenchyma is red-purple exuding slight to moderate amounts of blood. No mass lesions or areas of consolidation are present. The pulmonary arteries are normally developed and patent without thrombus or embolus.

CARDIOVASCULAR SYSTEM:

The 530 gram (expected 265-460 grams) heart is contained in an intact pericardial sac. The heart was retained and sent for cardiovascular pathology consultation (see addendum). The aorta has mild atherosclerotic disease.

LIVER & BILIARY SYSTEM:

The 1800 gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is moderately congested and tan-brown with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 20 milliliters of green bile. The extrahepatic biliary tree is patent.

SPLEEN:

The 250 gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon with unremarkable lymphoid follicles.

PANCREAS:

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

ADRENALS:

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

GENITOURINARY SYSTEM:

The right and left kidneys weigh 210 and 220 gm, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains 120 milliliters of clear yellow urine. The prostate gland and testes are unremarkable.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains less than 5 milliliters of brown mucous. The stomach, duodenum, loops of small bowel, and colon have diffuse mucosa hemorrhage/decomposition change. The appendix is unremarkable.

MUSCULOSKELETAL:

Muscle development is normal. No bone or joint abnormalities are identified.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff photographers.
2. Specimens retained for toxicology testing and/or DNA identification are: Blood, vitreous fluid, bile, liver, lung, kidney, spleen, brain, muscle, urine, adipose tissue and gastric contents.
3. The dissected organs are forwarded with the body. The heart is retained for consultation.
4. Selected portions of organs are retained in formalin.
5. Personal effects are released to the appropriate mortuary operations representatives.
6. Posterior incisions of the skin and subcutaneous soft tissue demonstrate no evidence of injury.

OPINION

This 59 year-old male, **BTB** (b)(6) died of atherosclerotic cardiovascular disease and mitral valve prolapse with annular calcification. Histologic sections of the heart demonstrated a healed myocardial infarction (heart attack). There was no evidence of significant injury. The toxicology screen was negative. At the time of his death, per report, he was being interrogated by a human exploitation team member. The contribution of being interrogated as a precipitating event leading to his death is uncertain. Thus, the manner of death is undetermined.†

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

† If further information is obtained that requires changing the cause (and manner) of death, an amendment to this report will be made.

ADDENDUM

Cardiovascular Pathology Consultation:

DIAGNOSIS: (b)(6)

1. Focal moderate coronary atherosclerosis
2. Left ventricular hypertrophy with subendocardial and perivascular interstitial fibrosis, and focal healed subendocardial infarct, lateral and posterior left ventricle
3. Mitral valve prolapse with annular calcification

Heart: 515 grams (post-fixation); normal epicardial fat, probe patent foramen ovale; left ventricular hypertrophy: left ventricular cavity diameter 30 mm, left ventricular free wall thickness 14 mm, ventricular septum thickness 16mm; right ventricle thickness 5mm; mitral valve prolapse: thickened and redundant valve leaflets with hooding and annular calcification of posterior leaflet; other valves unremarkable; mild endocardial thickening in left ventricular outflow tract; no gross myocardial fibrosis or necrosis; histologic sections show left ventricular myocyte hypertrophy and subendocardial and perivascular interstitial fibrosis, and focal subendocardial replacement fibrosis in lateral and posterior left walls (healed infarct)

Coronary arteries: Normal ostia; right dominance; focal moderate atherosclerosis: 35% luminal narrowing of proximal left anterior descending artery by pathologic intimal thickening with intimal foam cell infiltrates; 60% narrowing of proximal left circumflex artery by fibroatheromatous and fibrocalcific plaque with adventitial fibrosis and chronic inflammation; 30% narrowing of proximal right coronary artery by pathologic intimal thickening with intimal foam cell infiltrates

CERTIFICATE OF DEATH (OVERSEAS)

Acte de décès (D'Outre-Mer)

| | | | |
|---|--|--|--|
| NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Abdal, Ahmed, Khalaf | GRADE Grade | BRANCH OF SERVICE Arme Civilian | SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6) |
| ORGANIZATION Organisation | NATION (e.g. United States) Pays Iraq | 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 |
| <input checked="" type="checkbox"/> CAUCASOID Caucasique | <input type="checkbox"/> SINGLE Célibataire | <input type="checkbox"/> PROTESTANT Protestant |
| <input type="checkbox"/> NEGROID Négre | <input type="checkbox"/> MARRIED Marié | <input checked="" type="checkbox"/> CATHOLIC Catholique |
| <input type="checkbox"/> OTHER (Specify) Autre (Spécifier) | <input type="checkbox"/> DIVORCED Divorcé | <input type="checkbox"/> JEWISH Juif |
| | <input type="checkbox"/> SEPARATED Séparé | <input type="checkbox"/> OTHER (Specify) Autre (Spécifier) |
| | <input type="checkbox"/> WIDOWED Veuf | |

| | |
|--|---|
| 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 | Atherosclerotic cardiovascular disease Mitral valve prolapse with annular calcification |
| 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 AUTOPTSY Conclusions principales de l'autopsie | |
| <input type="checkbox"/> ACCIDENT Mort accidentelle | | |
| <input type="checkbox"/> SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste (b)(6) | |
| <input type="checkbox"/> HOMICIDE Homicide | SIGNATURE Signature (b)(6) | DATE Date 9 January 2007 |
| | | AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non |

| | |
|---|--|
| DATE OF DEATH (day, month, year) Date du 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 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 assistant (b)(6) | TITLE OR DEGREE Titre ou diplôme Medical Examiner |
| GRADE Grade (b)(6) | INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE |
| DATE Date 9/5/2007 | SIGNATURE Signature (b)(6) |

1. State disease, injury or complication which caused death, but not related to the disease or condition causing death.
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 le manière de mourir, telle qu'un arrêt du cœur, etc.
2. Préciser la condition qui a contribué à la mort, mais n'étant aucun rapport avec le maladie ou à la condition qui a provoqué la mort.

(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 (b)(6) | 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 | | | |

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USAPA V1.00



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 301-319-0000



AUTOPSY EXAMINATION REPORT

Name: Ibrahim, Sadir Ahmed

ISN: (b)(6)

Date of Birth: unknown

Date of Death: (b)(6) 2008

Date/Time of Autopsy: 20 FEB 2008 @ 0900

Date of Report: 17 MAR 2008

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Detainee

Place of Death: Iraq

Place of Autopsy: Port Mortuary,
 Dover Air Force Base, Dover, DE

Circumstances of Death: This Iraqi male was beaten by other Iraqi Nationals when they discovered him attempting to plant an Improvised Explosive Device (IED). American forces subsequently took custody of him and brought him for medical treatment. Initially, he was treated for ventricular fibrillation and hypothermia. Upon stabilization he had several complications including a decreased mental status (Glasgow Coma Scale 3), renal failure, generalized seizures, and anasarca. These conditions were considered irreversible and the decision was made to treat for comfort. Seven days after admission he developed arrhythmias, which progressed to asystole.

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

Identification: Accompanying documents establish presumptive identification; samples from fingerprint, dental, and DNA examinations obtained for positive identification.

CAUSE OF DEATH: **Complications of Blunt Force Injuries**

MANNER OF DEATH: **Homicide**

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished Caucasoid male. The body weighs 170 pounds and measures 65 inches in length. Lividity is fixed on the posterior surfaces of the body. Rigor is passing. The body temperature is cold to touch. Decomposition changes consist of skin slippage on the lower extremities and back.

Injuries of the head are described below. The head is normocephalic. The scalp is covered with straight black hair of medium length in a normal distribution; facial hair consists of a beard and moustache. The right iris is brown, the cornea is clear, the conjunctiva is erythematous, and the sclera is yellow; the left iris is gray and scarred and the left globe is shrunken. A firm, movable nodule is palpable on the lateral aspect of the left orbit. The external auditory canals are clear. The nares contain mucus. The nose and maxillae are palpably stable. The teeth are natural and in good condition. The neck is straight, and the trachea is midline and mobile.

Injuries of the torso are described below. The chest is symmetric. The abdomen is mildly protuberant. The genitalia are those of a normal adult circumcised male. There is moderate scrotal edema. The testes are descended. Pubic hair is present in a normal distribution. The back is symmetric.

The upper and lower extremities are symmetric with mild to moderate edema of the distal portions. The fingernails are intact, except for a chip of the nail of the left ring finger. Identifying marks consist of an irregular scar (3/4" in diameter) of the dorsum of the right hand.

CLOTHING AND PERSONAL EFFECTS

No clothing items or personal effects are present on the body at the time of autopsy.

MEDICAL INTERVENTION

Medical intervention present on the body at the time of autopsy includes:

- Two fasciotomy incisions (7-3/4" and 8-3/4") on the anterior and lateral surfaces of the right leg
- Blue pad wrapped around fasciotomy incisions
- Large bore intravascular catheter, left subclavian
- Needle puncture marks, bilateral ante-cubital fossae
- Intravascular catheter, left wrist
- Three incisions (3/4" to 1" long), lateral left chest

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the following:

- Cone-shaped metal fragment on lateral aspect of the left orbit
- Fracture, left transverse process of the third lumbar vertebra
- Fracture, lateral aspect of the right sixth rib

EVIDENCE OF INJURY

The ordering of the following injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity. All wound pathways are given relative to standard anatomic position.

I. Blunt force injuries

A. Head and neck

A cluster of healing abrasions, 1/8" to 1/4" in greatest dimension, covers an area of 1-1/4" x 1" on the left forehead. A 1/8" healing abrasion is on the upper lip. A 1/2" x 1/8" healing abrasion is on the left ear. A 0.5 cm contusion is on the right lateral aspect of the tongue. A 7 cm x 5 cm subgaleal hemorrhage is on the right frontal aspect of the skull. There is mild, but diffuse, subarachnoid hemorrhage.

B. Torso

Two healing contusions, 1-1/4" and 2" in greatest dimension, are on the left side of the chest. A 12" x 10" contusion extends over the left lateral torso from the lower chest to the proximal left thigh. A 2-1/2" x 2" contusion is on the right side of the back, just below the scapula. Three healing abrasions, 1/2" to 1" in greatest dimension, are on the middle of the back. A 25" x 13" contusion with hemorrhage into the underlying soft tissues involves the lower back and buttocks extending from the left scapula, around the lateral aspects of the buttocks, and down to the proximal posterior thighs. A 1/2" x 1/8" healing abrasion is on the scrotum.

The lateral aspects of right ribs five and six are fractured. The left transverse process of the third lumbar vertebra is fractured. Both testes have intraparenchymal hemorrhage.

C. Extremities

Three contusions, 1/2" to 3" in greatest dimension are on the anterior right arm. A 1/2" x 1/4" contusion is on the posterior right shoulder. A 1" x 1/4" healing abrasion is on the posterior right arm. A 1" x 1" contusion is on the posterior right forearm. A 2" x 1/8" healing contusion with focal hemorrhage into the underlying soft tissues is on the posterior right wrist.

A 1" x 1/8" healing contusion is on the anterior left shoulder. A cluster of contusions, 1/4" to 1" in greatest dimension, covers an area of 3" x 1-1/2" on the anterior left arm. A 6-1/2" x 3" contusion is on the anterior left upper extremity extending from the distal arm to the mid forearm. A 1" x 1/8" healing contusion with focal hemorrhage into the underlying soft tissues is on the posterior left wrist.

IBRAHIM, Sadir Ahmed

On the antero-lateral aspect of the right thigh is an 11-1/2" x 11-1/2" contusion. A 6-1/2" x 2-1/2" healing abrasion is on the anterior right leg. Two healing abrasions, 1/4" and 1/2" in greatest dimension, are on the dorsum of the right foot. A 3" x 1" contusion with hemorrhage into the underlying soft tissues is on the right popliteal fossa. A cluster of healing abrasions and contusions with hemorrhage into the underlying soft tissues, 1/2" to 2" in greatest dimension, covers an area of 5" x 5" on the posterior right leg.

Two contusions, 2" and 3" in greatest dimension, are on the anterior left thigh. A cluster of healing abrasions, 1/8" to 3/4" in greatest dimension, covers an area of 16" x 4" on the anterior left lower extremity from the knee to the dorsum of the foot. A 4" x 2-1/2" contusion with hemorrhage into the underlying soft tissues is on the left popliteal fossa. A cluster of healing abrasions and contusions with hemorrhage into the underlying soft tissues, 1/4" to 2" in greatest dimension, covers an area of 3" x 3" on the posterior left leg. Two contusions, 1/2" and 1-1/2" in greatest dimension, are on the postero-lateral left leg.

INTERNAL EXAMINATION**HEAD AND CENTRAL NERVOUS SYSTEM:**

(See Evidence of Injury)

There are no skull fractures. The dura mater is intact with no evidence of hemorrhage. The leptomeninges are thin and delicate. The brain weighs 1270 gm and has unremarkable gyri and sulci. The cerebral hemispheres are symmetrical and the structures at the base of the brain, including the cranial nerves are intact. The cerebral arteries are patent. Coronal sections demonstrate sharp demarcation between white and gray matter, without hemorrhage or contusive injury. The ventricles are not enlarged. The basal ganglia, brainstem, and cerebellum are free of injury or other abnormalities. The atlanto-occipital joint is stable. A cone-shaped metal fragment recovered from the soft tissues of the left orbit.

NECK:

(See Evidence of Injury)

Layer-by-layer dissection of the anterior strap muscles of the neck reveals homogenous and red-brown soft tissue, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The parathyroid glands are not identified. The major vessels of the neck are intact.

BODY CAVITIES:

Excess sero-sanguineous fluid is present within each body cavity: 350 ml in the right pleural, 50 ml in the left pleural, 10 ml in the pericardial, and 50 ml in the peritoneal cavities. The organs occupy their usual anatomic positions. The subcutaneous fat layer of the abdominal wall is 3.5 cm thick.

MUSCULOSKELETAL:

(See Evidence of Injury)

No non-traumatic abnormalities of the muscles or bones of the appendicular and axial skeletons are identified.

RESPIRATORY SYSTEM:

The airways are clear of debris and foreign material and the mucosal surfaces are smooth, yellow-tan, and unremarkable. The right and left lungs weigh 960 and 820 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present. The pulmonary arteries are normally developed and patent. The diaphragm is intact.

CARDIOVASCULAR SYSTEM:

The 450 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are unremarkable in distribution, with a right-dominant pattern. Cross sections of the vessels show no luminal narrowing. The myocardium is homogenous, red-brown, and firm; the atrial and ventricular septae are intact. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1.4, 1.4, and 0.4-cm thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels; there are multi-focal thin yellow linear plaques (fatty streaking) of the descending aorta. The renal, mesenteric, and iliac vessels as well as the venae cavae are unremarkable.

HEPATOBIILIARY SYSTEM:

The 1820 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with unremarkable lobular architecture. No mass lesions or other non-traumatic abnormalities are seen. The gallbladder contains a minute amount of green-black bile and no stones. The mucosal surface is green and velvety.

LYMPHORETICULAR SYSTEM:

The 250 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles. Lymph nodes in the hilar, periaortic, and iliac regions are unremarkable.

IBRAHIM, Sadir Ahmed**ENDOCRINE SYSTEM:**

The pituitary gland is unremarkable within the sella turcica. The thyroid gland has been described (see NECK, above). The right and left adrenal glands are symmetric, with bright yellow cortices and red-brown medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

(See Evidence of Injury)

The right and left kidneys weigh 210 and 170 gm, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The bladder is empty. The prostate has lobular, yellow-tan parenchyma and is not enlarged. The seminal vesicles are unremarkable.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, gray-white mucosa. The stomach contains approximately 30 ml of pink viscous fluid. The gastric wall is intact. The duodenum, distal loops of intestine, and colon are unremarkable. The pancreas is firm and yellow-tan, with lobular architecture. Sectioning of the pancreas reveals diffuse, but mild parenchymal hemorrhage. The appendix is present.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff.
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicology testing and/or DNA identification are vitreous fluid, bile, blood, lung, liver, spleen, kidney, adipose tissue, heart muscle, brain, gastric contents, and psoas muscle.
4. The dissected organs are forwarded with body.
5. Trace evidence and/or foreign material are collected and retained by OAFME.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin for preparation of histology slides.

Slide Key: 1- lung, interventricular septum (heart), liver; 2- lung, left free wall (heart), pancreas; 3- lung, right free wall (heart), spleen; 4- lung, left kidney, adrenal gland; 5- lung, adrenal gland, skeletal muscle; 6- right kidney, thyroid gland, tongue; 7- cerebellum; 8- midbrain; 9- brainstem; 10- hippocampus; 11- cerebral cortex

Histology:

Brain: Diffuse neuronal eosinophilia and pyknosis; mild subarachnoid hemorrhage

Tongue: no significant pathologic change

Skeletal muscle: no significant pathologic change

Lungs: multi-focal hyalinized alveolar membranes; diffuse pulmonary edema and congestion with airspace hemorrhage

Heart: no significant pathologic change

Liver: mild to moderate macro- and micro-vesicular steatosis

Spleen: no significant pathologic change

Kidneys: tubular cell necrosis, tubular casts, and mononuclear cell infiltrates

Thyroid gland: no significant pathologic change

Adrenal Glands: no significant pathologic change

Pancreas: mild autolysis, but otherwise no significant pathologic change

FINAL AUTOPSY DIAGNOSES:

- I. Blunt force injuries
 - A. Head and neck
 1. Cluster of healing abrasions, left forehead
 2. Healing abrasion, upper lip
 3. Healing abrasion, left ear
 4. Contusion, tongue
 5. Subgaleal hemorrhage, right frontal skull
 6. Diffuse subarachnoid hemorrhage
 - B. Torso
 1. Multiple (2) contusions, left chest
 2. Contusion, left lateral torso
 3. Contusion, right back
 4. Multiple (3) healing abrasions, middle back
 5. Contusion, lower back and buttocks
 6. Healing abrasion, scrotum
 7. Multiple (2) right rib fractures
 8. Fracture, left transverse process of third lumbar vertebra
 9. Bilateral intraparenchymal hemorrhage, testes
 - C. Extremities
 1. Right upper
 - a. Multiple (3) contusions, anterior arm
 - b. Contusion, posterior shoulder
 - c. Healing abrasion, posterior arm
 - d. Contusion, posterior forearm
 - e. Healing contusion, posterior wrist
 2. Left upper
 - a. Healing contusion, anterior shoulder
 - b. Cluster of contusions, anterior arm
 - c. Contusions, distal arm to mid forearm
 - d. Healing contusion, posterior wrist
 3. Right lower
 - a. Contusion, antero-lateral thigh
 - b. Healing abrasion, anterior leg
 - c. Multiple (2) healing abrasions, foot
 - d. Contusion, popliteal fossa
 - e. Cluster of abrasions and contusions, posterior leg
 4. Left lower
 - a. Multiple (2) contusions, anterior thigh
 - b. Cluster of healing abrasions, anterior knee, leg and foot
 - c. Contusion, popliteal fossa
 - d. Cluster of healing abrasions and contusions, posterior leg
 - e. Multiple (2) contusions, postero-lateral leg

IBRAHIM, Sadir Ahmed

- II. Other evidence recovery
 - Cone-shaped metallic fragment from left orbit

- III. Natural disease and anatomic findings
 - A. Cardiomegaly (heart weight 450 gm; expected weight range for a 170 pound person is 305 to 375 gm)
 - B. Mild peripheral atherosclerosis
 - C. Global ischemic changes of the brain
 - D. Diffuse alveolar damage
 - E. Mild intraparenchymal hemorrhage, pancreas
 - F. Anasarca

- IV. Medical intervention
 - A. Two fasciotomy incisions, anterior and lateral right leg
 - B. Blue pad wrapped around fasciotomy incisions
 - C. Large bore intravascular catheter, left subclavian
 - D. Needle puncture marks, bilateral ante-cubital fossae
 - E. Intravascular catheter, left wrist
 - F. Three incisions, lateral left chest

- V. Post-mortem changes
 - A. Mild decomposition
 - B. Passing rigor
 - C. Fixed posterior livor

- VI. Identifying marks
 - Scar, right hand

- VII. Toxicology results
 - A. Volatiles (blood and vitreous fluid): no ethanol detected
 - B. Screened drugs of abuse and medications (blood):
 - 1. Positive benzodiazepine: Lorazepam detected in the blood at a concentration of 0.049 mg/L
 - 2. No other screened drugs of abuse or medications detected
 - C. Carbon monoxide: not tested, no suitable specimen
 - D. Cyanide (blood): none

OPINION

This Iraqi male (b)(6) died of complications of blunt force injuries. After sustaining a beating resulting in injuries to the head, torso, and extremities he developed cardiac arrhythmias, respiratory failure, renal failure, and seizures. These clinical changes were likely due to the metabolic insults sustained from the beating, however an asphyxial contribution to his death cannot be excluded. Despite initial resuscitative efforts his condition progressively worsened and he died. Toxicology tests for ethanol, cyanide, and screened drugs of abuse were negative; Lorazepam detected in the blood is consistent with medical-related and comfort-related measures. The manner of death is homicide.

(b)(6)

(b)(6) **Medical Examiner**



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
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Rockville, MD 20850
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FINAL AUTOPSY EXAMINATION REPORT

| | |
|--|---------------------------------|
| Name: Jabar, Walid Tawfiq | Autopsy No.: (b)(6) |
| SSAN: (b)(6) | AFIP No.: (b)(6) |
| Date of Birth: (b)(6) 1983 | Rank: CIV |
| Date of Death: (b)(6) 2008 | Place of Death: Iraq |
| Date and time of Autopsy: 27 FEB 2008 0900 | Place of Autopsy: Port Mortuary |
| Date of Report: 01 MAY 2008 | Dover AFB, Dover DE |

Circumstances of Death: 25 year old male civilian detainee reportedly collapsed during interview

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

Identification: Presumptive

CAUSE OF DEATH: Severe metabolic derangement due to acute adrenocortical insufficiency

MANNER OF DEATH: Natural

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male that weighs 137 pounds, is 68 inches in length and appears compatible with the reported age of 25 years. The body is cold after refrigeration. Rigor is passing in all extremities. Lividity is present and fixed on the posterior surfaces 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 beard and mustache. The irides are dark. The corneae are cloudy. The conjunctivae are unremarkable with no evidence of petechial hemorrhages. The sclerae are white. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton and maxilla are palpably intact. The upper and lower lips are dry and chapped. 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 male. The posterior torso and anus are without note. The extremities show no evidence of injury. The fingernails are intact.

CLOTHING AND PERSONAL EFFECTS

- Pair of black sandals, soiled
- Black long-sleeved shirt with the emblem "Down Nour", soiled.
- Tan and orange striped long-sleeved shirt
- Pair of blue sweat pants
- Pair of tan sweat pants

MEDICAL INTERVENTION

- Endotracheal tube
- Nasogastric tube
- Intravascular catheters in both antecubital fossae, the right wrist and right inguinal region
- Foley catheter with attached collection system

EVIDENCE OF INJURY

There is a ¼ inch contusion present on the right lower lip.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained. There is no evidence of skeletal injury or metallic foreign material.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The ribs, sternum, and vertebral bodies are visibly and palpably intact. No adhesions are present in any

JABAR, Walid Tawfiq

of the body cavities. Approximately 100 ml of amber fluid is present in the left thoracic cavity and 50 ml in the right thoracic cavity. All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is ¼ 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 1440 gram brain, which has unremarkable gyri and sulci. After fixation, 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 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 250 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.

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 520 grams; the left 650 grams.

HEPATOBIILIARY SYSTEM:

The 1420 gram liver has an intact smooth capsule covering dark red-brown, moderately congested tan-brown parenchyma with no focal lesions noted. The gallbladder contains 8 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

JABAR, Walid Tawfiq**GASTROINTESTINAL SYSTEM:**

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen is empty. The small and large bowel are unremarkable. Formed stool is present in the rectal vault. 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 weigh 130 grams. The renal capsules are smooth, 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. White bladder mucosa overlies an intact bladder wall. The bladder is empty. Approximately 20 ml of urine is present in the collection bag. The testes, prostate gland and seminal vesicles are without note.

LYMPHORETICULAR SYSTEM:

The 160 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 unremarkable. Gastric (greater curvature) lymph nodes appear mildly enlarged.

ENDOCRINE SYSTEM:

The thyroid gland is symmetric and red-brown, without cystic or nodular change. The adrenal glands are poorly discernible from the adjacent adipose tissue.

MUSCULOSKELETAL SYSTEM:

No abnormalities of the muscles, bones or joints are identified. Longitudinal incisions of the posterior surfaces of the torso, upper and lower extremities show no evidence of injury.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by the OAFME photographer.
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, urine, spleen, liver, lung, kidney, bile, adipose tissue and psoas muscle.
4. The brain and heart are retained for further examination. The remaining dissected organs are forwarded with body.

MICROSCOPIC EXAMINATION

1. Heart (slides 1-4): No significant microscopic abnormality
2. Lungs (slides 5, 11-13): Acute bronchoalveolar pneumonia, right lower lobe; bilateral pulmonary alveolar congestion with patchy pulmonary edema

JABAR, Walid Tawfiq

3. Liver (slide 6): No significant microscopic abnormality
4. Spleen (slide 6): No significant microscopic abnormality
5. Kidneys (slide 7): Tubular autolysis
6. Lymph nodes, peri-gastric (slide 10): Follicular hyperplasia
7. Brain (slides 16,17): No significant microscopic abnormality
8. Tissue from region of adrenal glands (right slides 8,14; left slides 9,15): Scattered fragments of adrenal medullary tissue without evidence of adrenal cortical tissue (9,14,15); portions of lymph nodes and peripheral neural tissue, no adrenal tissue seen (8).

FINAL AUTOPSY DIAGNOSES

- I. Adrenocortical atrophy
 - A. Metabolic imbalance (per protocol)
 1. Hyponatremia, hyperkalemia, hypoglycemia and metabolic acidosis
 2. ECG finding of prolonged QT interval (per protocol)
- II. Acute bronchoalveolar pneumonia (right lower lobe)
 - A. Bilateral pulmonary congestion with patchy pulmonary edema
 - B. Bilateral pleural effusions (right 50 ml, left 100 ml)
- III. Toxicology: Acetone is present in the blood and urine; atropine is present in the urine

OPINION

According to reports, this 25 year old male civilian detainee collapsed while being interviewed. Resuscitative efforts were started at the scene and he was transported to the medical facility where he was found to be hypotensive, hypothermic and have a GCS of 3. Initial laboratory testing showed significant metabolic derangement (hyponatremia, hypokalemia, metabolic acidosis and hypoglycemia). Although the decedent was initially stabilized, his condition continued to worsen until his demise on the following day. Review of the available medical records revealed a history of a "hunger strike" for approximately 7-10 days prior to death and unspecified "kidney" problems for which the decedent was taking daily hydrocortisone.

Autopsy examination showed no evidence of trauma. Microscopic examination showed acute bronchopneumonia of the left lung and bilateral adrenal cortical atrophy. Toxicological examination showed the presence of atropine in the urine and acetone (trace) in the blood and urine.

Acute adrenocortical insufficiency may present as a "crisis" in patients with chronic adrenocortical insufficiency precipitated by any form of stress or from too rapid withdrawal of exogenous steroids in those whose adrenal glands have been suppressed by long term administration.¹ Findings include hyponatremia, hyperkalemia, hypoglycemia, metabolic acidosis and prolongation of the QT interval on EKG.² Untreated patients have a poor prognosis.³

¹ Cotran, R, Kumar, V., et.al., Robbins Pathologic Basis of Disease, W.B. Saunders Co. 1994, 5th Ed., pg 1157

² Kirkland, L., Adrenal Crisis, Dec 18, 2007, <http://www.emedicine.com/med/topic65.htm>

³ Klauer, K., Adrenal Insufficiency and Adrenal Crisis, Jan 30, 2007, <http://www.emedicine.com/emerg/topic16.htm>

AUTOPSY REPORT (b)(6)

JABAR, Walid Tawfiq

In the current case the etiology of the adrenal atrophy is uncertain. Contributing stressors included pneumonia and elective food deprivation. Postmortem toxicology showed the presence of the therapeutic substance atropine and trace amounts of acetone. Acetone is a by-product of fat metabolism and can be seen as a result of food deprivation.

In summary, this decedent most likely had long standing (chronic) adrenocortical insufficiency which progressed to acute insufficiency ("crisis") in the face of infectious (pneumonia) and food deprivation stressors (b)(6) succumbed to severe metabolic derangement due to acute adrenocortical insufficiency. The manner of death is natural.

This case is reviewed in consultation with the Departments of Endocrine and Renal Pathology. The latter is pending. Upon completion an addendum report will issued if contributory.

(b)(6)

(b)(6) Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS)

Acte de décès (D'Outre-Mer)

| | | | | |
|---|---|---|--|--|
| NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) Jabar, Walid, Tawfiq | | GRADE Grade | BRANCH OF SERVICE Arme Civilian | SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6) |
| ORGANIZATION Organisation | | NATION (e.g. United States) Pays Iraq | DATE OF BIRTH Date de naissance (b)(6) 1983 | SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| RACE Race | | MARITAL STATUS État Civil | | RELIGION Culte |
| <input checked="" type="checkbox"/> CAUCASOID Caucasique | <input type="checkbox"/> NEGROID Négride | <input type="checkbox"/> SINGLE Célibataire | <input type="checkbox"/> DIVORCED Divorcé | <input checked="" type="checkbox"/> UNK OTHER (Specify) Autre (Spécifier) |
| <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 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 ¹ Maladie ou condition directement responsable de la mort. | | 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 | |
| | UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à 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 | NAME OF PATHOLOGIST Nom du pathologiste | |
| <input type="checkbox"/> SUICIDE Suicide | SIGNATURE (b)(6) | DATE 27 February 2008 |
| <input type="checkbox"/> HOMICIDE Homicide | | AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non |

| | |
|--|--|
| DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2008 1743 | 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 funtél 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 Medical Examiner |
|--|--|

| | |
|---------------------------------|---|
| GRADE Grade (b)(6) | INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Do (b)(6) |
|---------------------------------|---|

| | |
|---------------------------------|-----------|
| DATE Date 5/7/2008 | SIGNATURE |
|---------------------------------|-----------|

¹ State disease, injury or complication which caused death, but not mode of dying such as:
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 de coeur, etc.
² Préciser la condition qui a contribué à la mort, mais n'avant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 1-301-319-0000
 (FAX 1-301-319-0635)



FINAL AUTOPSY REPORT

Name: HUSSEIN, Hyder Abdul
 ISN: (b)(6)
 Date of Birth: Unknown
 Date of Death: (b)(6) 2008
 Date of Autopsy: 22 MAR 2008, 0900 hours
 Date of Report: 30 APR 2008

Autopsy No. (b)(6)
 AFIP No. (b)(6)
 Rank: Civilian Iraqi Detainee
 Place of Death: Camp Bucca, Iraq
 Place of Autopsy: Dover Mortuary Facility,
 Dover AFB, DE

Circumstances of Death:

(b)(6) an Iraq civilian detainee of unknown age has a well documented history of and treatment for Dilated Cardiomyopathy during two prior admissions in January and February of 2008. He was admitted to the Theater Internment Facility (TIF) hospital, Camp Bucca, Iraq, on (b)(6) 2008 with a complaint of "not feeling well". Over the following four days, (b)(6) suffered cardiac arrest twice. On (b)(6) 08, he suffered a third cardiac arrest and could not be resuscitated. No additional pertinent information is available.

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

Identification:

(b)(6) was identified by toe tags and his TIF number. Fingerprints, dental charting and sample for DNA identification are obtained.

CAUSE OF DEATH:

Dilated Cardiomyopathy

MANNER OF DEATH:

Natural

EXTERNAL EXAMINATION

The body is that of a well-developed, White male 73 inches tall, 287 pounds and appears of middle age (unknown date of birth). The body build is obese with Body Mass Index of 37.9, (18.5-24.9 is normal; 25-29.9 is over weight and 30.0 and above is considered obese). Lividity is consistent with supine position, rigor is equally present in all extremities, and the body temperature is that of the refrigeration unit.

The scalp and facial hair, beard and mustache, are black. The irides are brown, and the pupils are round and equal in diameter. The corneas are dull and the sclerae are unremarkable. The external auditory canals and ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear unremarkable. The tongue reveals no evidence of trauma or bite marks.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is markedly protuberant. The genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The right buttock reveals decubitus ulceration right of the midline and an incised and drained abscess more laterally. The anus is unremarkable.

The upper and lower extremities are symmetric; reveal marked edema and no clubbing. No evidence of trauma is present on examination or dissection of the extremities. The chest and abdomen reveal remarkable stretch marks. A tattoo (b)(6) (b)(6) A large remote healed longitudinal surgical scar is noted on the left upper chest close to the anterior axillary line. No other identifying marks are noted.

CLOTHING AND PERSONAL EFFECTS

The body was received un-clad. A silver-colored ring is noted in the left middle finger. The ring is removed, photographed and submitted to the mortuary staff for proper disposition.

MEDICAL INTERVENTION

Evidence of medical intervention: Endotracheal tube; Naso-gatric tube; EKG pads; Multiple intravenous access lines and a urinary catheter.

RADIOGRAPHS

Full body radiographs and a CT-scan are obtained and demonstrate remote internal fixation of distal left forearm. No recent skeletal fractures are noted.

EVIDENCE OF INJURY

None recovered.

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are edematous and free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1400 gm brain, which has unremarkable gyri and sulci. The surface vessels reveal marked congestion. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. 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 are intact. The larynx is lined by intact tan mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries. There is no deep paracervical muscular injury and no cervical spine fractures.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. The chest cavities reveal bilateral pleural effusion of clear straw-colored fluid; 300 cc in the left and 200 cc in the right. The pericardial sac contains 200 cc of clear straw-colored fluid, and the peritoneal cavity contains effusion fluid, approximately 300 cc. The heart appears grossly enlarged and the major organs occupy their usual anatomic positions. The abdominal wall adipose tissue measures 2" in thickness.

RESPIRATORY SYSTEM:

The right and left lungs are markedly heavy and weigh 1220 and 830 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and markedly edematous, oozing frothy fluid. Two dark red well-demarcated areas are noted in the base of the lower lobe of the right lung and the apex of the lower lobe of the left lung, measuring 3 ½ x 2 ½ x 2" and 2 x 2 x 1 ½" respectively. Sections through these areas reveal firm dark red parenchyma, with gross appearance of pulmonary infarction. The lungs are photographed for documentation. The pulmonary vessels are normally positioned and are grossly free of thrombo-emboli.

CARDIOVASCULAR SYSTEM:

The heart is markedly enlarged, weighs 790 grams and is contained in an intact pericardial sac. The epicardial surface is smooth, with increased fat investment. The coronary arteries are present in a normal distribution. Cross sections of the coronary vessels reveal no significant atherosclerotic changes. The myocardium is homogenous, red-brown, and soft. The cardiac chambers are dilated. The valve leaflets are thin and mobile except for a thickened and slightly shortened mitral valve. The tricuspid, pulmonary, mitral and aortic valves measure 13, 8, 11 and 7 cm, respectively. The mitral valve is retained for further examination. The walls of the left and right ventricles and

HUSSEIN, Hyder Abdul

the interventricular septum are 18.5 and 18 mm, 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.

LIVER & BILIARY SYSTEM:

The 3100 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma reveals a nutmeg appearance consistent with congestive heart failure, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder wall is slightly thickened and contains dark green bile. A gall stone measuring 1 cm in diameter and multiple minute gall stones are noted in the lumen, photographed and retained. The extrahepatic biliary tree is grossly patent.

SPLEEN:

The 780 gm spleen is enlarged and has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles. The major lymph nodes encountered during examination are not enlarged and are unremarkable.

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 270 gm and 240 grams, respectively. The external surfaces are intact, smooth with mild persistent lobulation. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp cortico-medullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains a small amount of clear yellow urine with a urinary catheter in place. Urine is submitted for toxicology. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities. Bilateral hydroceles are noted.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains a small amount of dark green fluid. The gastric wall is intact. The duodenum, loops of small and large intestines slightly edematous but otherwise are unremarkable.

MUSCLES & SKELETAL SYSTEM:

Grossly unremarkable with no significant pathological changes. No evidence of recent skeletal trauma is noted during examination or radiologically.

TOXICOLOGY

- Carbon Monoxide: Carboxyhemoglobin saturation less than 1%.
- Volatiles (Blood and Urine): No ethanol was detected.
- Cyanide: No cyanide detected.
- Screened drugs of abuse and medications (Blood):
 - Positive Benzodiazepine (Midazolam); detected and confirmed.
 - Positive Benzodiazepine (1-Hydroxymidazolam), detected and confirmed.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by an OAFME photographer.
2. Full body radiographs and CT-scan are obtained.
3. Examination, with skin incisions, of the extremities and back to rule out trauma.
4. Specimens retained for toxicological and/or DNA identification are: blood, vitreous, bile, urine, gastric contents and tissue samples of heart, kidney, liver, lung, spleen, brain, adipose tissue, and muscle.
5. Representative sections of organs are retained in formalin for microscopic examination.
6. Personal effects, a silver-colored ring, is photographed and released to the mortuary staff for proper disposition.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin. Histological slides are as follows:

- 1-4: Heart: Focal subendocardial scarring; Prominent perivascular fibrosis; Focal hypertrophic myocytes; Recent septal myocardial infarction with contraction bands and acute inflammatory cell infiltrate.
- 5: Mitral valve: thickened mitral valve with fibrosis and hyalinization.
- 6-9, 11: Lungs: Large areas of parenchymal infarctions; increased number intra-alveolar hemosidren and anthracotic pigment-laden macrophages; pulmonary congestion and edema. No evidence of pneumonia.
- 10: Kidney: Focal areas of acute tubular necrosis.
- 12: Adrenal glands: Unremarkable.
- 13: Spleen: Congestion, focal infarction.
- 14-16: Brain: Unremarkable.
- 1-16: Postmortem autolysis

FINAL AUTOPSY DIAGNOSIS

A. Cardiovascular System:

- Cardiomegaly (Cardio Bovus). 790 grams
- Four chamber dilatation consistent with dilated cardiomyopathy.
- Congestive Heart Failure:
 - Bilateral hemothoraces, pericardial and peritoneal effusions.
 - Pulmonary edema, right 1,220 grams and left 830 grams.
 - Hepatomegaly with nutmeg appearance.
 - Bilateral pulmonary infarctions.
 - Generalized edema.
 - Bilateral hydroceles.
- Focal subendocardial and perivascular fibrosis.
- Thickened (fibrosed and hyalinized) mitral valve, unknown etiology.

B. Other Findings:

- Obesity, BMI 37.9 (normal 18.5-24.9, overweight 25.0-29.9, obese 30.0 and above)
- Pulmonary infarction.
- Acute tubular necrosis of kidney.
- Chronic cholecystitis and cholelithiasis.
- Right gluteal abscess, evidence of recent incision and drainage.
- Passive congestion of liver, spleen and kidneys.
- Early signs of developing decubitus ulceration.

C. Injuries

- No evidence of blunt force, sharp force or firearm injuries.

D. Toxicology:

- No evidence of ethanol or drugs of abuse.
- Positive for Benzodiazepine and its metabolites.

OPINION

(b)(6) a civilian Iraqi detainee of unknown age, died from cardiac disease (Dilated Cardiomyopathy, cardiomegaly and congestive heart failure). No evidence of trauma is noted during autopsy. Toxicological results are negative for ethanol and drugs of abuse and positive for Benzodiazepine and its metabolites (consistent with documented medical treatment), and is non-contributory to autopsy conclusions. Manner of death is natural.

(b)(6)

(b)(6)

(b)(6) Medical Examiner

| CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer) | | | |
|--|--|---|--|
| NAME OF DECEASED (Last, First, Middle) Nom du défunt (Nom et prénoms) Hussein, Hyder, Abdul | | GRADE Grade Civilian | SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6) |
| ORGANIZATION Organisation | | NATION (e.g. United States) Pays Iraq | DATE OF BIRTH Date de naissance |
| RACE Race | | MARITAL STATUS Etat Civil | RELIGION Culte |
| <input checked="" type="checkbox"/> | CAUCASOID Caucasique | <input type="checkbox"/> SINGLE Célibataire | <input type="checkbox"/> PROTESTANT Protestant |
| | NEGROID Négre | <input type="checkbox"/> MARRIED Marié | <input type="checkbox"/> CATHOLIC Catholique |
| | OTHER (Specify) Autre (Spécifier) | <input type="checkbox"/> DIVORCED Divorcé | <input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) |
| | | <input type="checkbox"/> SEPARATED Séparé | <input type="checkbox"/> JEWISH Juif |
| NAME OF NEXT OF KIN Nom du plus proche parent | | RELATIONSHIP TO DECEASED Parenté du défunt 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'indiquez 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 | | Cardiomyopathy | |
| 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 | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort associées par des causes extérieures | |
| <input checked="" type="checkbox"/> NATURAL Mort naturelle | <input checked="" type="checkbox"/> YES OUI | <input type="checkbox"/> NO NON | |
| <input type="checkbox"/> ACCIDENT Mort accidentelle | MODE/FINDINGS OF AUTOPSY Conclusions principales de l'autopsie | | |
| <input type="checkbox"/> SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste | | |
| <input type="checkbox"/> HOMICIDE Homicide | (b)(6) | | DATE Date 22 March 2008 |
| DATE OF DEATH (day, m) Date de décès (le jour, le | AVIATION ACCIDENT Accident à l'Avion | | |
| (b)(6) 2008 1937 | Camp Bucca Iraq | | <input type="checkbox"/> YES OUI |
| <input checked="" type="checkbox"/> NO NON | | | |
| I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE J'ai examiné les restes mortels du défunt 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 auxiliaire | | TITLE OR DEGREE Titre ou diplôme | |
| (b)(6) | | Medical Examiner | |
| GRADE Grade | INSTALLATION OR ADDRESS Installation ou adresse | | |
| (b)(6) | Dover AFB, Dover DE | | |
| DATE Date | (b)(6) | | |
| 3/24/2008 | | | |
| <small> 1 State disease, injury or complication which caused death 2 State conditions contributing to the death, but not report 3 Présumer la nature de la maladie, de la blessure ou de l'accident 4 Présumer la condition qui a contribué à la mort, mais n'explique pas la mort </small> | | | |

DD FORM 2064 APR 77

REPLACES DA FORM 1365, 1 JAN 77 AND DA FORM 1365-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0965

ACLU Detainee Death II ARMY MEDCOM 965



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 Rockville, MD 20850
 301-319-0000



AUTOPSY EXAMINATION REPORT

| | |
|---|--|
| Name: BTB Muhammed Al-Ithawi, Taha Daher | Autopsy No. (b)(6) |
| ISN: (b)(6) | AFIP No. (b)(6) |
| Date of Birth: Unknown | Rank: Iraqi Civilian |
| Date of Death: (b)(6) | Place of Death: Iraq |
| Date/Time of Autopsy: 1 Apr 2008@1130 | Place of Autopsy: Port Mortuary |
| Date of Report: 10 Apr 2008 | Dover AFB, Dover, DE |

Circumstances of Death: Per investigation, this Iraqi male was admitted to the 31st Combat Surgical Hospital on 16 March 2008 for multiple medical problems, including acute renal failure, untreated diabetes mellitus, and an acute myocardial infarction. While in the hospital he underwent surgery for gastrointestinal bleeding, and was also treated for continued renal failure and another myocardial infarction. Despite aggressive medical intervention, he eventually succumbed to his multiple ailments.

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

Identification: Presumptive identification is established by examination of paperwork in the case file. Post-mortem fingerprints and a specimen suitable for DNA analysis are obtained. .

CAUSE OF DEATH: Hypertensive atherosclerotic cardiovascular disease

MANNER OF DEATH: Natural

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished unclad male. The body weighs 273 pounds and is 73 inches in length. The body is cold. Rigor is passing. 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 and gray. Facial hair consists of a beard and mustache. The irides are brown. The corneae are cloudy. The conjunctivae are congested. The sclerae are white/red. The eyelids are edematous. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The earlobes have creases bilaterally. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The upper teeth are absent and the lower teeth are in poor condition. Examination of the neck reveals no evidence of injury. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is soft and distended. There is a 10 ½ inch vertical stapled incision on the midline of the abdomen. The external genitalia are those of an adult circumcised male, and the scrotum and penis are edematous. There are numerous pinpoint pustules on the posterior torso. The anus is unremarkable. The extremities are diffusely edematous. The fingernails are short and intact. Underneath the wrap and gauze on the left foot is a necrotic ulcer, 2 x 2 inches, and the 1st and 2nd toes on the left foot are absent. Scars and tattoos are not noted.

CLOTHING AND PERSONAL EFFECTS

No items of clothing or personal effects accompany the body.

MEDICAL INTERVENTION

- EKG leads (5) on the torso
- Stapled incision, mid abdomen
- Foley catheter
- Triple-lumen catheter, right femoral area
- Wrap and gauze on left foot, labeled with "29 Mar 08 0930"

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the medical intervention and natural disease as noted.

EVIDENCE OF INJURY

No significant injuries are identified.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The ribs, sternum, and vertebral bodies are visibly and palpably intact. All body organs are present in normal anatomical position. There are dense left-sided pleural adhesions. There is 100 ml of serosanguinous fluid in the left pleural cavity. There is 1500 ml of serosanguinous fluid in the peritoneal cavity. The subcutaneous fat layer of the abdominal wall is 1 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 1410 gram brain, 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.

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

CARDIOVASCULAR SYSTEM:

The 660 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. They demonstrate the following amounts of atherosclerotic stenosis: approximately 95% of the proximal left anterior descending coronary artery, approximately 50% of the mid right coronary artery, and approximately 95% of the proximal and mid left circumflex coronary artery. The myocardium is homogenous, pale tan, and moderately 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, and demonstrates severe calcific change distally, which extends into the iliac arteries. The renal arteries demonstrate approximately 75% atherosclerotic stenosis bilaterally. The 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 is smooth and glistening; the left pleural surface is tan-white and fibrotic. The pulmonary parenchyma is diffusely congested and edematous, exuding large amounts of blood and frothy fluid; no focal lesions are noted. The pulmonary arteries are

Muhammed Al-Ithawi, Taha Daher

normally developed, patent, and without thrombus or embolus. The right lung weighs 1090 grams; the left 1070 grams.

HEPATOBIILIARY SYSTEM:

The 2330 gram liver has an intact smooth capsule covering tan-red moderately congested parenchyma with no focal lesions noted. The gallbladder is markedly distended and contains 50 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 500 ml of thick, yellow material. There is a 4 inch sutured incision on the mucosal surface of the distal stomach. The small bowel is unremarkable. The serosal surface of the large bowel is diffusely dark purple-gray. The pancreas has a pale tan lobulated appearance and the ducts are clear. The appendix is present.

GENITOURINARY SYSTEM:

The right kidney weighs 200 grams; the left 200 grams. The renal capsules are smooth and thin, semi-transparent and stripped with ease from the underlying granular, 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 a catheter and is empty. The testes, prostate gland and seminal vesicles are without note.

LYMPHORETICULAR SYSTEM:

The 460 gram spleen has a smooth, intact capsule covering red-pale tan, moderately firm parenchyma; the lymphoid follicles are unremarkable. Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

ENDOCRINE SYSTEM:

The thyroid gland is symmetrically enlarged 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.

MUSCULOSKELETAL SYSTEM:

There are degenerative changes of the 6th and 7th cervical, and 9th-12th thoracic vertebral bodies (seen radiologically). No abnormalities of muscle are identified.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by an OAFME staff photographer.
2. Specimens retained for toxicology testing and/or DNA identification are: vitreous fluid, blood, spleen, liver, lung, kidney, brain, myocardium, bile, gastric contents, adipose tissue and psoas muscle.
3. The dissected organs are forwarded with body.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin, without preparation of histology slides.

FINAL AUTOPSY DIAGNOSES:

- I. Hypertensive atherosclerotic cardiovascular disease:**
 - A. Near-occlusive atherosclerotic stenosis of the left anterior descending and left circumflex coronary arteries, and approximately 50% atherosclerotic stenosis of the right coronary artery**
 - B. Atherosclerotic stenosis of the renal arteries, approximately 75% bilaterally**
 - C. Diffuse calcific change of the distal aorta and iliac arteries**
 - D. Cardiomegaly, 660 grams**
 - E. Gross hypertensive changes of the kidneys**

- II. Additional findings:**
 - A. Bilateral pulmonary congestion, right 1090 grams, left 1070 grams**
 - B. Dense left-sided pleural adhesions**
 - C. Left pleural cavity, 100 ml serosanguinous fluid**
 - D. Peritoneal cavity, 1500 ml serosanguinous fluid**
 - E. History of untreated diabetes mellitus, with a necrotic ulcer and missing digits on the left foot**
 - F. History of upper gastrointestinal bleeding, with a stapled abdominal incision and a sutured gastric incision**
 - G. Grossly necrotic large bowel**
 - H. Diffusely enlarged thyroid with no focal lesions identified**

- III. No evidence of significant injury**

- IV. Evidence of Medical Intervention: As noted above**

- V. Identifying marks and tattoos: None noted.**

- VI. Postmortem Changes: As noted above**

- VII. Toxicology (AFIP):**
 - A. Ethanol: No ethanol is detected in the blood and vitreous fluid.**
 - B. Drugs: No screened drugs of abuse are detected in the blood. Diltiazem is detected in the blood at a level of 0.78 mg/L. No other medications are detected in the blood.**
 - C. Carbon Monoxide: The carboxyhemoglobin saturation in the blood is less than 1%.**
 - D. Cyanide: No cyanide is detected in the blood.**

OPINION

This Iraqi male (b)(6) died of hypertensive atherosclerotic cardiovascular disease. There was almost complete blockage of two of the three main coronary arteries, and moderate blockage of the third. There was also atherosclerotic disease of the aorta and arteries supplying blood to the legs and kidneys. The heart and kidneys demonstrated changes consistent with hypertension (high blood pressure). The decedent also had a non-healing ulcer on his left foot, consistent with the given history of untreated diabetes. Additionally, the decedent's stay in the hospital was complicated by progressive kidney failure, a myocardial infarction (heart attack), and bleeding in the gastrointestinal tract. Toxicological testing was positive for a medication used to treat hypertension, but otherwise negative. The manner of death is natural.

(b)(6)

(b)(6) MEDICAL EXAMINER

| CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer) | | | |
|---|--|---|--|
| NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Muhammed, Al-Ithawi, Taha Daher | | GRADE Grade | BRANCH OF SERVICE Arme Civilian |
| ORGANIZATION Organisation | | NATION (e.g. United States) Pays | DATE OF BIRTH Date de naissance |
| | | | SEX Sexe <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| RACE Race | | MARRIAGE STATUS État Civil | |
| <input checked="" type="checkbox"/> CAUCASOID Caucasique | | <input type="checkbox"/> SINGLE Célibataire | <input type="checkbox"/> DIVORCED Divorcé |
| <input type="checkbox"/> NEGROID Négride | | <input type="checkbox"/> MARRIED Marié | <input type="checkbox"/> SEPARATED Séparé |
| <input type="checkbox"/> OTHER (Specify) Autre (Spécifier) | | <input type="checkbox"/> WIDOWED Veuf | |
| RELIGION Culte | | OTHER (Specify) Autre (Spécifier) | |
| <input type="checkbox"/> PROTESTANT Protestant | | <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> CATHOLIC Catholique | | <input type="checkbox"/> | |
| <input type="checkbox"/> JEWISH Juif | | <input type="checkbox"/> | |
| NAME OF NEXT OF KIN Nom du plus proche parent | | RELATIONSHIP TO DECEASED Parenté du décédé avec le tué | |
| 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 (Indiquer qu'une cause par ligne) | | | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort Hypertensive Atherosclerotic Cardiovascular 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 attribuées 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 neuropathologiste (b)(6) | | |
| <input type="checkbox"/> HOMICIDE Homicide | (b)(6) | | AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non |
| DATE OF DEATH (day, month, year) Date du décès (le jour, le mois, l'année) (b)(6) 2008 | 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 défunct et certifie 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 certifié (b)(6) | | TITLE OR DEGREE Titre ou diplôme Medical Examiner | |
| GRADE Grade (b)(6) | | INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE | |
| DATE Date 4/1/2008 | | (b)(6) | |
| <small>* State disease, injury or intoxication which caused death * State conditions contributing to the death, but not related * Indiquer la cause de la maladie, de la blessure ou de la intoxication * Indiquer les conditions qui ont contribué à la mort, mais n'ont pas causé la mort</small> | | | |

DD FORM 1300, 1 APR 73

REPLACES DA FORM 1300, 1 JAN 73 AND DA FORM 1300-REP/69, 28 SEP 74, WHICH ARE OBSOLETE.

MEDCOM 0973

ACLU Detainee Death II ARMY MEDCOM 973



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 301-319-0000



FINAL AUTOPSY REPORT

| | |
|---|---|
| Name: BTB Mansur, Ziyad Hamid | Autopsy No.: (b)(6) |
| SSAN: (b)(6) | AFIP No.: (b)(6) |
| Date of Birth: (b)(6) 1967 | Grade: Civilian, Detainee |
| Date of Death: (b)(6) 2008 | Place of Death: Iraq |
| Date/Time of Autopsy: 09 APR 2008 @ 1100 | Place of Autopsy: Dover Mortuary |
| Date of Report: 26 AUG 2008 | Dover AFB, DE |

Circumstances of Death: This 41 year-old detainee was being detained in Theater Internment Facility (TIF) Camp Bucca, when as reported, he was observed by another detainee to be shaking while sleeping. A detainee attempted to wake him and he was noted to be unresponsive. He was carried to compound guards who initiated lifesaving measures. All resuscitative measures were unsuccessful.

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

Identification: Presumptive identification via review of all accompanying paperwork. Post-mortem fingerprints taken and dental exam performed. Suitable specimen for DNA analysis obtained.

CAUSE OF DEATH: Undetermined

MANNER OF DEATH: Undetermined

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male. The body is approximately 62 ½ inches in length, weighs 152 pounds, and appears compatible with the stated age of 41 years old. The body is cold. Lividity (faint) is fixed on the posterior surface of the body except in the areas exposed to pressure. Rigor is resolving.

The scalp hair is brown/grey with male pattern baldness. Facial hair consists of a beard. The irides are indistinct. The corneae are cloudy. There are scattered petechiae of the upper right eyelid and lower left eyelid. The remaining conjunctivae are pale with no petechiae. The sclerae are white with drying artifact. The oral cavity, external nares, and external auditory canals are free of foreign material or abnormal secretions. The lips are dry. There are no petechiae of the oral mucosa.

The chest is symmetric. The genitalia are those of a circumcised adult male. The pubic hair is shaved. The anus is atraumatic.

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are intact. On the right arm is a 1 x 1-inch scar. On the right knee is a 1 x 1-inch scar. On the left ankle at foot are multiple scars that measure up to 2 inches in maximum dimension.

CLOTHING AND PERSONAL EFFECTS

The body is clad in yellow pants, white pants, white underwear, and white t-shirt (cut). Two identification tags accompany the body.

MEDICAL INTERVENTION

No evidence of medical intervention is present on the body.

RADIOGRAPHS

A complete set of post-mortem radiographs is obtained and demonstrate a radio-opaque fragment in the right leg (metal fragment recovered from dense fibrous tissue, photographed and placed in a labeled evidence container).

EVIDENCE OF INJURY

There is no evidence of external or internal recent injury.

INTERNAL EXAMINATION

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluids or adhesions are present in any of the body cavities. The organs occupy their usual anatomic positions.

HEAD (CENTRAL NERVOUS SYSTEM) 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. The leptomeninges are thin and delicate. The unfixed brain weighs 1380 grams and is retained for Neuropathology consultation (see Neuropathology consultation).

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. The thyroid is symmetric and red-brown, without cystic or nodular change. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spinal column fractures.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material. The mucosal surfaces are smooth, yellow-tan and unremarkable. The right and left lungs weigh 650 and 540 grams, respectively. The pulmonary parenchyma is red-purple exuding moderate amounts of blood. The pulmonary arteries are normally developed and patent without thrombus or embolus.

CARDIOVASCULAR SYSTEM:

The heart weighs 290 grams and is contained in an intact pericardial sac. The heart is retained for cardiovascular pathology consultation (see cardiovascular consultation). The aorta and its major branches arise normally and follow the usual course and are unremarkable. The vena cava and its major tributaries return to the heart in the usual distribution and are free of thrombi.

LIVER & BILIARY SYSTEM:

The 1780 gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown with the usual lobular architecture. In the right dome is a 3.0 x 3.0 centimeter red nodule. No other abnormalities are seen. The gallbladder contains less than 1 milliliter of bile. The extrahepatic biliary tree is patent.

SPLEEN:

The 250 gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon with unremarkable lymphoid follicles.

PANCREAS:

The pancreas is red-tan with a lobulated appearance. No mass lesions or other abnormalities are seen.

ADRENALS:

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

GENITOURINARY SYSTEM:

The right and left kidneys weigh 140 and 140 grams, respectively. The external surfaces are intact and smooth. The cut surfaces are dark-red and the cortex is delineated from the medullary pyramids. The pelves are unremarkable and the ureters are normal in course and caliber. The bladder contains scant urine. The prostate and testes are unremarkable.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach, small bowel, colon, and appendix are unremarkable. The stomach contains 50 milliliters of partially digested food particles.

MUSCULOSKELETAL:

Muscle development is normal. No bone or joint abnormalities are identified.

MICROSCOPIC EXAMINATION

- Lung, Left (slide 1): Moderate congestion with scattered anthracotic pigment; no significant pathologic diagnosis
Lung, Right (slide 2): Moderate congestion with scattered anthracotic pigment and focal edema
Kidney (slide 3): Moderate congestion; no significant pathologic diagnosis
Spleen (slide 3): Moderate congestion; no significant pathologic diagnosis
Liver (slide 4): Hemangioma; moderate congestion

ADDITIONAL PROCEDURES

1. Specimens retained for toxicology testing and/or DNA identification are: Blood, vitreous fluid, liver, urine, lung, kidney, spleen, psoas muscle, adipose tissue and gastric contents.
2. The dissected organs are forwarded with the body. The brain and heart are retained for consultation.
3. Selected portions of organs are retained in formalin.
4. Personal effects are released with the body.
5. Recovered evidence: As described above, retained by OAFME.
6. Skin incisions of the posterior torso, buttocks and extremities reveal no evidence of trauma.
7. Documentary photographs are taken by (b)(6) (OAFME). Assisting with the autopsy is (b)(6) (OAFME).

CONSULTATIONS

- I. Cardiovascular pathology (see CV Path consultation for complete report):
 - a. Diagnosis: Moderate dysplasia of sinoatrial nodal artery and intramural coronary arteries in crest of ventricular septum
 - b. Comment: The correlation between small vessel disease in the cardiac conduction system and sudden death is unclear, particularly in the absence of significant scarring in the crest of the septum. Fragmentation of the AV node (persistent fetal dispersion) has also been postulated as a potential source of re-entry tachyarrhythmia.
- II. Neuropathology (see AFIP consultation for complete report):
 - a. Mild brain swelling; unremarkable leptomeninges; no gross evidence of herniation or midline shift; no focal lesions identified
 - b. On microscopic examination there is mild subependymal gliosis of the ventral surface of the corpus callosum. These changes are mild and non-specific. No other pathologic changes are noted.

FINAL AUTOPSY DIAGNOSES

- I. No evidence of significant recent trauma**
- II. Natural disease:**
 - A. Moderate dysplasia of sinoatrial nodal artery and intramural coronary arteries in crest of ventricular septum
 - B. Hemangioma of the liver
- III. Evidence of medical intervention: None**
- IV. Identifying marks: As described above**
- V. Post-mortem changes: As described above**
- VI. Toxicology (AFIP):**
 - A. VOLATILES: No ethanol detected in the blood and vitreous fluid
 - B. DRUGS: No screened drugs of abuse/medications detected in the blood
 - C. CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was less than 1%
 - D. CYANIDE: No cyanide was detected in the blood

OPINION

This 41 year-old detainee (b)(6) was, by report, observed to be shaking while sleeping. When another person attempted to wake him, he was noted to be unresponsive. At autopsy examination, there is no evidence of recent blunt force injury, sharp force injury, or gunshot wounds. The metal fragment recovered from the right leg is consistent with remote injury. The petechiae of the eyelids are non-specific; however, asphyxia cannot be completely excluded. Cardiovascular pathology consultation was significant for dysplasia of the nodal and intramural coronary arteries. However, the correlation between sudden death and this finding in the absence of significant scarring is unclear. Microscopic examination was non-contributory. Neuropathology consultation was non-contributory. The toxicology screen was negative. With no evidence of recent injury, negative toxicology, and non-contributory microscopic examination (including the heart and brain) the cause of death is undetermined. Thus the manner of death is undetermined¹.

(b)(6)

(b)(6) Medical Examiner (b)(6)

¹ If additional information becomes available that necessitates a change in the cause and manner of death, an amendment to this report will be made.

CERTIFICATE OF DEATH (OVERSEAS)

Acte de décès (D'Outre-Mer)

| | | | | |
|---|--|-------------------------------------|--|--|
| NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Mansur, Ziyad, Hamid | | GRADE Grade | BRANCH OF SERVICE Arme Civilian | SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6) |
| ORGANIZATION Organisation CID (b)(6) | | NATION (e.g. United States) Pays | DATE OF BIRTH Date de naissance (b)(6) 1967 | SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |

| | | | | | |
|-------------------------------------|--------------------------------------|------------------------------|-----------------------|--|--------------------------|
| RACE Race | | MARITAL STATUS État Civil | | RELIGION Culte | |
| <input checked="" type="checkbox"/> | CAUCASOID Caucasique | <input type="checkbox"/> | SINGLE Célibataire | <input type="checkbox"/> | PROTESTANT Protestant |
| <input type="checkbox"/> | NEGROID Négre | <input type="checkbox"/> | MARRIED Marié | <input type="checkbox"/> | CATHOLIC Catholique |
| <input type="checkbox"/> | OTHER (Specify) Autre (Spécifier) | <input type="checkbox"/> | WIDOWED Veuf | <input type="checkbox"/> | JEWISH Juif |
| | | | | <input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) Sunni-Islam | |

| | | | |
|--|--|---|--|
| 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 ¹ Maladie ou condition directement responsable de la mort. | Undetermined |
|---|---------------------|

| | | |
|--|--|--|
| 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 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 Mode of Death : Undetermined |
| <input 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) | |
| <input type="checkbox"/> HOMICIDE Homicide | (b)(6) | DATE 9 April 2008 |
| | | AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non |

| | |
|---|--|
| DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2008 | 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 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 |
|--|-------------------------------------|

| | |
|---------------------------------|--|
| GRADE Grade (b)(6) | INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE |
|---------------------------------|--|

| | |
|---------------------------------|---|
| DATE Date 9/3/2008 | 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.
Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non le manière de mourir, telle qu'un arrêt du coeur, etc.
Préciser la condition qui a contribué à la mort, mais n'écrit aucun renseignement sur la manière ou à la condition qui a provoqué la mort.

ACLU Detainee Death II ARMY MEDCOM 979



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
301-319-0000



AUTOPSY EXAMINATION REPORT

Name: BTB Kazim, Husayn Uwayyid

(b)(6)

ISN: (b)(6)

Date of Birth: BTE (b)(6) 1978

Date of Death: (b)(6) 2008

Date/Time of Autopsy: 07 July 2008 @
1330 hrs.

Date of Report: 25 August 2008

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Detainee

Place of Death: Camp Bucca, Iraq

Place of Autopsy: Port Mortuary, Dover
AFB, DE

Circumstances of Death: This 39 year old detainee was reported missing following an internment serial number (ISN) headcount. A search of the compound found the decedent lying down in a tent. The decedent was removed from the tent and medical treatment started.

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

Identification: Presumptive identification is made by internment serial number; psoas muscle is retained for DNA identification if needed for future identification.

CAUSE OF DEATH: Strangulation complicated by multiple blunt force injuries

MANNER OF DEATH: Homicide

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished Male clad in the items listed below. The body weighs 210 pounds, measures 71 inches in length and appears consistent with the reported age of 39 years. Lividity is fixed on the posterior surface of the body except where exposed to pressure. Decomposition changes include green discoloration and marbling of the upper and lower extremities. Rigor is equal in all extremities. The body, which has been previously frozen, is cold.

Injuries to the head are described below in "Evidence of Injury." The head is normocephalic. The scalp is covered with short dark black hair with temporal graying in a normal distribution. The irides are hazel and the corneae are clear. The external auditory canals are free of fluid. The ears are unremarkable. The nares and the lips are unremarkable. The nose and maxillae are palpably intact. The teeth are natural. The neck is straight, and the trachea is midline and mobile.

Injuries to the torso are described below in "Evidence of Injury." The abdomen is soft. The genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair has been shaved close to the skin. The back is unremarkable. The buttocks and anus are unremarkable.

Injuries to the extremities are described below in "Evidence of Injury." The hands are not secured in paper bags. The fingernails are intact. Identification tags are affixed to each 2nd finger. There are no identifying marks to include tattoos.

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects are present on the body at the time of autopsy:

- Torn white briefs

MEDICAL INTERVENTION

Medical intervention present on the body at the time of autopsy includes:

- Endotracheal tube (appropriately placed)
- Electrocardiogram pickup on the left lateral torso

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the injuries described below.

EVIDENCE OF INJURY

The ordering of the following injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity.

INJURIES TO THE HEAD AND NECK:

There is an 8 x 5-inch confluent dark blue-purple contusion over the entire forehead and both periorbital regions. A 1 x 1-inch oval abraded contusion is located above the lateral left eye. Two oval abraded contusions are below the right eye, 1 x ½-inch and ¾ x ¼-inches respectively. A ¼ x ¼-inch oval abraded contusion is below the left eye. A 2 x 2-inch abraded contusion covers the

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chin. The conjunctivae and sclerae are diffusely hemorrhagic. There is diffuse subgaleal hemorrhage and bilateral intramuscular hemorrhage of the temporalis musculature. There is intramuscular hemorrhage of the left proximal aspect of the medial body of the sternocleidomastoid muscle (1/2-inch), inferior aspect of the left sternohyoid muscle (1/4-inch) and proximal aspect of the right sternohyoid muscle (1/4-inch). The inferior right thyroid gland has focal (1/4-inch) intraparenchymal hemorrhage. There is hemorrhage into the soft tissue surrounding the right greater horn of the thyroid cartilage.

INJURIES TO THE TORSO:

There are multiple, grouped, oval contusions on the right side of the chest ranging from 1/4-inch to 1-1/2-inches in maximum dimension. Two oval contusions on the left side of the chest measure up to 1-1/2-inches in maximum diameter. The left lower quadrant of the abdomen has a 1 1/2 x 1 1/2-inch oval contusion. The entire back demonstrates multiple, grouped, oval contusions (right side greater than the left side) ranging from 1/4-inch to 1-inch in greatest dimension. There is soft tissue and intramuscular hemorrhage of the central upper back and right shoulder measuring 2 x 2-1/2 and 3 x 1-inches respectively. There is soft tissue and intramuscular hemorrhage of the central lower aspect of the back and lateral left aspect of the lower lateral back measuring 6 x 1-1/2 and 5 x 2-inches respectively. There are fractures of the anterior aspects of the 5th, 6th and 7th right ribs and lateral aspect of the 9th left rib. Lumbar transverse processes are fractured on the right side of the 3rd and 4th and on the left side of the 4th vertebrae. There is diffuse hemorrhage of the posterior mediastinum and surrounding the thoracic vertebrae at the costovertebral junctions. There is a contusion to the posterior wall of the left ventricle of the heart. There is a subdural hematoma surrounding the thoracic spinal cord and intraparenchymal hemorrhage of the spinal cord at the level of the 9th thoracic vertebra. There are bilateral hemothoraces, 50 milliliters on the right and 75 milliliters on the left. There is diffuse retroperitoneal hemorrhage, approximately 200 milliliters, and hemoperitoneum of 200 milliliters.

INJURIES TO THE EXTREMITIES:

The anterior aspect of the right arm demonstrates two oval contusions, 1/4-inch to 1-1/2-inches in maximum dimensions. The posterior aspect of the right arm has multiple oval contusions ranging from 1/4-inch to 1/2-inch in greatest dimension. The anterior aspect of the left arm has three oval contusions ranging from 1/4-inch to 1-1/2-inches in greatest dimension. The anterior aspect of the left forearm has an oval contusion measuring 2 x 2-inches. The posterior lateral aspect of the right thigh has multiple, grouped, oval contusions ranging from 1/4-inch to 1/2-inch in maximum dimension. Anterior aspect of the left leg has an oval contusion measuring 2 x 2-inches. There is subcutaneous and intramuscular hemorrhage to the anterior aspect of the right arm (6 x 2-inches), to the posterior aspect of the right upper arm (5 x 2-inches), to the distal lateral aspect of the right thigh (3 x 2-inches), to the posterior lateral aspect of the right thigh (8 x 2-inches), to the posterior lateral aspect of the left thigh (3 x 1-1/2-inches) and to the proximal anterior aspect of the left leg (2 x 2-inches).

INTERNAL EXAMINATION

BODY CAVITIES:

Injuries are described in "Evidence of Injury." The organs occupy their usual anatomic positions. The subcutaneous fat layer of the abdominal wall is unremarkable.

HEAD AND CENTRAL NERVOUS SYSTEM:

Injuries are described above in "Evidence of Injury." There are no skull fractures. The dura mater is intact with no evidence of hemorrhage. The leptomeninges are thin and delicate. Cloudy light red cerebrospinal fluid surrounds the 1530 gram brain, which is softening and friable. The gyri and sulci are unremarkable. The cerebral hemispheres are symmetrical and the structures at the base of the brain, including the cranial nerves and blood vessels are intact. Coronal sections demonstrate sharp demarcation between white and gray matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, and cerebellum are free of injury or other abnormalities. The atlanto-occipital joint is stable.

NECK:

Injuries are described above in "Evidence of Injury." The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric, without cystic or nodular change. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

RESPIRATORY SYSTEM:

The airways are clear of debris and foreign material and the mucosal surfaces are smooth, yellow-tan, and unremarkable. The right and left lungs weigh 530 and 560 grams, respectively. The external surfaces are smooth. No mass lesions or areas of consolidation are present. The pulmonary arteries are normally developed and patent. The diaphragm is intact.

CARDIOVASCULAR SYSTEM:

Injuries are described above in "Evidence of Injury." The 390 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 no stenosis. Where uninjured 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 1.1, 1.1, 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, mesenteric, and iliac vessels as well as the venae cavae are unremarkable.

HEPATOBIILIARY SYSTEM:

The 1530 gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 10 milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

LYMPHORETICULAR SYSTEM:

The 200 gram spleen has a smooth, intact, red-purple capsule. The parenchyma is friable, maroon and congested, with indistinct Malpighian corpuscles. Lymph nodes in the hilar, periaortic, and iliac regions are unremarkable.

ENDOCRINE SYSTEM:

The pituitary gland is unremarkable. The thyroid gland has been described (see NECK, above). The right and left adrenal glands are symmetric, with bright yellow cortices and red-brown medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 120 and 90 grams, respectively. The external surfaces are intact and smooth. The cut surfaces are pale tan with uniformly thick 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 contains approximately 120 milliliters of clear yellow urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, gray-white mucosa. The stomach contains approximately 350 milliliters of tan-brown partially digested food particles and viscous fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The appendix is present.

MUSCULOSKELETAL:

No non-traumatic abnormalities of the muscles or bones of the appendicular and axial skeletons are identified.

ADDITIONAL PROCEDURES

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

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin with the following tissue submitted for histological evaluation:

Slides 1, 2, and 5: Heart: Decomposition changes and possible extravascular red blood cells
Slide 3: Bladder: No significant pathologic change
Slide 4: Thyroid: Decomposition changes and possible extravascular red blood cells in the surrounding soft tissue

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FINAL AUTOPSY DIAGNOSES:

- I. Blunt force injuries:
 - A. Injuries to the head and neck
 1. Multiple contusions and abraded contusions of the face.
 2. Intramuscular hemorrhage of the anterior neck musculature.
 3. Soft tissue hemorrhage surrounding the right greater horn of the thyroid cartilage
 4. Hemorrhage of the right thyroid gland.
 - B. Injuries to the torso:
 1. Multiple contusions to the chest and back
 2. Multifocal areas of marked intramusculature hemorrhage of the back
 3. Multiple rib fractures
 4. Posterior mediastinal hemorrhage
 5. Contusion of the heart
 6. Perithoracic vertebral hemorrhage
 7. Subdural hematoma of the thoracic spinal cord
 8. Intraparenchymal hemorrhage of the thoracic spinal cord
 9. Fractures of the lumbar transverse processes
 10. Bilateral hemothoraces
 11. Retroperitoneal hemorrhage
 12. Hemoperitoneum
 - C. Injuries to the extremities:
 1. Contusions of all four extremities
 2. Marked intramusculature hemorrhage of the right upper, right lower and left lower extremities.
- II. Evidence of medical therapy: As noted above
- III. Post-mortem changes: As noted above
- IV. Identifying marks: None identified
- V. Natural disease and pre-existing conditions: None identified within the limitations of the examination
- VI. Toxicology:
 - A. Volatiles (Vitreous fluid): No ethanol detected
 - B. Screened drugs of abuse and screened medications (Urine): None detected
 - C. Carbon monoxide (Blood): Less than 1%
 - D. Cyanide (Blood): None detected

OPINION

This 39-year-old detainee (b)(6) died from strangulation complicated by multiple blunt force injuries. The decedent showed evidence of strangulation and additional blunt force injuries of the head, torso and all extremities contributing to death. Toxicology analyses are negative for ethanol, screened medications and screened drugs of abuse. The manner of death is homicide.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

| CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer) | | | |
|--|--|---|--|
| NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Kazim, Husayn Uwayyid, Husayn | | 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) |
| 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 type="checkbox"/> CATHOLIC Catholique |
| | | | <input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) |
| 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. Strangulation complicated by blunt force injuries | | | |
| 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 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 (b)(6) | DATE 7 July 2008 | AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non |
| <input checked="" type="checkbox"/> HOMICIDE Homicide | | | |
| DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2008 | 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 funtel 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 Medical Examiner | |
| GRADE Grade (b)(6) | INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE | | |
| DATE Date 9/3/2008 | SIGNATURE (b)(6) | | |

DD FORM 1 APR 77 2064

REPLACES DA FORM 3886, 1 JAN 72 AND DA FORM 3886-R(PAS), 28 SEP 74, WHICH ARE OBSOLETE.

MEDCOM 0987

ACLU Detainee Death II ARMY MEDCOM 987



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 1-301-319-0000



AUTOPSY EXAMINATION REPORT

Name: BTB Ali, Muhammad Najib Abu-Wafa
 SSAN: (b)(6)
 Age: Approximately 52 years old
 Date of Death: (b)(6) 2008
 Date/Time of Autopsy: 05 SEP 2008/0930
 Date of Report: 19 NOV 2008

Autopsy No.: (b)(6)
 AFIP No.: (b)(6)
 Rank: Civilian Detainee
 Place of Death: Iraq
 Place of Autopsy: Port Mortuary
 Dover AFB, Dover, DE

Circumstances of Death: This approximately 52-year-old civilian male detainee was housed at Camp Bucca, Iraq. Available investigative reports indicate that (b)(6) collapsed to the concrete floor of his tent as reported by fellow detainees. Emergency medical personnel responded and reported that (b)(6) related to them that he had fallen. Despite aggressive medical intervention (b)(6) succumbed to his injuries.

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

Identification: Presumptive identification by accompanying reports, identification tags and documentation. A postmortem dental examination, postmortem fingerprint examination, and a postmortem DNA sample are taken for profile purposes should exemplars become available for positive identification.

CAUSE OF DEATH: Blunt force trauma of the head

MANNER OF DEATH: Accident

EXTERNAL EXAMINATION

Injuries will be described in detail in a separate section, and will only be briefly alluded to in the remainder of the report, for purposes of orientation and completeness. The body is that of a well-developed, well-nourished appearing, adult male. The body is received unclothed. The decedent is wrapped in a multiple layers of cloth sheets and absorbent pads. The remains are 69-inches in length, and weigh 151-pounds. Lividity is present and fixed on the posterior surface of the body except in areas exposed to pressure. Rigor is present to an equal degree in all extremities. The temperature of the body is that of the refrigeration unit.

The head is normocephalic. The right occipital scalp is covered with curly black and white hair, the remainder of the scalp is shaved. Facial hair consists of a gray and white beard and mustache. The irides are brown. The corneae are hazy. The pupils are round and equal in diameter. The sclerae are muddy and without petechial hemorrhage. The external auditory canals, external nares, and oral cavity are free of foreign material and abnormal secretions. The ears are unremarkable. The nares are patent and the lips are atraumatic. The upper and lower frenula in the oral cavity are intact. The nasal skeleton and maxillae are palpably intact. The teeth appear natural and in fair condition. The neck is straight, and the trachea is midline and mobile.

The chest is symmetric. The abdomen is flat. The genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is present in a normal male distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. There is amputation of the distal tips of the 1st and 2nd digits of the left hand. The fingernails are intact and the nail beds are cyanotic. There is hyperkeratosis of the heels of both feet.

Identifying marks include multiple scars:

- A 2 1/2 x 1/8-inch well healed hypopigmented scar on the right lower quadrant of the abdomen
- A well healed 4 x 1 1/2-inch scar is on the left upper chest with absence of the left nipple
- A 4 x 1/2-inch vertically oriented hypopigmented scar in the midline of the lower abdomen

CLOTHING AND PERSONAL EFFECTS

No clothing items or personal effects accompany the body at the time of autopsy.

MEDICAL INTERVENTION

- A gauze dressing, secured beneath the chin, covers the calvarium and the eyes
- On the left frontal, parietal, and temporal scalp is an 11 1/4-inch curvilinear stapled surgical incision
- A drain exiting from the left occipital scalp contains 25-milliliters of red tinged fluid
- A ventriculostomy tube exits the right parietal scalp
- Angiocatheter in the right subclavian space
- Urinary bladder catheter
- Rectal temperature probe
- Intravenous catheters in the right antecubital fossa, right volar wrist, volar left forearm, and dorsal right foot
- A clear plastic identification tag in circles the right wrist. (b)(6)
- Plastic identification tag in circles the left wrist, (b)(6)
(b)(6)
- Multiple therapeutic needle puncture sites on the forehead, abdomen, left upper chest, and both ankles
- Gauze bandage on medial left ankle

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the following:

- Medical interventions as listed above
- Healed fracture of the left ulnar styloid
- Bone flap removed from the left fronto-temporal calvarium
- Midline shift brain to the right
- Edema of the left hemisphere with effacement of the left lateral ventricle
- Dilated right lateral ventricle posteriorly, blood in poster warned
- Blood collection in both frontal lobes, anterior horns bilaterally
- Subdural hemorrhage involving the frontal lobes, right greater than left
- Linear skull fracture of the right occiput
- Bilateral pleural effusions and patchy consolidation of the lungs
- No internal metallic fragments

EVIDENCE OF INJURY

The ordering of the following injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity.

There is an irregular linear fracture of the posterior aspect of the petrous portion of the right temporal bone extending anteriorly into the right middle cranial fossa and posteriorly into the right posterior cranial fossa and posterior right parietal bone. On the posterior right shoulder are multiple vertically oriented fine superficial linear abrasions measuring up to 2 1/2-inches length. Additional autopsy findings pertaining to the head are described in " Evidence Of Medical Intervention and/or Internal Examination-Head And Central Nervous System ".

Evidence of Injury (Cont):

Incision and dissection of the posterior neck, subcutaneous tissues of the torso and extremities, demonstrates no deep paracervical muscular injury, no cervical spine fractures, or evidence of blunt force trauma.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The ribs, sternum, and vertebral bodies are visibly and palpably intact. No adhesions are present in the pleural, pericardial, or peritoneal cavities. There are bilateral pleural effusions (right-275-milliliters, left-175-milliliters). There are 450-milliliters of straw colored fluid in the peritoneal cavity. All body organs are present in their normal anatomic positions. There is no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

The subcutaneous fat layer of the abdominal is 3/4-inches thick.

HEAD AND CENTRAL NERVOUS SYSTEM:

(See above "Evidence of Injury")

The scalp is reflected. Subgaleal hemorrhage is associated with the underlying fractures and medical intervention. There is a non-quantifiable subdural hemorrhage in the right anterior cranial fossa. The therapeutic medical devices are documented and removed. The 1480-gram brain and dura are removed and placed in formalin for formal Neuropathology consultation.

Formal Neuropathology Consultation:

GROSS DESCRIPTION:

Brain weight: 1,401 grams

The specimen consists of the intracranial dura and brain of an adult. A recent craniectomy has resulted in the absence of the posterior-lateral frontal, lateral parietal/superior-lateral temporal and anterior-lateral occipital portion of the left cerebral dura. The dorsal margin of the dural defect consists of a row of tapered dural tabs with attached black sutures. The right convexity dura and the falx cerebri are intact. The paramedian dural arachnoid granulations are red-black due to accumulated acute subarachnoid blood. Scattered strands of red-black, coagulated blood up to 0.3-centimeters thick and 2-centimeters in greatest diameter adhere loosely to the inner surface of the right and left paramedian dura, the left surface of the falx cerebri, or lie loosely on the arachnoid surface of each paramedian cerebral hemisphere. The venous sinuses are patent.

A moderately deep craniectomy groove indents the left cerebral surface, outlining an elevated (herniated) oval area approximately 9 (anterior-posterior) by 6 (dorsal-ventral) centimeters involving the lateral parietal, lateral anterior two-thirds occipital and

ALI, Muhammad Najib Abu-Wafa

superior temporal lobes. A ventriculostomy tube has been inserted into left dorsal mid frontal lobe approximately 3 centimeters from the medial margin.

Red-brown cortical contusions characterized by cortical hemorrhages, cortical necrosis, leptomeningeal and cortical laceration and cortical and subcortical hematomas (up to 2.5 centimeters in greatest dimension) are situated in: anterior portion of the left inferior temporal gyrus, the anterior portion of the left superior temporal gyrus, the posterior portion of left superior temporal gyrus, the left lateral parietal lobe. Clusters of similar contusions are also present over the left inferior temporal pole (4 x 3 centimeter), the left inferior frontal pole (4 x 4 centimeter), the right inferior frontal pole (3 x 3.5 centimeter) and the right inferior temporal pole (2.5 x 2 centimeters).

There is a thin red-brown subarachnoid hemorrhage over the base of the pons and the left cerebellar peduncle. A thin, horizontal rim of similar subarachnoid hemorrhage (probably gravitational) is present over the posterior margins of the right and left cerebellar hemispheres.

Except as noted, the leptomeninges are thin, delicate and transparent. The cerebral gyri are soft, white and flattened due to swelling but have an anatomically normal configuration. The perisellar, perimesencephalic and basal cisterns are completely effaced due to brain swelling. Deep tentorial grooves indent each uncus, 0.8 centimeters on the left and 0.5 centimeters on the right. The left groove is continuous with a left parahippocampal groove. The brainstem is displaced rightward with subsequent flattening of the right surface of the midbrain. The cerebellar tonsils are deformed due to pressure against the foramen magnum.

The arteries at the base of the brain follow a normal distribution and there are no aneurysmal dilatations or sites of occlusion.

Coronal sections of the cerebrum reveal the above noted abnormalities.

In addition, there is a swollen left cerebral hemisphere with a sharply demarcated zone of softness, gray-white discoloration and blurring of the grey matter/white matter margins due to ischemic necrosis in the entire distribution of the left middle cerebral artery. There is a prominent rightward shift of the cerebral hemispheres with rightward bowing of the interhemispheric fissure and subfalcine herniation of the right cingulate gyrus. The ventriculostomy tube perforates the left frontal lobe in a ventral-medial direction and perforates the midline corpus callosum where there is interventricular hemorrhage and an approximately 3 centimeter in diameter left medial thalamic hematoma.

The ventricular system is disrupted at the above noted ventriculostomy perforation in the corpus callosum. The bodies of the lateral ventricles are not enlarged. The occipital horn of the right lateral ventricle is larger than the left (2.5 centimeter in diameter vs 0.5 centimeter) reflecting some degree of proximal obstruction. The Aqueduct of Sylvius is

Neuropathology Consultaion (Cont):

patent with a normal size and configuration. The choroid plexus is unremarkable and the ependymal surfaces are smooth and glistening.

MICROSCOPIC EXAMINATION:

Blocks of tissue for microscopic examination are removed from: (1) left lateral frontal lobe, (2) anterior corpus callosum, (3) left medial striate body, (4) left uncus, (5) left thalamus, (6) right hippocampus, (7) left occipital lobe, (8) right occipital lobe, (9) caudal midbrain, (10) medulla, (11) left cerebellum and (12) dura.

Sections from blocks 1-12 are stained with H & E. Sections 1-11 are also stained with Bielschowsky and LFB techniques and immunostained for β -APP, GFAP and β -amyloid.

COMMENT:

There is widespread grey and white matter edema and scattered acute ischemic neuronal injury ("red neurons") in sections of the left cerebrum (blocks 1, 2, 4 & 7) consistent with acute infarction which is probably related to the left trans craniectomy herniation. The acute hemorrhage of the left striate body and the adjacent corpus callosum and pooled blood in the occipital horn of the right lateral ventricle are related to the penetration of the ventriculostomy tube. The array of cortical contusions along the margin of the craniectomy defect is due to the pressure of the brain against the bone margin resulting from the underlying brain swelling. The left uncus necrosis resulted from the left cerebral swelling -> left to right midline shift -> left cingulate gyrus herniation -> left transtentorial uncal.

The remaining lesions appear to be primarily due to trauma. Based on the described fractures, the impact occurred on the right side of the head (temporal/parietal) which would initiate lateral rotation acceleration whether due to a blow or a fall. The bilateral, paramedian subdural hematoma is consistent with this. The bilateral frontal and temporal cortical contusions and subcortical hemorrhages and the cerebral swelling are more severe on the left than the right making injury more suggestive of a fall then a blow.

It would be helpful if we could say pre-therapeutic images of this patient to more clearly separate the primary effects of the trauma from the secondary and therapeutic effects.

NECK:

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

Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury or cervical spine fractures.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces of the right lung are smooth, glistening and unremarkable. There are scattered loose pleural adhesions surrounding the left lung. The pulmonary parenchyma is salmon pink with anthracotic changes, congested and edematous, exuding copious amounts of blood and frothy fluid. No mass lesions or areas of consolidation are present. The right and left lungs weigh 780 and 760-grams, respectively.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces are smooth, glistening and unremarkable. The 320-gram heart is contained in an intact pericardial sac free of significant fluid or adhesions. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally, follow the usual distribution in a right dominant pattern, are widely patent, and without evidence of thrombosis or significant atherosclerosis. The myocardium is homogeneous, red-brown, firm and unremarkable; the atrial and ventricular septae are intact. The walls of the left and right ventricles are 1.0 and 0.2-centimeters thick, respectively. The valve leaflets are thin and mobile. The aorta and its major branches arise normally, follow the usual course and are free of significant abnormalities. There is mild focal atherosclerotic streaking of the abdominal aorta. The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi. The renal and mesenteric vessels are unremarkable.

HEPATOBIILIARY SYSTEM:

The hepatic capsule is smooth, glistening and intact, covering dark red-brown, moderately congested parenchyma. No mass lesions or other abnormalities are noted. The gallbladder contains 3-milliliters of green-brown mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent and without evidence of calculi. The liver weighs 1460-grams.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, gray-white mucosa. The gastric wall is intact and the stomach contains approximately 20-milliliters of thin brown-gray fluid. The gastric mucosa is arranged in the usual rugal folds. The duodenum, loops of small bowel and colon are unremarkable. The appendix is not identified. Synthetic mesh is identified in the right inguinal canal.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 160 and 140-grams, respectively. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surface. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves and calyces are unremarkable.

Genitourinary System (cont):

The ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 100-milliliters of cloudy yellow urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

LYMPHORETICULAR SYSTEM:

The 280-gram spleen has a smooth, intact capsule covering maroon, 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 pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are noted. The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses or areas of hemorrhage identified.

MUSCULOSKELETAL SYSTEM:

Muscle development appears normal. No non-traumatic bone or joint abnormalities are noted.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff photographers.
2. Specimens retained for toxicology testing and/or DNA identification are: Blood, vitreous fluid, urine, gastric contents, bile, heart, spleen, liver, lung, kidney, adipose tissue, and skeletal muscle.
3. Full body radiographs are obtained and demonstrate the above findings.
4. Selected portions of organs are retained in formalin.
5. The dissected organs are forwarded with the body.
6. Personal effects are released to the mortuary affairs representatives.
7. Identifying body marks that include multiple scars have been documented.

MICROSCOPIC EXAMINATION

The brain is removed and placed in formalin for formal Neuropathology consultation. Selected portions of organs are retained in formalin, without preparation of histologic slides by OAFME.

FINAL AUTOPSY DIAGNOSES:

- I. Evidence of trauma
 - A. Linear fractures of the calvarium involving the right temporal, parietal, and occipital bones
 - B. Superficial abrasions on the posterior right shoulder
 - C. Subgaleal and subdural hemorrhage

- II. Evidence of closed head trauma and subsequent medical intervention (per formal Neuropathology consultation)
 - A. Diffuse grey and white matter edema with ischemic neuronal injury
 - B. Left transcranial herniation
 - C. Left to right midline shift with left cingulate gyrus and the left transtentorial uncal herniations
 - D. Cortical contusions of the frontal and temporal lobes, bilaterally
 - E. Subarachnoid and intraventricular hemorrhage

- III. Natural disease diagnoses
 - A. Evidence of prior appendectomy
 - B. Evidence of prior right inguinal hernia repair
 - C. Mild atherosclerotic streaking of the abdominal aorta
 - D. Healed fracture of the left ulnar styloid
 - E. Partial amputation of the distal 1st and 2nd digits of the left hand
 - F. Absence of the left nipple, traumatic, healed

- IV. Postmortem changes
 - A. Lividity is fixed on the posterior surface the body except in areas exposed pressure
 - B. Rigor is present to an equal degree in all extremities

- VI. Toxicology results
 - A. Volatiles: The blood and vitreous fluid were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.
 - B. 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:
 1. Positive Opiate: Morphine was detected in urine by gas chromatography/mass spectrometry. The blood contained 0.18 mg/L of morphine as quantitated by gas chromatography/mass spectrometry.
 2. Positive Lidocaine: Lidocaine was detected in urine by gas chromatography and confirmed by gas chromatography/mass spectrometry.

VI. Toxicology results (cont):

- C. Carbon Monoxide: The carboxyhemoglobin saturation in the blood was less than 1% as determined by spectrophotometry with the limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.
- D. Cyanide: There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/dL. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

OPINION

This approximately 52-year-old male detainee at Camp Bucca Iraq, BTB (b)(6) (b)(6) died as the result of blunt force trauma of the head. Autopsy findings show evidence of skull fractures and subsequent medical intervention. No gross or x-ray evidence of recent penetrating or additional significant blunt force trauma is identified. A formal Neuropathology consultation is obtained and demonstrates the findings described above. Post mortem analysis of the body fluids for ethanol, carbon monoxide, cyanide, and screened illicit drugs of abuse are negative. The presence of morphine in the blood and lidocaine in the urine are consistent with the reported history of medical intervention and do not contribute to the cause or manner of death. (b)(6) injuries are consistent with a blow to the head or a fall. The review of available investigative reports, medical records, and Neuropathology consultation taken in conjunction with the absence of defensive injuries suggests that an accidental fall is more likely the cause of (b)(6) injuries. A blow to the head cannot be ruled out as the cause of the closed head trauma. However, with reasonable medical certainty the manner of death is best classified as accident. Should additional information become available that would change the cause or manner of death, an amended report will be issued.

(b)(6)

(b)(6) Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS)

Acte de décès (D'Outre-Mer)

| | | | | |
|---|--|---|--|--|
| NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Ali, Muhammad Najib, Abu-Wafa | | GRADE Grade | BRANCH OF SERVICE Arme Civilian | SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6) |
| ORGANIZATION Organisation | | NATION (e.g. United States) Pays Egypt | 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 |
| <input checked="" type="checkbox"/> CAUCASOID Caucasique | <input type="checkbox"/> NEGROID Négre | <input type="checkbox"/> SINGLE Célibataire | <input type="checkbox"/> DIVORCED Divorcé | <input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) Muslim |
| <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 type="checkbox"/> CATHOLIC Catholique | |
| 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 ¹ Maladie ou condition directement responsable de la mort. | | Blunt force injury of the head | | 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 | | | |
| | UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire | | | |
| OTHER SIGNIFICANT CONDITIONS ² 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 | |
| <input type="checkbox"/> NATURAL Mort naturelle | <input checked="" type="checkbox"/> YES OUI | | | |
| <input checked="" type="checkbox"/> ACCIDENT Mort accidentelle | <input type="checkbox"/> NO NON | | | |
| <input type="checkbox"/> SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste (b)(6) | | | |
| <input type="checkbox"/> HOMICIDE Homicide | SIGNATURE (b)(6) | DATE 5 September 2008 | AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES OUI <input checked="" type="checkbox"/> NO NON | |
| DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2008 1537 | | PLACE OF DEATH Lieu de décès Balad AFB 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 défunct 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, civil ou médecin assistant | | TITLE OR DEGREE Titre ou diplôme Medical Examiner | | |
| (b)(6) | | | | |
| GRADE Grade | INSTALLATION OR ADDRESS Installation ou adresse | | | |
| (b)(6) | Dover AFB, Dover DE | | | |
| DATE Date | SIGNATURE | | | |
| 11/25/2008 | (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.

³ Precise the nature of the malady, of the lésure ou de la complication qui a contribué à la mort, mais non le manière de mourir, telle qu'un arrêt du coeur, etc.

⁴ Préciser la condition qui a contribué à la mort, mais n'écrivez aucun rapport avec le manière ou à la condition qui a provoqué la mort.

REPLACES DA FORM 3644, 1 JAN 72 AND DA FORM 3644-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

DD FORM 1 APR 77 2064

MEDCOM 0998

ACLU Detainee Death II ARMY MEDCOM 998