



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 EXAMINATION REPORT

Name: BTB Humaidi, Al Jughayfi Haskim Humoud Autopsy No.: (b)(6)
SSAN: (b)(6) AFIP No. (b)(6)
Date of Birth (b)(6) 1970 Rank: CIV
Date of Death (b)(6) 2006 Place of Death: Hadithah, Iraq
Date and time of Autopsy: 01 OCT 2006 0930 Place of Autopsy: Port Mortuary
Date of Report: 07 MAR 2007 Dover AFB, Dover DE

Circumstances of Death: Apprehended by Iraqi police on (b)(6) 2006. Once there he was interrogated throughout the night. The victim was later found dead in his cell.

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

Identification: Presumptive.

CAUSE OF DEATH: Multiple blunt force injuries.

MANNER OF DEATH: Homicide.

FINAL AUTOPSY DIAGNOSES

- I. Injuries of the head and neck:
 - A. Depressed skull fracture of right parietal temporal region of the calvarium.
 - B. Galeal and subgaleal hemorrhage in the frontal and right parietal regions.
 - C. Multiple facial contusions, abrasions and lacerations.
- II. Injuries of the torso:
 - A. Discontinuous and patterned contusions of the entire posterior torso involving the posterior neck, back and buttocks.
 1. Near confluent subcutaneous and intramuscular hemorrhage of the above areas.
- III. Injuries of the extremities:
 - A. Contusions, abrasions and subcutaneous hemorrhage of the dorsal surfaces of the hands and upper arms, bilaterally.
 - B. Multiple lacerations and contusions of the anterior surfaces of both lower legs.
- IV. Additional findings:
 - A. Bilateral pulmonary congestion (right 510 grams, left 600 grams).

AUTOPSY REPORT (b)(6)
BTB HUMAIDI, Al Jughayfi Haskim Humoud

V. No significant natural diseases identified, within limitations of the examination.

VI. Toxicology: Negative.

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EXTERNAL EXAMINATION

The body is that of a nude male weighing 165 pounds, measuring 71 inches in length and appearing compatible with the reported age of 36 years. The body temperature is cool after refrigeration. Rigor is passing. Injury of the posterior surfaces (to be further described below) precludes an accurate assessment of lividity.

The scalp hair is black. Facial hair consists of a black mustache and beard. The irides are dark. The corneae are cloudy. The sclerae are unremarkable. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton is 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. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is flat. The extremities show evidence of injury to be described below. Scars are present on the posterior surfaces of both elbows (right 1 1/8 inch, left 1 inch). Plastic bags cover both hands. The fingernails are intact. The external genitalia are those of a normal adult male. The buttocks show evidence of injury to be described below. The anus is unremarkable.

CLOTHING AND PERSONAL EFFECTS

The body is received unclothed. The following items accompany the body:

1. A pair of brown sandals.
2. A pair of white boxer shorts.
3. A gray tunic.
4. A U.S. flag kerchief.

EVIDENCE OF INJURY

Head and neck:

A 1 1/2 x 1/2 inch contusion is present on the right frontal scalp. A patterned abrasion consisting of two parallel linear abrasions is present on the right cheek measuring 1 1/8 inch (superior) and 2 inches (inferior) and separated by 3/8 inch. A 1/4 inch laceration is present on the nasal bridge. There is a 1/2 inch laceration at the lateral margin of the left eyebrow. A 1/2 x 1/4 inch contusion is present on the mucosal surface of the right upper lip. There is a 2 x 1 1/2 inch contusion on the right lateral surface of the neck. Internal examination shows galeal and subgaleal hemorrhage in the frontal (1 1/4 x 1 inches) and right parietal temporal (superior 1 3/8 x 1/2 inches, inferior 2 x 2 inches) regions. There is a depressed fracture (1 1/2 x 3/4 inches) in the right temporal region of the calvarium. Intramuscular hemorrhage is present focally in the right sternocleidomastoid muscle and the deep muscles of the right side of the neck.

Torso:

A 5/16 x 1/4 inch superficial penetrating injury is present in the mid clavicular region of the left shoulder. There is a 4 x 1 1/4 inch contusion of the right mid chest. There are multiple confluent and discontinuous areas of ecchymosis involving the entire back, posterior surfaces of the neck, shoulders, flanks and buttocks, bilaterally. Commingled with the areas of ecchymosis are numerous patterned contusions consisting of parallel linear contusions ranging in length from 1 inch to 5 inches, measuring 1/16 inch to 1/4 inch in width and separated by a distance ranging from 1/8 inch to 3/8 inch. A patterned contusion (as described above) measuring 6 x 1/2 inch is present on the left lateral chest wall. Internal examination revealed intercostal muscle hemorrhage of the posterior chest wall (right 5 intercostal space, left 6th to 9th intercostal spaces). Incision and reflection of the skin of the back shows confluent and discontinuous intramuscular hemorrhage of the back and buttocks, bilaterally.

Extremities:

There is an 8 x 3 inch contusion of the lateral surface of the right upper arm. Within this area are two patterned contusions consisting of two parallel linear contusions measuring 1 1/2 inches (superior) and 2 1/2 inches (inferior), with an average width of 1/8 inch and separated by 1/4 inch. A 9 1/2 x 3 inch contusion is present on the dorsal surface of the right forearm, wrist and hand. A 1/2 x 1/4 inch laceration is present on the posterior surface of the right elbow. Located lateral to this is a 1/8 inch superficial penetrating injury. There is a discontinuous contusion involving the lateral and dorsal surface of the entire left upper extremity. There are subungual hematomas of the left index and middle fingers. There is discontinuous contusion of the anterior surface of the right lower thigh, knee and lower leg measuring approximately 12 x 4 inches. Multiple lacerations ranging in length from 1/8 to 1/4 inch are present on the anterior surface of the right lower leg. Multiple contusions are present on the posterior surfaces of the right lower thigh, knee and upper leg covering an area measuring 7 x 3 inches. Multiple contusions (area 16 x 5 inches) are present on the lateral and anterior surfaces of the left thigh, knee and lower leg. An irregular 3/4 x 1/2 inch laceration is present on the anterior surface of the left knee. There is a patterned contusion consisting of parallel linear contusions on the lateral surface of the left thigh measuring 12 inches in length, averaging 1/8 inch in width and separated by a distance of 1/4 inch. A patterned contusion consisting of two parallel linear contusions (2 1/4 x 1/8 inches) separated by 1/8 inch is present on the posterior surface of the left knee. Incision of the extremities reveals intramuscular hemorrhage in the posterior aspects of the shoulders, forearms and hands, bilaterally. There is also hemorrhage in the lateral aspect of the right ankle and the posterior surface of the left lower leg.

INTERNAL EXAMINATION

BODY CAVITIES:

(See above "Evidence of Injury")

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. Scattered pleural adhesions are present in the left chest cavity. All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is 1/2 inch thick.

HEAD (CENTRAL NERVOUS SYSTEM):
(See above "Evidence of Injury")

The scalp is reflected. The calvarium of the skull is removed. The dura mater and falx 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. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brainstem and cerebellum are unremarkable. The brain weighs 1580 gm.

NECK:
(See above "Evidence of Injury")

Layerwise dissection of the uninjured anterior strap muscles of the neck show them to be homogenous and red-brown. 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. The tongue is free of bite marks, hemorrhage, or other injuries.

RESPIRATORY SYSTEM:

The right and left lungs weigh 510 gm and 600 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is red-purple, exuding slight to moderately amounts of blood and frothy fluid. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 370 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally, follow the usual distribution and are widely patent, without evidence of significant atherosclerosis or thrombosis. The myocardium is homogenous, red-brown, and firm; the atrial and ventricular septa are intact. The aorta gives rise to three intact and patent arch vessels. The vena cava and its major tributaries return to the heart in the usual distribution. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1220 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 approximately 9 ml of bile. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 120 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 GLANDS:

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 gm and 120 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 are unremarkable and the ureters are normal in course and caliber. Tan bladder mucosa overlies an intact bladder wall. The bladder contains less than 5 ml 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.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 100 ml of liquid material. The gastric wall is intact. The duodenum, loops of small bowel and colon are unremarkable. The appendix is unremarkable.

MUSCULOSKELETAL SYSTEM:

(See above "Evidence of Injury")

Muscle development is normal. No evidence of non-traumatic bone or joint abnormalities is noted.

RADIOLOGIC EXAMINATION

No evidence of metallic foreign bodies is identified.

ADDITIONAL PROCEDURES/REMARKS

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

AUTOPSY REPORT

(b)(6)

BTB HUMAIDI, Al Jughayfi Haskim Humoud

OPINION

This 36 year old male civilian died as the result of multiple blunt force injuries. According to reports, the decedent was subjected to prolonged interrogation before being found unresponsive. Autopsy examination revealed a depressed skull fracture and extensive subcutaneous hemorrhage of the posterior body surfaces. The manner of death is homicide.

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Medical Examiner

(b)(6)

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Humaidi, Al Jughayfi Haskim H,		GRADE Grade	BRANCH OF SERVICE Arme Civilian
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	
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> NEGROID Négre		<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"/> JEWISH Juif			
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort			Multiple 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			
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
<input checked="" type="checkbox"/> HOMICIDE Homicide	(b)(6)	DATE Date 1 October 2006	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)	PLACE OF DEATH Lieu de décès		
(b)(6) 2006	Hadithah 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 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 civil		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 01 Oct 06		(b)(6)	
<small>1. State disease, injury or complication which caused death. 2. State conditions contributory to the death, but not related to the essential condition of fatal event. 3. Precise location of the morbid, or the fracture, or the complication, which contributed to the death, state sex, the nature of injury, date of onset of death, etc. 4. Precise location of a contributory injury, state nature of injury, relation to the morbid, or the condition, which caused the death.</small>			

DD FORM 1 APR 77 2064

REPLACES DA FORM 2545, 1 JAN 72 AND DA FORM 2565-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0501

ACLU Detainee Death II ARMY MEDCOM 501



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AUTOPSY EXAMINATION REPORT

Name: BTB Mussa/Muhammed, Amer
(b)(6)

ISN: (b)(6)

Date of Birth: (b)(6) 1969

Date of Death: (b)(6) 2006

Date/Time of Autopsy: 28 JUL 2006

@ 1200 hrs

Date of Report: 15 AUG 2006

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Civilian Detainee

Place of Death: Iraq

Place of Autopsy: Port Mortuary, Dover

AFB, DE

Circumstances of Death: This 37 year-old civilian was a detainee at the Theater Internment Facility, Camp Bucca, Iraq when, as reported, he was found by other detainees lying on his back, unresponsive, in an empty detainee barracks building. The detainee was bleeding from his nose, mouth and eye areas. A string was secured tightly around his neck. Emergency medical service personnel arrived and found no pulse or respirations. The detainee was transported to the Theater Internment Facility hospital. Attempts to revive the detainee were made. Despite those attempts the detainee died and was pronounced dead by the Chief of Emergency Medicine at the Hospital.

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

Identification: Presumptive identification is made by examination of accompanying paperwork and ID tags

CAUSE OF DEATH: Ligature Strangulation

MANNER OF DEATH: Homicide

PRELIMINARY AUTOPSY DIAGNOSIS

- I. Ligature Strangulation:
 - A. Circumferential ligature furrow with only slight upward deviation
 - B. Focal hemorrhage of both thyrohyoid muscles
 - C. Focal Hemorrhage into the soft tissues surrounding the left superior horn of the thyroid cartilage
 - D. Fracture of the left superior horn of the thyroid cartilage
 - E. Petechial hemorrhages of the conjunctiva of the right lower eyelid
- II. Other Injuries:
 - A. Contusion of the left side of the tongue, ¼-inch
 - B. Contusion of the right side of the face, medial to the right eye, 1 x ¼-inch, with associated swelling of the soft tissues surrounding the right eye
 - C. Subscleral hemorrhage of the right eye
 - D. Yellow-orange abrasion of the right ankle, ½-inch
 - E. Remote healing fracture of the distal left ulna
- III. Medical Intervention:
 - A. Combitube (properly placed)
 - B. Intravenous access: Right groin
 - C. Urethral catheter
- IV. Post-mortem changes:
 - A. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure
 - B. Rigor is passing
 - C. Faint green discoloration of the right lower quadrant of the abdomen
 - D. Skin slippage on the face and neck
- V. No natural disease is identified within the limits of the examination
- VI. Toxicology (AFIP):
 - A. VOLATILES: No ethanol is detected in the blood and urine
 - B. DRUGS: Mirtazapine is detected in the urine and blood (0.08 mg/L). No other screened medications or drugs of abuse are detected 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, muscular, 72-inch tall, 186-pounds male whose appearance is consistent with the reported age of 37-years. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure. Rigor is passing, and the skin is cold to touch.

The scalp is covered with short black, hair in a normal distribution. There are two ½-inch scars on the vertex of the scalp and a ¾-inch area of thick rough skin on the center of the forehead. There is a black moustache. The irides are brown, and the pupils are round and equal in diameter. There are scattered petechial hemorrhages of the conjunctiva of the right lower eyelid. The external auditory canals are unremarkable. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in good condition. A mild amount of skin slippage is noted on the neck and nose.

The neck is described under "Evidence of Injury". The chest is symmetric. The abdomen is flat. The genitalia are those of a normal adult male. The testes are descended and free of masses. 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 3-inch oblique scar of the right side of the upper abdomen and lower chest. There is a faint green discoloration of the left lower abdominal skin. There are scars that measure 1 x ½-inch on both shins. There is a 1 x ½-inch scar on the posterior-medial aspect of the left thigh. The heels of both feet are dry and cracked.

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects are present on the body at the time of autopsy: The body is received unclad. Accompanying the body is a pair of white underwear.

MEDICAL INTERVENTION

- Combitube (properly placed)
- Intravenous access: Right groin
- Urethral catheter

RADIOGRAPHS

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

- A healing fracture of the left ulna
- Trauma to the right orbit with soft tissue swelling and displacement of the lens of the globe
- Fluid in the trachea and main bronchi

EVIDENCE OF INJURY

Ligature Strangulation: There is a 16-inch circumferential, tan-brown, continuous ligature furrow on the skin of the neck that is directed in a predominant horizontal direction with only slight upward deviation. On the anterior aspect of the neck there are two furrows that converge and co-mingle into one furrow on the posterior neck. On the anterior neck the ligature furrows cross below the thyroid cartilage 11-inches below the top of the head and along the superior third of the thyroid cartilage 10-inches below the top of the head. Both of the furrows on the anterior neck extend slightly superiorly on both sides of the neck, passing 3 ½-inches below the right ear, and 3 ½-inches below the left ear. The highest point of the furrow is on the posterior neck, located 8 ½-inches below the top of the head, and on the posterior midline. The width of the furrow ranges from 1/16 to 1/8-inch. The anterior neck dissection shows focal hemorrhage into both thyrohyoid muscles and into the soft tissues surrounding the left superior horn of the thyroid cartilage. The left superior horn of the thyroid cartilage is fractured. The hyoid bone is intact. There are associated petechial hemorrhages of the conjunctiva of the right lower eyelid.

Other Injuries: There is a ¼-inch contusion on the left side of the tongue. Medial to the right eye is a 1 x ¼-inch contusion with associated swelling of the soft tissues surrounding the right eye and displacement of the lens of the globe of the right eye. There is subscleral hemorrhage of the right eye. On the right ankle is a ½-inch yellow-orange abrasion. There is a remote healing fracture of the distal left ulna.

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1690-gram 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. The atlanto-occipital joint is stable.

NECK:

See "Evidence of Injury". 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. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 1000 and 860-grams, 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.

CARDIOVASCULAR SYSTEM:

The 480-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. The coronary arteries are patent. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.0 and 0.3-centimeters thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 2100-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 a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 170-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 grey medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 160 and 170-grams, 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 are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains scant 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, grey-white mucosa. The stomach contains approximately 100-milliliters of partially digested food. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff photographers.
2. Full body radiographs are obtained and demonstrate the injuries as described as well as fluid in the trachea and main bronchi and central consolidation of both lungs.
3. Specimens retained for toxicology testing and/or DNA identification are: blood, vitreous fluid, bile, urine, liver, lung, spleen, brain, kidney, adipose, muscle and gastric contents
4. The dissected organs are forwarded with the body.
5. Selected portions of organs are retained in formalin, without preparation of histological slides.
7. Identifying marks include: Two scars on the scalp, a callus on the center of the forehead, one scar on the left side of the abdomen and one scar on each leg.

MICROSCOPIC EXAMINATION

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

OPINION

This 37 year-old male died of ligature strangulation. As reported he was found by other detainees unresponsive in an empty detainee barracks building with a string secured tightly around his neck. A predominately horizontal ligature furrow with underlying fracture of the thyroid cartilage and hemorrhage into both thyrohyoid muscles was evident at autopsy. Further, there were blunt force injuries of the right side of the face. The toxicology screen was negative for cyanide, drugs of abuse and ethanol. The carboxyhemoglobin saturation is 1%. Mirtazapine is detected in the urine and blood. The manner of death is homicide.

(b)(6)

(b)(6) Medical Examiner

(b)(6)



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FINAL AUTOPSY EXAMINATION REPORT

Name: (BTR) SHADAD, Hishim	Autopsy No.: (b)(6)
ISN: (b)(6)	AFIP No.: (b)(6)
Date of Birth: (BTB) (b)(6) 1966	Rank: Iraqi Civilian Detainee
Date of Death: (b)(6) 2006	Place of Death: Abu Ghraib, Iraq
Date/Time of Autopsy: 17 JUL 2006 @ 090	Place of Autopsy: Port Mortuary,
Date of Report: 30 NOV 2006	Dover AFB, DE

Circumstances of Death: This 40-year-old Iraqi male sustained gunshot wounds on 08 JUN 2006 under unknown circumstances. He was initially treated in an Iraqi hospital with chest tubes and fluid resuscitation. While being transported by a civilian ambulance, he was detained and transported to 10th CSH for treatment. While there, he underwent surgery, and it was discovered that he was an anti-Iraqi fighter. He was transferred to the intensive care unit of the 21st CSH (BCCF) where he remained until his death from complications of his wounds, including sepsis and multi-organ system failure.

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

Identification: Presumptive identification is based on hospital records and identification bands. A postmortem fingerprint examination is conducted for comparison to exemplars should they become available.

**CAUSE OF DEATH: COMPLICATIONS OF GUNSHOT WOUND
 OF THE TORSO**

MANNER OF DEATH: HOMICIDE

FINAL AUTOPSY DIAGNOSES

I. Gunshot Wound of the Torso

- A. Entrance Wound: On the left chest, 20-inches below the top of the head and 6 ¼-inches left of the anterior midline of the torso in the anatomic position is a 1 ¼ x ½-inch wound with rounded, soft granulating edges. Marginal abrasion, soot or stipple are not appreciated
- B. Wound Path: Skin and subcutaneous tissue of the left chest, muscle, the inferior aspect of the lateral left 5th rib (fractured), (by report) the lower lobe of the left lung, the left hemidiaphragm, the stomach, the transverse colon, the liver and the right 6th and 7th costal cartilage (fractured) (no exit wound)
- C. Recovered: No bullet or bullet fragments are recovered
- D. Direction: Left to right and downward (by report)
- E. Associated Injuries: Abdominal organ injuries (cannot be assessed due to prolonged hospitalization)

II. Complications of Gunshot Wound of the Torso

- A. Pulmonary congestion, edema and focal consolidation, bilateral (Right lung 1,530-grams, Left lung 1,390-grams)
- B. Pleural effusion, bilateral (100-milliliters of serosanguinous fluid in both pleural cavities)
- C. Pericardial effusion (50-milliliters of serosanguinous fluid)
- D. Peritoneal effusion (500-milliliters of serosanguinous fluid)
- E. Peripheral edema
- F. Heart failure with associated biventricular dilatation
- G. Dense adhesions of the large and small bowel
- H. Transverse skin ulceration, 11 x 1/8-inch
- I. Decubitus ulcer, mid lower back, 1 ½ x ¾-inch
- J. Scrotal ulcer, 1 ½ x 1-inch
- K. Gram-negative sepsis (by review of medical records)

III. Post-Mortem Changes

- A. Lividity is posterior and fixed
- B. Rigor is passing and equal in all extremities
- C. Focal areas of epidermal blistering and skin slippage

IV. Evidence of Medical Therapy

- A. Recent tracheostomy inferior to the cricoid cartilage
- B. Right nasogastric tube
- C. Right and left chest tubes (by report)
- D. Right subclavian intravenous line
- E. Right radial arterial line
- F. Urinary bladder catheter
- G. Open abdominal incision, 13 ½ x 9-inches, covered by a medical dressing
- H. Medical dressing over sacral area
- I. Medical dressing on left foot

- J. Electrocardiogram electrodes on anterior torso and anterior thighs
- K. Multiple drain sites on the anterior torso

V. There is no evidence of physical abuse

VI. Toxicology

- A. The blood and vitreous fluid are tested for ethanol and none is found.
- B. The blood is tested for cyanide and none is found.
- C. The carboxyhemoglobin saturation in the blood is less than 1%.
- D. The blood is screened for medications and drugs of abuse and the following medications were detected:
 - 1. The blood contains 0.13 milligrams per liter of midazolam (a benzodiazepine tranquilizer)
 - 2. The blood contains 0.33 milligrams per liter of 1-hydroxymidazolam (a metabolite of midazolam)
 - 3. The blood contains 0.05 milligrams per liter of diphenhydramine (an antihistamine)
 - 4. The blood contains 3.2 milligrams per liter of metoclopramide (an antiemetic)
 - 5. The blood contains 0.039 milligrams per liter of fentanyl (a narcotic analgesic)

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, 69 ½-inch, and 227-pound male whose appearance is consistent with the reported age of 40-years. Lividity is posterior and fixed, rigor is passing and equal in all extremities, and the body temperature is cold to touch. There is generalized body and extremity edema.

The scalp is covered with short black hair in a normal distribution. The irides are brown, the corneae are cloudy and the pupils are round and equal in diameter. The external auditory canals are patent and free of foreign material. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in fair condition.

The neck is straight, and the trachea is midline and mobile with evidence of medical therapy. The chest is symmetric; injuries to the chest are described below (see "Evidence of Injury"). Multiple surgical drain sites are scattered over the lateral right and left abdomen and range in size from 3/8 x 1/8-inch to 1 ¼ x ½-inch. The abdominal midline bears an open surgical incision measuring 13 ½ x 9-inches with granulating edges and visible loops of small and large bowel. The lower abdomen also has a transverse, 11 x 1/8-inch skin ulcer. The posterior torso is remarkable for skin slippage and a 1 ½ x ¾-inch decubitus ulcer on the mid lower back. The genitalia are those of a normal adult male. The scrotum has a 1 ½ x 1-inch ulcer with a hemorrhagic base. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing. There is a ¾ x ¼-inch healing abrasion in the right popliteal fossa. There is a 3 ½ x 2 ¼-inch bulla on the anterior left ankle. There is generalized edema and focal skin slippage is noted on both upper and lower extremities.

CLOTHING AND PERSONAL EFFECTS

The body is received nude without clothing or personal effects.

MEDICAL INTERVENTION

- Recent tracheostomy inferior to the cricoid cartilage
- Right nasogastric tube
- Right and left chest tubes (by report)
- Right subclavian intravenous line
- Right radial arterial line
- Urinary bladder catheter
- Open abdominal incision, 13 ½ x 9-inches, with granulating edges, covered by a medical dressing
- Medical dressing over sacral area
- Medical dressing on left foot
- Electrocardiogram electrodes on anterior torso and anterior thighs
- Multiple drain sites on the anterior torso

RADIOGRAPHS

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

- Right 6th rib fracture
- Left 5th rib fracture
- Multiple surgical staples in the abdomen
- No metallic fragments (other than medical devices) are identified
- No long bone fractures are identified
- No skull fractures are identified

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.

Gunshot Wound of the Torso

On the left chest, 20-inches below the top of the head and 6 ¼-inches left of the anterior midline of the torso in the anatomic position is a 1 ¼ x ½-inch entrance wound with rounded, soft granulating edges. Marginal abrasion, soot or stipple are not appreciated due to prolonged hospitalization.

The bullet injured skin and subcutaneous tissue of the left chest, muscle, the inferior aspect of the lateral left 5th rib (fractured), the lower lobe of the left lung (by report), the left hemidiaphragm (surgically repaired), the stomach (surgically repaired), the transverse colon (surgically repaired), the liver (by report) and the right 6th and 7th costal cartilage (fractured). There is no exit wound and no bullet or bullet fragments are recovered. The wound path is directed slightly back to front, left to right and downward.

Associated with the gunshot wound of the torso are sepsis and multi-organ system failure during his prolonged hospitalization.

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1,530-gram brain, which appears slightly edematous with widened gyri and narrowed 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. The atlanto-occipital joint is stable.

NECK:

Layer-wise dissection of the anterior strap muscles of the neck reveals homogenous and red-brown muscle, without hemorrhage except in the area of the tracheostomy. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa except in the area of the tracheostomy. 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 sternum and vertebral bodies are visibly and palpably intact. Injuries to the ribs are noted above (see "Evidence of Injury"). The right and left pleural cavities contain 100-

milliliters of serosanguinous fluid each, the pericardial sac contains 50-milliliters of serosanguinous fluid and the peritoneal cavity contains 500-milliliters of serosanguinous fluid. The organs occupy their usual anatomic positions except where slightly distorted by surgical intervention.

RESPIRATORY SYSTEM:

The right and left lungs weigh 1,530 and 1,390-grams, respectively. The external surfaces are rough and deep red-purple with loose adhesions. The pulmonary parenchyma is diffusely congested and focally consolidated. No mass lesions are identified.

CARDIOVASCULAR SYSTEM:

The 350-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 luminal narrowing. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 0.9 and 0.4-centimeters thick, respectively; biventricular dilatation is present. 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 2,770-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 a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 420-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is soft, maroon and congested, with indistinct Malpighian corpuscles.

PANCREAS:

The pancreas has autolytic changes, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENALS:

The right and left adrenal glands are symmetric, with autolytic changes. No masses are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 160 and 170-grams, respectively. The external surfaces are intact and smooth. 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. Gray-pink bladder mucosa overlies an intact bladder wall. The bladder contains no 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 is densely adhered to multiple loops of large and small bowel and contains approximately 60-milliliters of brown fluid. The gastric wall is intact with a surgical repair. The duodenum, loops of small bowel and colon are remarkable for dense adhesions between the loops of small bowel and the large bowel; multiple surgically repaired enterotomies are identified, but the dense adhesions may mask possible perforations and/or obstructions. The appendix is present.

MUSCULOSKELETAL SYSTEM:

There is no non-traumatic bone or joint abnormalities. Skeletal muscle development is normal.

MICROSCOPIC EXAMINATION

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

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by AFMES staff photographers
- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, vitreous fluid, gastric contents, spleen, liver, lung, bile, kidney, brain, adipose tissue, and psoas muscle
- The dissected organs are forwarded with the body
- The body is sutured closed without embalming
- The following identifying body marks are present: Tattoos (b)(6)

(b)(6)

(b)(6)

OPINION

This 40-year-old Iraqi male civilian detainee, (BTB) (b)(6) died as a result of a gunshot wound of the torso he sustained under uncertain circumstances. He expired after a 30-day hospital course that was complicated by sepsis and multi-organ system failure. The wound pathway is reconstructed from the autopsy findings and hospital records and passes through the lateral left chest, the lower lobe of the left lung, the left hemidiaphragm, the stomach, the large bowel, the liver, and the right upper abdominal wall. The bullet did not exit the body; no bullet or bullet fragments were recovered during the autopsy, nor were any bullet or bullet fragments reportedly recovered during surgeries. Toxicological testing found therapeutic levels of a benzodiazepine, an antihistamine, an antiemetic and a narcotic analgesic in the blood. The manner of death is homicide.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

(b)(6)

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Shadad, Hishim,		GRADE Grade	BRANCH OF SERVICE Armée Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
		DATE OF BIRTH Date de naissance (b)(6) 1966	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS État Civil	
CAUCASOID Caucasique		SINGLE Célibataire	
NEGROID Négride		MARRIED Marié	
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)		DIVORCED Divorcé	
		SEPARATED Séparé	
		WIDOWED Veuf	
		PROTESTANT Protestant	
		CATHOLIC Catholique	
		JEWISH Juif	
		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 ¹ Maladie ou condition directement responsable de la mort.		Complications of Gunshot Wound to the Torso	Weeks
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	
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)		
<input checked="" type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature	DATE Date 17 July 2006	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) 2006	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 Medical Examiner	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE		
DATE Date	SIGNATURE Signature		

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 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 cœur, etc.

⁴ Préciser la condition qui a contribué à la mort, mais n'établir aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

REPLACES DA FORM 3686, 1 JAN 72 AND DA FORM 3686-R(PAS), 26 SEP 76, WHICH ARE OBSOLETE.

FORM DD 1 APR 77 2064

MEDCOM 0517

ACLU Detainee Death II ARMY MEDCOM 517

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décès (Nom, prénom(s))		GRADE Grade	BRANCH OF SERVICE Arme
BTB Hamed, Salah, Safak			Civilian
SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale		(b)(6)	
ORGANIZATION Organisation		COUNTRY (e.g. United States) Pays	DATE OF BIRTH Date de naissance
		Iraq	(b)(6) 1969
SEX - Sexe		<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE - Race		RELIGION - Conf.	
CAUCASIAN - Caucasiens		PROTESTANT - Protestant	
NEGROID - Nègres		CATHOLIC - Catholique	
<input checked="" type="checkbox"/> OTHER - autres Autre (Spécifier)		JEWISH - Juif	
MARRIED - Marié		OTHER (Specify) Autre (Spécifier)	
SINGLE - Célibataire		X	
DIVORCED - Divorcé			
SEPARATED - Séparé			
WIDOWED - Veuf			
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté ou degré de parenté	
STREET ADDRESS Rue ou adresse		CITY OR TOWN OR STATE Ville ou Code postal (Code postal complet)	
MEDICAL STATEMENT Declaration médicale			
CAUSE OF DEATH - Emphyse, etc. (Médical) Cause de décès (Médical) (ou une cause étrangère)		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		Complications of gunshot wound of abdomen and right leg	
IMMEDIATE CAUSES Causes immédiates	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
SYMBOLIC STATEMENT OF CAUSE OF DEATH Énoncé symbolique de la cause de décès	UNDERLYING CAUSE, IF ANY, LEADING TO PRIMARY CAUSE Cause morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Cause de décès	AUTOPSY PERFORMED Autopsie effectuée	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort survenues 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"/> YES / OUI <input checked="" type="checkbox"/> NO / NON	
<input type="checkbox"/> ACCIDENT Mort accidentelle	MADE BY NONMILITARY AGENCY Composé par une agence de nonmilitaire		
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du médecin légiste		
<input checked="" type="checkbox"/> HOMICIDE Meurtre	(b)(6)	DATE Date	VIATION ACCIDENT Accident à l'événement
	(b)(6)	11 July 2006	<input type="checkbox"/> YES / OUI <input checked="" type="checkbox"/> NO / NON
DATE OF DEATH Date du décès	PLACE OF DEATH Lieu du décès		
(b)(6) 2006			
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 le décès est survenu à l'époque indiquée et de la cause énoncée ci-dessus.			
NAME OF MEDICAL CENTER Nom du centre médical ou du dispensaire		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			
04 Oct 06			
<small> 1. This form is to be filled out by a medical officer or other qualified person who has examined the remains of the deceased and is satisfied that the cause of death is as stated above. 2. This form is to be filled out by a medical officer or other qualified person who has examined the remains of the deceased and is satisfied that the cause of death is as stated above. 3. This form is to be filled out by a medical officer or other qualified person who has examined the remains of the deceased and is satisfied that the cause of death is as stated above. 4. This form is to be filled out by a medical officer or other qualified person who has examined the remains of the deceased and is satisfied that the cause of death is as stated above. </small>			

DD FORM 1 APR 77 2064

REPLACES DA FORM 1365, 1 JAN 72 AND DA FORM 1365-RIPAS, 26 SEP 76, WHICH ARE OBSOLETE.

MEDCOM 0518

ACLU Detainee Death II ARMY MEDCOM 518



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: Al Zahrani, Yasir T.
Detainee Number: (b)(6)
Date of Birth: (b)(6) 1984
Date of Death: (b)(6) 2006
Date of Autopsy: 10 June 2006 @ 1830
Date of Report: 02 August 2006

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Rank: Detainee
Place of Death: Detainee Facility,
Guantanamo Bay, Cuba
Place of Autopsy: Naval Hospital
Guantanamo Bay, Cuba

Circumstances of Death: This 21 year-old detainee, by report, was found hanging in his secure cell at the detainee confinement facility at approximately 0020 on (b)(6) 2006. Medical resuscitation was unsuccessful and he was declared dead at 0150. In the medical record it states he was unresponsive, pulse-less, apneic, with fixed and dilated pupils, and in rigor mortis when he arrived at the detention clinic at 0048.

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

Identification: Detention records. Fingerprints and DNA sample obtained.

Personnel present for the autopsy:

1. Special Agent (b)(6) Naval Criminal Investigative Service (NCIS)
2. (b)(6) Autopsy Assistant
3. (b)(6) Medical Photographer
4. (b)(6) Medical Examiner Investigator
5. (b)(6) Medical Examiner (b)(6)

CAUSE OF DEATH: Hanging

MANNER OF DEATH: Suicide

Final Anatomic Diagnoses

I. Hanging

- A. Circumferential dried abrasion collar around the neck
- B. Diffuse hemorrhage into the muscles of the neck
- C. Hyoid bone intact
- D. Tardieu spots on the dorsum of the feet

II. Hands and feet bound by cotton-like material

III. Soft tissue hemorrhage lateral left wrist

III. No significant natural disease processes identified

IV. Status Post attempted resuscitation with intubation and cricoid pressure.

IV. Toxicology –Negative

EXTERNAL EXAMINATION

The body, received wrapped in a white sheet, is that of a well-developed, well-nourished appearing, muscular, 67 inches in length, 151 pound (per medical record as of 21 May 2006), white male whose appearance is consistent with the reported age of 21 years. Lividity is posterior and fixed, rigor is equal and fixed in all extremities, and the temperature is that of the refrigeration unit (34-39 degrees Fahrenheit).

The head and neck are wrapped with a blue plastic pad secured with tape. The scalp is covered with black hair in a normal distribution. The irides are brown. The sclerae and conjunctivae are congested and free of petechiae. The external auditory canals are unremarkable. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear in good condition. Facial hair consists of a full beard and mustache.

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 distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. Strips of bed-sheet-like material tied into knots loosely bind the hands and feet. SA (b)(6) has taken these bindings into custody. There are two round scars, 1 inch and ¾ inch in diameter on the back of the right leg. There is another ½ x ¾ inch scar proximal to the round scars on the leg. There is a ¼ inch scar on the back of the left thigh.

CLOTHING AND PERSONAL EFFECTS

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

None

MEDICAL INTERVENTION

Evidence of medical intervention includes:

- Nasal Airway
- Oral-gastric tube, appropriately located
- Orally placed endotracheal tube, appropriately located
- Intravenous catheter with attached tubing bag of intravenous solution, left antecubital fossa
- Urinary bladder catheter and attached bag
- Multiple electrocardiogram pads on the chest
- Puncture marks, left forearm and left and right antecubital fossae

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and are consistent with the findings 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. All wound pathways are given relative to standard anatomic position.

Evidence of Hanging

There is a circumferential dried abrasion furrow around the neck. The furrow is irregular with the width varying from 1/8 to 1 inch. Within the furrow the skin is imprinted with a very fine weave type pattern. The furrow is located 11 ½ inches below the top of the head at the anterior midline, 10 inches below the top of the head at the level of the left auditory meatus, and 10 inches below the top of the head at the level of the right auditory meatus. The anterior portion of the furrow is located below the thyroid cartilage. The furrow becomes less well defined and forms an inverted "v" on the back of the head, 5 ¼ inches below the top of the head and 1 inch to the left of the posterior midline. On the left side of the anterior neck there are additional well-defined and superficial abrasions adjacent to the main furrow, 1/8 to 1¼ inches in length. Encircling the neck are two segments of cotton-like material consistent with a T-shirt. The material has been cut or torn and tied with knots. Distal to the knots there are strips of material that have been cut leaving four loose ends per piece of material. SA (b)(6) has taken the material into custody.

Additional items are submitted by NCIS that were recovered from the cell of the decedent. Included are three segments of braided white t-shirt like material. One has a knot at one end and the other end is cut. The material is cut through two segments of the braiding near the knotted end. There is smaller loop of the same material tied with a knot and looped around the first segment. The third portion of braided material has one end cut and the other end is a loop that is secured by similar material wrapped around the two braided segments. Also submitted is another portion of white t-shirt like material that has been cut or torn into an elongated segment. The material is tied with a knot leaving two loose ends.

Internally, there are multiple hemorrhages throughout the anterior neck soft tissue:

1. Medial right sternocleidomastoid muscle, 1 x ¼ inch
2. Deep right sternocleidomastoid muscle, ¾ x ¼ inch
3. Anterior left sternocleidomastoid muscle, (2) each ½ inch in diameter
4. Deep left sternocleidomastoid muscle, ½ x ¼ inch
5. Left sternothyroid muscle, ¼ x ¼ inch
6. Left thyrohyoid membrane, ½ x 3/8 inches
7. Left longus capitus muscle, ¾ x ¼ inch

The posterior neck is free of hemorrhage into the soft tissue.

There are faint tardieu spots on the ankles and dorsal surface of the feet.

Additional Injuries

There is a 1 ½ x ½ inch area of soft tissue hemorrhage in the subcutaneous tissue of the lateral aspect of the left wrist (in the anatomic position).

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1300 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. The atlanto-occipital joint is stable.

NECK:

Injuries of the anterior strap muscles have been described. 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. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

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

RESPIRATORY SYSTEM:

The right and left lungs weigh 600 and 700 gms, 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.

CARDIOVASCULAR SYSTEM:

The 230 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The ostium for the left anterior descending coronary artery and circumflex artery arise separately from the left coronary cusp; there is no left main coronary artery. The right coronary artery arises normally and is the dominant artery to the posterior myocardium. Cross sections of the vessels show no significant atherosclerosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.2 and 0.3 cm thick, respectively. The endocardium is smooth and glistening. The aorta gives

AUTOPSY REPORT (b)(6)

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AL ZAHRANI, Yasir T.

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

LIVER & BILIARY SYSTEM:

The 1300 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 3 ml of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 215 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with indistinct Malpighian corpuscles.

PANCREAS:

The pancreas is soft 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 128 and 120 gms, 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 are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder is empty. Twenty-five ml of urine is recovered from the urinary catheter/bag. 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, grey-white mucosa. The stomach contains approximately 150 cc of brown, partially digested food particles. The gastric wall is intact. The duodenum, loops of small bowel and colon are unremarkable. The appendix is present.

MUSCULOSKELETAL SYSTEM

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

ADDITIONAL PROCEDURES

- Documentary photographs are taken by (b)(6)
- Evidence collected is seized by NCIS agent (b)(6)
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, central blood, peripheral blood, urine, spleen, kidney, lung, liver, brain, bile, gastric contents, adipose, and psoas muscle
- The dissected organs are forwarded with body

MICROSCOPIC EXAMINATION

1. Skin, dorsum of left foot: In the area corresponding to one of the grossly described tardieu spots, there is hemorrhage surrounding the superficial blood vessels without inflammation.
2. Kidney – Reviewed in consultation with The Department of Renal Pathology. There is autolysis of the proximal tubules with relative preservation of the glomeruli and distal collecting system. Adjacent to several glomeruli are collections of micro calcifications in the tubular lumens of uncertain etiology. There is also tubular simplification of the glomeruli with mild increase in the mesangial matrix. There is no significant inflammation or other abnormalities.
3. Heart: Section of left ventricle is unremarkable.
4. Spleen: Autolysis, otherwise unremarkable.
5. Lung: No pathologic description.
6. Liver: Focal centrilobular steatosis. No significant portal or parenchymal inflammation.
7. Brain, cerebral cortex: No pathologic description.
8. Thyroid: Autolysis
9. Adrenal: No pathologic description. Majority of tissue is unremarkable cortex with a single focus of medulla.
10. Testis: No pathologic description.

TOXICOLOGY

1. Carbon Monoxide: The blood carboxyhemoglobin was less than 1% (normal 0-3%).
2. Ethanol: The blood and vitreous were negative for ethanol at a cutoff of 20 mg/dL.
3. Cyanide: There was no cyanide detected in the blood.
4. The urine was negative for screened medications and drugs of abuse.

OPINION

This 21 year-old detainee died of hanging. The decedent was discovered hanging from a braided ligature tied through the steel mesh wall near the ceiling of his cell. According to reports, he was found with his hands and feet loosely bound by bed-sheet like material. A suicide note was found in his pocket. Hemorrhage in the left wrist may be the result of the standard operating procedure to shackle prisoners anytime they leave their cells. Hemorrhage into the neck muscles may be the result of the hanging or an artifact of cricoid pressure applied in the effort to intubate the decedent during the resuscitation attempt. Calcifications seen in kidneys are of uncertain etiology but did not contribute to the cause or manner of death. Toxicology studies were negative. After an extensive investigation there is no evidence to suggest that anyone else was involved in this death. Based on the information available, the manner of death is suicide.

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



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

REPLY TO
ATTENTION OF

AFIP: (b)(6)

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence
(b)(6)

Name
ALZHRANI, YASIR TALA

SSAN: Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: June 19, 2006

TO:

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

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident (b)(6) 2006 Date Received: 6/12/2006

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

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

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

DRUGS: The **URINE** was screened for acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, salicylates, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

None were found.

(b)(6)

Office of the Armed Forces Medical Examiner

(b)(6)

Office of the Armed Forces Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB ALZHRANI, YASIR TALAL, ABDALI		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Saudi Arabia	DATE OF BIRTH Date de naissance (b)(6) 1984
		SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)	
		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE Race		MARITAL STATUS État Civil	
CAUCASOID Caucasique		SINGLE Célibataire	
NEGROID Négre		MARRIED Marié	
X OTHER (Specify) Autre (Spécifier) Saudi Arabia		DIVORCED Divorcé	
		SEPARATED Séparé	
		PROTESTANT Protestant	
		CATHOLIC Catholique	
		X OTHER (Specify) Autre (Spécifier) Muslim	
		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 Malade ou condition directement responsable de la mort. Hanging			Minutes
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE 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 Ou <input type="checkbox"/> NO Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort survenues par des causes extérieures
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste		
X SUICIDE Suicide	(b)(6)		
HOMICIDE Homicide	DATE Date 11 June 2006	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Ou <input checked="" type="checkbox"/> NO Non	
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2006	PLACE OF DEATH Lieu de décès Guantanamo Bay Detention Facility Cuba		
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 ou du médecin sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme (b)(6) Medical Examiner	
GRADE Grade (b)(6)		INSTALLATION OR ADDRESS Installation ou adresse Rockville, MD	
DATE Date 01 AUG 06		SIGN Signature (b)(6)	
¹ State disease, injury or complication which caused death, but not morbid condition contributing to the death, but not related to the disease or condition causing death. ² 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 cœur, etc. Préciser la condition qui a contribué à la mort, mais n'explique aucun rapport avec la maladie ou à la condition qui a provoqué la mort.			

DD FORM 1 APR 77 2064

REPLACES DA FORM 3884, 1 JAN 72 AND DA FORM 3884-R(PAS), 28 SEP 78, WHICH ARE OBSOLETE.

MEDCOM 0529

ACLU Detainee Death II ARMY MEDCOM 529



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: Ahmed, Ali Abdullah
 Detainee Number: (b)(6)
 Date of Birth: (b)(6) 1969
 Date of Death: (b)(6) 2006

Autopsy No.: (b)(6)
 AFIP No.: (b)(6)
 Rank: Detainee
 Place of Death: Detention Facility,
 Guantanamo Bay, Cuba
 Place of Autopsy: Naval Hospital Guantanamo
 Bay, Cuba

Date of Autopsy: 11 June 2006 @ 0730
 Date of Report: 01 August 2006

Circumstances of Death: This 37 year-old detainee, by report, was found hanging in his secure cell at the detainee confinement facility at approximately 0020 on (b)(6) 2006. A suicide note was recovered from his shirt pocket. He was found with his feet and hands loosely bound and his face covered with a white cloth mask. Medical resuscitation was unsuccessful and he was declared dead at 0115. In the medical record it states he was unresponsive, pulse-less, apneic, with fixed and dilated pupils, and in rigor mortis when he arrived at the detention clinic at 0058. The medical report also states that the decedent had a piece of cotton-like material in his mouth and upper pharynx that was removed by medical personnel and seized by Naval Criminal Investigative Service.

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

Identification: Detention records. Fingerprints and DNA sample obtained.

Personnel present for the autopsy:

1. Special Agent (b)(6) Naval Criminal Investigative Service
2. (b)(6) Autopsy Assistant
3. (b)(6) Medical Photographer
4. (b)(6) Medical Examiner Investigator
5. (b)(6) Medical Examiner (b)(6)

CAUSE OF DEATH: Hanging

MANNER OF DEATH: Suicide

Final Autopsy Diagnoses

- I. Hanging
 - A. Dried abrasion collar anterior/lateral neck
 - B. Scattered hemorrhage into the muscles of the neck
 - C. Tardieu-like spots on the legs

- II. Other Injuries
 - A. Contusion, dorsum of left foot
 - B. Healing abrasions (2), anterior left leg

- III. Feet bound by cotton-like material

- IV. Ligature encircling the abdomen

- V. Natural disease processes/findings
 - A. Scalp dermatitis
 - B. Accessory spleen at the tip of the appendix
 - C. Varicocele of the right testis
 - D. Mild, focal chronic thyroiditis

- VI. Artifact: Hyoid bone fracture, left side, during removal, no associated hemorrhage

- VI. Toxicology – negative

EXTERNAL EXAMINATION

The body, received wrapped in a white sheet, is that of a well-developed, well-nourished appearing, muscular, 68 inches in length, 165 pounds (per medical record as of 06 June 2006), white male whose appearance is consistent with the reported age of 37 years. Lividity is posterior and fixed, rigor is beginning to pass equally in all extremities, and the temperature is that of the refrigeration unit (34-39 degrees Fahrenheit).

The head and neck are wrapped with a blue plastic pad secured with tape. The scalp is covered with black hair in a normal distribution. The irides are brown. The sclerae and conjunctivae are congested but free of petechiae. The external auditory canals are unremarkable. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear in good condition with a fracture of the lower left anterior incisor. Facial hair consists of a full beard and mustache. On the back of the head there are multiple round to irregular skin lesions with red-brown margins and central clearing.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is flat. There is a rope-like ligature around the abdomen. It consists of white, cotton-like material, consistent with a T-shirt. The material has been torn into a strip and rolled into several layers. The material is secured with a knot that, when received, is over the left side of the anterior abdomen. Distal to the knot the material are two loose ends that appear to have been cut. The genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. The pubic hair is shaved. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. The feet are bound by thin, white cotton-like material consistent with a T-shirt tied with knots. SA (b)(6) has taken these bindings into custody. The hands are bound with surgical towels and secured with string.

CLOTHING AND PERSONAL EFFECTS

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

- Khaki colored short sleeve pull over shirt
- White T-shirt
- Khaki colored pants
- Khaki colored shorts over the pants

MEDICAL INTERVENTION

Evidence of medical intervention includes:

- Nasal Airway

AHMED, Ali Abdullah

- Intravenous catheter with attached tubing bag of intravenous solution, right antecubital fossa
- Defibrillator pad on the upper right chest. A second pad is on the shirt.
- Multiple electrocardiogram pads on the chest, abdomen, and left arm
- Puncture mark on the dorsum of the right hand
- Identification tags tied to the right wrist and right great toe

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and are consistent the findings 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. All wound pathways are given relative to standard anatomic position.

Evidence of Hanging

There is dried abrasion furrow on the neck. The furrow is regular with the width varying from 1/4 to 1/2 inch. Within the furrow the skin is imprinted with a very fine weave type pattern. The furrow is located 11 inches below the top of the head and below the thyroid cartilage at the anterior midline, 8 inches below the top of the head at the level of the left auditory meatus, and 8 inches below the top of the head at the level of the right auditory meatus. Behind the ears the furrow continues to course posteriorly and superiorly where it becomes less well defined and terminates 1 inch posterior to the right ear and 2 1/2 inches posterior to the left ear.

Naval Criminal Investigative Service (NCIS) Agents present four pieces of material that were recovered from the floor of the cell of the decedent. Three are braided white cotton-like material. One of these has a knot at one end and the other end is cut. Encircling the knotted end is a knotted short loop of the same material. The second segment of this material has a loop at one end and the other end is cut. The third piece of material is a white cotton-like material with torn or cut defects. The evidence is minimally handled, photographed and returned to NCIS.

On both legs, tardieu-like spots encircle the legs. These spots commence 4 inches below the knees and extend distal for six inches terminating above the ankles. Similar spots are on the posterior thighs.

Internally, there are scattered hemorrhages throughout the anterior neck muscles:

1. Medial left sternocleidomastoid muscle, 3/4 x 3/8 inches
2. Right thyrohyoid muscle 3/4 x 1/2

The remainder of the anterior and posterior neck is free of hemorrhage into the soft tissue.

Additional Injuries

There is a ½ inch round contusion on the dorsum of the left foot. There are two, less than 1/8 inch in diameter healing abrasions on the anterior left leg.

Artifact

There is a fracture of the left side of the hyoid bone, anterior to the lesser horn, that occurred during the removal of the neck organs. The surrounding soft tissue is free of hemorrhage.

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1450 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. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without additional abnormalities. The thyroid cartilage is intact. The larynx is lined by intact white mucosa. The thyroid 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. No excess fluid is in the right pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 500 and 450 gms, 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.

CARDIOVASCULAR SYSTEM:

The 250 gm 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

AUTOPSY REPORT (b)(6)

6

AHMED, Ali Abdullah

significant atherosclerosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.5 and 0.4 cm thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1450 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 3 ml of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 130 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and diffuent.

PANCREAS:

The pancreas is soft 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 148 and 145 gms, 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 are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains 25 ml of bloody urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions or contusions. There is a fluid filled sac around the right testis.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 150 cc of brown, partially digested food particles. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present. There is a 0.5 cm in diameter accessory spleen on the tip of the appendix.

MUSCULOSKELETAL SYSTEM

Muscle development is normal. No additional bone or joint abnormalities are noted. There is no soft tissue hemorrhage or injury of the chest, back, abdomen or extremities.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by (b)(6)
- Evidence collected is seized by NCIS agent (b)(6)
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, central blood, peripheral blood, urine, spleen, kidney, lung, liver, brain, bile, gastric contents, adipose, and psoas muscle
- The dissected organs are forwarded with body

MICROSCOPIC EXAMINATION

1. Heart: Section of left ventricle is unremarkable.
2. Spleen: Autolysis, otherwise unremarkable.
3. Kidney: Autolysis of the proximal tubules with relative preservation of the glomeruli and distal collecting system. Multi-focal calcifications of the distal tubules.
4. Brain: Section of hippocampus is unremarkable.
5. Lungs: Congestion with intralveolar fluid and postmortem bacterial colonization.
6. Liver: No pathologic description.
7. Adrenal: No pathologic description.
8. Testis: No pathologic description.
9. Thyroid: Two foci of chronic inflammation, otherwise unremarkable.
10. Scalp: This specimen was reviewed in consultation with the Department of Dermatopathology. Microscopic sections and gross photographs were examined. The clinical images are suggestive of possible tinea capitis vs. other types of dermatitis such as seborrheic dermatitis and psoriasis. While tinea is favored, the only fungal elements identified are occasional pityrosporum.

TOXICOLOGY

1. Carbon Monoxide: The carboxyhemoglobin was less than 1% (normal 0-3%).
2. Ethanol: The blood and vitreous fluid were negative for ethanol at a cutoff of 20 mg/dL.
3. Cyanide: The blood was negative for cyanide at a cutoff of 0.25mg/L.
4. The blood was negative for screened medications and drugs of abuse.

OPINION

This 37 year-old detainee died of hanging. He was found hanging in his secure cell. Toxicology studies are negative. Based on the investigative information as of this date, there is no evidence of anyone else being involved with this death. Unusual tardieu-like spots on the legs and thighs may represent post-mortem artifact. The medical record from the time of resuscitation documents that a tooth broke during an intubation attempt. Also based on the medical documentation of the remains during the attempted resuscitation, the decedent had been dead for at least a couple of hours prior to the discovery of his body. Based on currently available information, the manner of death is suicide.

(b)(6)

(b)(6)

Medical Examiner

(b)(6)



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

REPLY TO
ATTENTION OF

AFIP- (b)(6)

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence
(b)(6)

Name
AHMED, ALI ABDULLAH

SSAN: Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: June 16, 2006

TO:

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

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident (b)(6) 2006 Date Received: 6/12/2006

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

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

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

DRUGS: The **BLOOD** was screened for acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, mefloquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, salicylates, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

None were found.

(b)(6)

(b)(6)

(b)(6)

Medical Examiner

(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 AHMED, ALI ABDULLAH,		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 Yemen	DATE OF BIRTH Date de naissance (b)(6) 1969	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
<input 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) -Muslim
<input type="checkbox"/> NEGROID Négre	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique	
<input checked="" 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 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 Hanging		Minutes
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE 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 type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle		
<input checked="" type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature	DATE Date 11 June 2006
		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) 2006	PLACE OF DEATH Lieu de décès Guantanamo Bay Detention Facility Cuba
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I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.

NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)	TITLE OR DEGREE Titre ou diplôme (b)(6) Medical Examiner
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Rockville, MD
DATE Date	SIGNATURE Signature

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 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.
⁴ Préciser le condition qui a contribué à la mort, mais n'ayant 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
FINAL AUTOPSY REPORT



Name: Alutaybi, Mani Shaman Turki
 Detainee Number: (b)(6)
 Date of Birth: (b)(6) 1976
 Date of Death: (b)(6) 2006

Autopsy No.: (b)(6)
 AFIP No.: (b)(6)
 Rank: Detainee
 Place of Death: Detention Facility,
 Guantanamo Bay, Cuba
 Place of Autopsy: Naval Hospital Guantanamo
 Bay, Cuba

Date of Autopsy: 11 June 2006 @ 1100
 Date of Report: 31 July 2006

Circumstances of Death: This 30 year-old detainee was found hanging in his secured cell at the detainee confinement facility at approximately 0020 on (b)(6) 2006. A suicide note was found in his pocket. By report, he was found with his legs and hands loosely bound, and a mask like material covering his face. Medical resuscitation was unsuccessful and he was declared dead at 0115. In the medical record it states he was unresponsive, pulse-less, apneic, with fixed and dilated pupils, and in rigor mortis when he arrived at the detention clinic at 0053.

The medical history is remarkable for a "donkey-kick" to the chest several years before he was placed into detention. This injury resulted several broken ribs.

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

Identification: Detention records. Fingerprints and DNA sample obtained.

Personnel present for the autopsy:

1. Special Agent (b)(6) Naval Criminal Investigative Service
2. (b)(6) Autopsy Assistant
3. (b)(6) Medical Photographer
4. (b)(6) Medical Examiner Investigator
5. (b)(6) Medical Examiner (b)(6)

CAUSE OF DEATH: Hanging

MANNER OF DEATH: Suicide

AUTOPSY REPORT (b)(6)
ALUTAYBI, Mana Shaman T.

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Final Autopsy Diagnoses

I. Hanging

- A. Circumferential dried abrasion collar around the neck
- B. Soft tissue of the neck free of hemorrhage

II. Additional Injuries – Abrasion, left elbow

II. Natural disease processes/findings - None

III. Toxicology – Negative

EXTERNAL EXAMINATION

The body, received wrapped in sheet, is that of a well-developed, well-nourished appearing, muscular, 67 ½ inches in length, 119 pounds (per medical record as of 06 June 2006), white male whose appearance is consistent with the reported age of 30 years. Lividity is posterior and fixed, rigor is no longer present, and the temperature is that the refrigeration unit (34-39 degrees Fahrenheit).

The head and neck are wrapped with a blue plastic pad secured with tape. The scalp is covered with black hair in a normal distribution. The irides are brown. The sclerae and conjunctivae are congested and free of petechiae. The external auditory canals are unremarkable. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear in good condition. Facial hair consists of a full beard and mustache.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric and flat to concave. The abdomen is flat. The genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. The pubic hair is shaved. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. On the dorsum of the right hand is a ½ x up to ¼ inch scar. There three healing eschars on the posterior-lateral side of the lower left leg. There are 1 ¼ x 1 inch scars on the anterior left and right legs. On the right knee is a ½ inch scar. The hands and feet are bound with surgical towels and secured with string.

CLOTHING AND PERSONAL EFFECTS

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

- Khaki colored short sleeve pull over shirt
- Khaki colored pants

MEDICAL INTERVENTION

Evidence of medical intervention includes:

- Intravenous catheter with attached tubing bag of intravenous solution, inserted into the left antecubital fossa
- Defibrillator pads on the upper right and lower left chest.
- Multiple electrocardiogram pads on the chest and abdomen
- Identification tags tied to the right wrist and right great toe

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and are consistent the findings 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. All wound pathways are given relative to standard anatomic position.

Evidence of Hanging

There is a dried abrasion furrow around the neck. The furrow is regular with the width varying from 1/4 to 1/2 inch. Within the furrow the skin is imprinted with a very fine weave type pattern. The furrow is located 11 1/2 inches below the top of the head and over the lower margin of the thyroid cartilage at the anterior midline; 9 inches below the top of the head at the level of the left auditory meatus; and 9 inches below the top of the head at the level of the right auditory meatus. The furrow angles upward on the back of the neck and forms an inverted "v" with the apex 6 1/4 inches from the top of the head. On the left side of the front of the neck the furrow becomes faint and round with a 1 inch diameter. On the front of the neck, 1/4 inch inferior to the abrasion furrow is a 2-inch horizontal, linear area of hypopigmentation. Along the superior border of the furrow, over the thyroid cartilage, there are two, 1/8 inch in diameter, superficial skin defects that represent skin cuts during the shaving of the neck for documentation of the furrow. Naval Criminal Investigative Service (NCIS) Agents present several pieces of material that were recovered from the floor of the cell of the decedent. Three are braided white cotton-like material. One of these has a loop at one end and the other is cut. The second has two cut ends. A third has a loop at one end and a knot at the other end. There are also two white cotton-like material portions consistent with a T-shirt. Both have been cut or torn and each has two knots. Additionally submitted are several strips of white cotton-like material consistent with a bedsheet that have knots and have been tied together. The evidence is minimally handled, photographed and returned to NCIS.

By layer dissection, there is no hemorrhage into the soft tissue of the anterior or posterior neck.

Additional Injuries

There is a 1/4 inch abrasion on the left elbow.

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1500 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. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without abnormalities. The thyroid cartilage and hyoid are intact. There is dark colored area, ¼ x ½ inch, involving the right side of the thyroid cartilage that extends through the cartilage. The larynx is lined by intact white mucosa. The thyroid 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. No excess fluid is in the right pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs each weigh 650. 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.

CARDIOVASCULAR SYSTEM:

The 250 gm 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 significant atherosclerosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.1 and 0.3 cm thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1150 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 is empty. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 145 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and diffuent.

PANCREAS:

The pancreas is soft 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.

ALUTAYBI, Mana Shaman T.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 130 and 150 gms, 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 are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains 50 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:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 500 cc of brown, partially digested food particles including white and green vegetable material. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

MUSCULOSKELETAL SYSTEM

Muscle development is normal. No bone or joint abnormalities are noted. There is no soft tissue hemorrhage or injury of the chest, back, abdomen or extremities.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by (b)(6)
- Evidence collected is seized by NCIS agent (b)(6)
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, central blood, peripheral blood, urine, spleen, kidney, lung, liver, brain, gastric contents, adipose, and psoas muscle
- The dissected organs are forwarded with body

MICROSCOPIC EXAMINATION

1. Thyroid cartilage – Reviewed in consultation with the department of Head and Neck Pathology. A section of the thyroid cartilage from the area that grossly appeared discolored is histologically normal. There is no hemorrhage on the surface or in the cartilage. Head and Neck pathology opines that the gross impression does not relate to any abnormality.
2. Liver: No pathologic description
3. Heart: No pathologic description
4. Kidney: Autolysis of the proximal tubules with relative preservative of the glomeruli and distal collecting system. Otherwise, no pathologic description.
5. Lung: Airspace edema fluid, bacterial overgrowth and focal fibrosis
6. Testis: No pathologic description

- 7. Spleen: No pathologic description
- 8. Adrenal: No pathologic description
- 9. Brain (Cortex): No pathologic description
- 10. Thyroid: No pathologic description

TOXICOLOGY

- 1. The blood carboxyhemoglobin level was less than 1% (normal 0-3%)
- 2. The blood and vitreous fluid were negative for ethanol at a cutoff of 20 mg/dL
- 3. The blood was negative for cyanide at a cutoff of 0.25 mg/L
- 4. The urine was negative screened medications and drugs of abuse

OPINION

This 30 year-old detainee died of hanging. By report, he was discovered in his secure cell suspended by the neck by braided segments of material. The description of the body during the attempted resuscitation indicates that the death occurred at least a couple of hours before he was discovered. The toxicology screen was negative. Based on the information available at this time, the manner of death is Suicide.

(b)(6)

(b)(6)

(b)(6) Medical Examiner



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

REPLY TO
ATTENTION OF

AFIP (b)(6)

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence
(b)(6)

Name
ALUTAYBI, MANI SHAMANI

SSAN: Autopsy: (b)(6)
Toxicology Accession #: (b)(6)

Date Report Generated: June 19, 2006

TO:

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

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident (b)(6) 2006 Date Received: 6/12/2006

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

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

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

DRUGS: The **URINE** was screened for acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, salicylates, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

None were found.

(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 ALUTAYBI, MANI SHAMAN, TURKI		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Saudi Arabia	DATE OF BIRTH Date de naissance (b)(6) 1976
		SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)	
		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE Race		MARITAL STATUS Etat Civil	
CAUCASOID Caucasique		SINGLE Célibataire	
NEGROID Négre		MARRIED Marié	
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) Saudi Arabia		WIDOWED Veuf	
		DIVORCED Divorcé	
		SEPARATED Séparé	
		PROTESTANT Protestant	
		CATHOLIC Catholique	
		JEWISH Juif	
		OTHER (Specify) Autre (Spécifier) X Muslim	
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. Hanging			Minutes
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE 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	
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
ACCIDENT Mort accidentelle			
<input checked="" type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
HOMICIDE Homicide	SIGNATURE Signature	DATE Date 11 June 2006	AVIATION ACCIDENT Accident d'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) 2006		PLACE OF DEATH Lieu de décès Guantanamo Bay Detention Facility Cuba	
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 (b)(6) Medical Examiner	
GRADE Grade (b)(6)		INSTALLATION OR ADDRESS Installation ou adresse	
DATE Date		SIGNATURE Signature	

FORM DD 1 APR 77 2064

REPLACES DA FORM 3568, 1 JAN 72 AND DA FORM 3568-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0548

ACLU Detainee Death II ARMY MEDCOM 548



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 Awad, Hashim Ibrahim	Autopsy No.: (b)(6)
SSAN: Not Applicable	AFIP No.: (b)(6)
Date of Birth: Unknown (BTB 52 years)	Rank: Civilian
Date of Death: (b)(6) 2006	Place of Death: Hamdani, Iraq
Date of Autopsy: 08 JUN 2006 @ 1300	Place of Autopsy: Port Mortuary, Dover Air Force Base, Dover, DE
Date of Report: 06 JUL 2006	

Circumstances of Death: Investigation reports that United States Military Personnel detained this Iraqi civilian, bound him with flexible cuffs, and shot him multiple times at different ranges of fire.

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

Identification: Presumptive identification is established by accompanying documentation and photographs.

CAUSE OF DEATH: Multiple Gunshot Wounds

MANNER OF DEATH: Homicide

FINAL AUTOPSY DIAGNOSES:

- I. Multiple gunshot wounds
 - A. Gunshot wound of the forehead
 1. Combined entrance and exit on the right side of the forehead
 - a. Dimensions: 1/2" x 1/4"
 - b. Location: 2-1/2" below the top of the head and 2" right of the anterior midline
 - c. No soot or definite stippling identified around the wound
 2. Injuries: Keyhole-type defect of the frontal bone of the skull
 3. No bullet or fragments recovered from the wound
 4. Direction: left to right
 - B, C. Gunshot wounds of the head
 1. Entrances (2) on the right side of the face
 - a. Dimensions:
 - i. Gunshot wound "B": 1/4" x 1/8"
 - ii. Gunshot wound "C": 3/8" x 1/4"
 - b. Locations:
 - i. Gunshot wound "B": 4-1/2" below the top of the head and 2-1/4" right of the anterior midline
 - ii. Gunshot wound "C": 5-1/4" below the top of the head and 2-3/4" right of the anterior midline
 - c. No soot or definite stippling identified around the entrance wounds
 2. Injuries to the maxillae, base of the skull, and calvarium (comminuted fractures)
 3. Exits on the right and posterior aspects of the head
 - a. Dimensions: 3" x 3" and 5" x 3"
 - b. Locations: 1/2" and 4" below the top of the head and 3-1/2" right of the anterior midline and 2-1/2" left of the posterior midline
 4. Recovered: irregular metal fragments from the head and a cone-shaped metal fragment from the soft tissues of the posterior scalp
 5. Direction: front to back
 6. Associated injuries: comminuted fracture of the mandible

- D. Gunshot wound of the face
 - 1. Entrance on the left side of the face
 - a. Dimensions: 1/4" in diameter with an eccentric marginal abrasion measuring up to 1/8" on the twelve to three o'clock border
 - b. Location: 5-1/4" below the top of the head and 4" left of the anterior midline
 - c. No soot or stippling identified around the entrance wound
 - 2. Injuries to the underlying soft tissues
 - 3. Exit left side of the face, in front of the ear
 - a. Dimensions: 1/2" x 1/4"
 - b. Location: 5" below the top of the head and 5" left of the anterior midline
 - 4. No bullets or fragments recovered from the wound
 - 5. Direction: front to back, right to left, and upward
- E. Gunshot wound of the neck
 - 1. Wounds on the left side of the neck
 - a. Left side of the neck, below the lower jaw
 - i. Dimensions: 3/8" x 1/4" with a concentric 1/16" marginal abrasion
 - ii. Location: 8" below the top of the head and 4-3/4" left of the anterior midline
 - b. Inferior left side of the neck
 - i. Dimensions: 1/4" x 1/8" with an eccentric marginal abrasion measuring up to 1/8" on the one o'clock border
 - ii. Location: 10" below the top of the head and 2-3/4" left of the anterior midline
 - c. No soot or stippling identified around the entrance wound
 - 2. Injuries to the underlying soft tissues
 - 3. No bullets or fragments recovered from the wound
 - 4. Direction: indeterminate

- F, G. Gunshot wounds of the chest
1. Entrances (2) on the lateral right aspect of the chest
 - a. Dimensions:
 - i. Gunshot wound "F": 1/4" x 1/8"
 - ii. Gunshot wound "G": 1/8" in diameter
 - b. Location:
 - i. Gunshot wound "F": 16-1/4" below the top of the head and 8" right of the anterior midline
 - ii. Gunshot wound "G": 16-1/2" below the top of the head and 9-3/4" right of the anterior midline
 - c. No soot or stippling identified around the entrances wounds
 2. Injuries to the lateral aspect of the right eighth rib and posterior aspect of the right ninth intercostals space, right lung, pericardium, aorta, left lung, the posterior aspects of left ribs two through five, and left scapula
 3. Recovered: metal fragments from the right lung, pericardium, right clavicle and sternal notch, soft tissues of the chest, and left side of the back (no associated exit wound)
 4. Direction: front to back, right to left, and upward
- H. Gunshot wound of the abdomen and chest
1. Entrance on the right upper quadrant of the abdomen
 - a. Dimensions: 3/16" x 1/8"
 - b. Location: 24" below the top of the head and 2-1/4" right of the anterior midline
 - c. No soot or stippling identified around the entrance wound
 2. Injuries to the liver, small intestine, diaphragm, and left lung
 3. Recovered: metal fragments from the small intestine, soft tissue around the xiphoid process, and left lung (no associated exit wound)
 4. Direction: front to back, right to left, and upward
- I. Gunshot wound of the right buttock and pelvis
1. Entrance on the right buttock
 - a. Dimensions: 1/8" in diameter
 - b. Location: 34" above the bottom of the heel and 4-1/4" right of the posterior midline
 - c. No soot or stippling identified around the entrance wound
 2. Injuries to the right pubic bone and acetabulum (comminuted fractures)
 3. Recovered: Metal fragments from the soft tissues of the left pelvis, left buttock, and right sacro-iliac joint (no associated exit wound)
 4. Direction: back to front, right to left

- J. Gunshot wound of the anterior right forearm
 - 1. Wounds on the central and medial anterior aspects of the right forearm
 - a. Dimensions:
 - i. Central wound: 1/4" x 1/8" with an eccentric marginal abrasion measuring up to 1/16" on the six o'clock border
 - ii. Medial wound: 1/8" in diameter with an eccentric marginal abrasion measuring up to 1/8" on the five o'clock border
 - b. Locations:
 - i. Central wound: 8-3/4" below the top of the elbow and at the anterior midline of the right upper extremity
 - ii. Medial wound: 6-3/4" below the top of the elbow and 1-1/2" medial of the anterior midline of the right upper extremity
 - c. No soot or stippling identified around either wound
 - 2. Injuries to the underlying soft tissues
 - 3. No bullet or fragments recovered from the wound path
 - 4. Direction: indeterminate

- K. Gunshot wound of the posterior right thigh
 - 1. Entrance on the posterior right thigh
 - a. Dimensions: 1/8" in diameter with 1/16" concentric marginal abrasion
 - b. Location: 28-3/4" above the bottom of the heel and 2" lateral of the posterior midline of the right lower extremity
 - c. No soot or stippling identified around the entrance wound
 - 2. Injuries to the underlying soft tissues
 - 3. Exit on the medial right thigh
 - a. Dimensions: 9" x 2"
 - b. Location: 24" above the bottom of the heel and 4" medial of the posterior midline of the right lower extremity
 - 4. No bullet or fragments recovered from the wound path
 - 5. Direction: back to front, right to left

- II. Other injuries
 - A. Superficial penetrating injury of the forehead (1/8" in greatest dimension)
 - B. Cluster of abrasions of the face (punctate to 1/16" in greatest dimension, covering an area of 1/4" x 1/8")
 - C. Laceration (1/16") of the chest with marginal abrasion (1/8" on the three o'clock border)

AUTOPSY REPORT (b)(6)
BTB AWAD, Hashim Ibrahim

6

- III. **Natural disease and pre-existing conditions**
 - A. **Healed fracture of the left femur with fixation wires (2) present**
 - B. **Changes consistent with decubitus ulcer of the back**
 - C. **No other significant natural disease identified within the limitations of the examination**
- IV. **No evidence of medical intervention**
- V. **Advanced decomposition**
- VI. **Toxicology**
 - A. **Volatiles (liver): no ethanol detected**
 - B. **Screened drugs of abuse and medications (liver): none detected**

EXTERNAL EXAMINATION

The body is that of a 59 inches, 64 pounds, Caucasoid male. Lividity cannot be assessed due to decomposition changes. Rigor has passed. The temperature is that of the refrigeration unit. Decomposition changes consist of adipocere predominantly involving the right upper and lower extremities and the anterior torso and mummification predominantly involving the left upper and lower extremities and posterior torso.

The head is deformed from maceration; injuries of the head and face are described below. The scalp is covered with gray-brown hair in a normal distribution. The right eye is collapsed. The left is brown, the cornea is cloudy, the conjunctiva is pale white, and the sclera is white. The right ear is not identified. The left external auditory canal is clear; injury of the left ear is described below. Facial features of the nose and mouth are deformed by maceration. Most teeth are missing. The neck is straight and the trachea is midline.

The chest is symmetric and the abdomen is flat. Injuries of the chest and abdomen are described below. The penis is flat and macerated. The macerated scrotum has an open defect and the testes are not identified. The back is symmetric with a 4" x 3" defect packed with gauze on the lower back. Injuries of the back are described below. Two blind defects with macerated edges, 1" and 1-1/2" in greatest dimension, are on the lateral aspect of the right buttock. The anus is unremarkable.

The upper extremities are symmetric. There is a 1" x 1/2" blind defect with macerated edges of the posterior right shoulder. The lower extremities are disarticulated at the knee joints, bilaterally. Injuries of the extremities are described below.

CLOTHING AND PERSONAL EFFECTS

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

- Soiled white sheet wrapped around the body
- Black plastic bag wrapped around the head
- White sheet wrapped as a belt around the waist
- Tan plastic bag covering the skin defect of the back

MEDICAL INTERVENTION

There is no evidence of medical intervention, other than the gauze packing of the skin defect of the back.

RADIOGRAPHS

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

- Fragmentation of the calvarium, maxillae, and mandible with crushing of the skull including a right facial defect
- Metallic fragments in the occipital area
- Metal fragments in the right parasternal line and sternal notch
- Metal fragments anterior to the sacrum and a bullet tip inferior to the left sacroiliac joint
- Comminuted fractures of the right pubic bone and acetabulum with associated minute metal fragments
- Bilateral disarticulation of the knee joints
- Fracture of the left scapula
- Multiple metal fragments posterior to the left hemithorax
- Multiple comminuted fractures of the posterior left ribs
- Prior surgery on proximal left femur with two fixation wires at the level of the lesser trochanter with a lucent defect in the medullary bone from the greater trochanter distally through the diaphysis

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. Multiple gunshot wounds

A. Gunshot wound of the forehead

A combined gunshot entrance and exit wound is on the forehead located 2-1/2" below the top of the head and 2" right of the anterior midline. The ovoid wound measures 1/2" x 1/4". No soot or definite stippling are identified around the wound (see other injuries, below). The wound path involves the skin and subcutaneous tissue, and the skull, leaving a "keyhole" type defect with inward beveling on the left side of the defect and outward beveling on the right side of the defect. No bullet or fragments are recovered from the wound path. The wound path is directed left to right. Decomposition prevents further evaluation of injuries of the brain.

B, C. Gunshot wounds of the head

A gunshot entrance wound (gunshot wound "B") is on the right side of the face, below the eye, located 4-1/2" below the top of the head and 2-1/4" right of the anterior midline. The ovoid wound measures 1/4" x 1/8". No soot or definite stippling are identified around the entrance wound (see other injuries, below). A gunshot entrance wound (gunshot wound "C") is on the right cheek, located 5-1/4" below the top of the head and 2-3/4" right of the anterior midline. The ovoid wound measures 3/8" x 1/4". Soot or stippling are not present. The wound paths involve skin, subcutaneous tissue, the skull

(comminuted fractures of both maxilla, base of the skull, and calvarium), and the brain. Two exit wounds are identified: one exit wound, measuring 3" x 3", is on the right side of the head, located 1/2" below the top of the head and 3-1/2" right of the anterior midline; another exit wound, measuring 5" x 3", is on the posterior aspect of the head, 4" below the top of the head and 2-1/2" left of the posterior midline. Small, irregular yellow metal fragments are recovered from inside the head and a small, cone-shaped, gray metal fragment is recovered from the soft tissues of the posterior scalp. The wound paths are directed front to back. Associated injuries include a comminuted fracture of the mandible. Decomposition prevents further evaluation of injuries of the brain.

D. Gunshot wound of the face

A gunshot entrance wound is on the left side of the face, located 5-1/4" below the top of the head and 4" left of the anterior midline. The circular wound measures 1/4" in diameter with an eccentric marginal abrasion measuring up to 1/8" on the twelve to three o'clock border. Soot or stippling are not present. The wound path involves skin and subcutaneous tissues only. A 1/2" x 1/4" lacerated exit wound is on the left side of the face in front of the ear, located 5" below the top of the head and 5" left of the anterior midline. No bullet or fragments are recovered from the wound path. The wound path is directed front to back, right to left, and upward.

E. Gunshot wound of the neck

Two gunshot wounds are on the left side of the neck, just below the lower jaw and on the inferior aspect of the neck. The wound below the jaw is located 8" below the top of the head and 4-3/4" left of the anterior midline. The ovoid wound measures 3/8" x 1/4" with a concentric 1/16" marginal abrasion. The wound on the inferior aspect of the neck is located 10" below the top of the head and 2-3/4" left of the anterior midline. The ovoid wound measures 1/4" x 1/8" with an eccentric marginal abrasion measuring up to 1/8" on the one o'clock border. Soot or stippling are not present around either wound. The wounds are connected by a path involving the skin and subcutaneous tissues. No bullet or fragments are recovered from the wound path. The direction of the wound path is indeterminate.

F, G. Gunshot wounds of the chest

A gunshot entrance wound (Gunshot wound "F") is on the lateral right side of the chest, located 16-1/4" below the top of the head and 8" right of the anterior midline. The ovoid wound measure 1/4" x 1/8". Soot or stippling are not present. A gunshot entrance wound (Gunshot wound "G") is on the lateral right side of the chest, located 16-1/2" below the top of the head and 9-3/4" right of the anterior midline. The circular wound measures 1/8" in diameter. Soot or stippling are not present. The wound paths involve the lateral aspect of the eighth right rib (fractured), the right ninth intercostals space, the lower lobe of the right lung, the pericardium, the aorta, the upper lobe of the left lung, the posterior aspects of left ribs two through five (fractured), and the left scapula (fractured). Irregular yellow metal fragments are recovered from the right lung. Irregular gray metal fragments are recovered from the pericardium. A small, cone-shaped gray metal fragment is recovered from the right clavicle and an irregular gray metal fragment is recovered from the sternal notch. A small, cone-shaped yellow metal fragment is recovered from the soft

tissues of the chest. Multiple irregular yellow and gray metal fragments and a small, cone-shaped yellow metal fragment are recovered from the left side of the back. The wound paths are directed front to back, right to left, and upward.

H. Gunshot wound of the abdomen and chest

A gunshot entrance wound is on the abdomen, located 24" below the top of the head and 2-1/4" right of the anterior midline. The ovoid wound measures 3/16" x 1/8". Soot or stippling are not present. The wound path involves skin, subcutaneous tissue, muscle, the right lobe of the liver (pulpifaction), small intestine, the diaphragm, and the lower lobe of the left lung. An irregular yellow metal fragment is recovered from the soft tissues around the xiphoid process, an irregular gray metal fragment is recovered from the small intestine, and a small, cone-shaped, yellow metal fragment is recovered from the lower lobe of the left lung. The wound path is directed front to back, right to left, and upward.

I. Gunshot wound of the right buttock and pelvis

A gunshot entrance wound is on the right buttock, located 34" above the bottom of the heel and 4-1/4" right of the posterior midline. The circular wound measures 1/8" in diameter. Soot or stippling are not present. The wound path involves skin, subcutaneous tissue, muscle, and the right pubic bone and acetabulum (comminuted fractures). A small, cone-shaped gray metal fragment and a small, cone-shaped yellow metal fragment are recovered from the left buttock; an irregular gray metal fragment is recovered from the soft tissues of the left pelvis; and an irregular yellow metal fragment is recovered from the right sacroiliac joint. The wound path is directed back to front and right to left.

J. Gunshot wound of the anterior right forearm

Gunshot wounds are on the central and medial anterior aspects of the right forearm. The central wound is located 8-3/4" below the top of the elbow and at the anterior midline of the right upper extremity. The medial wound is located 6-3/4" below the top of the elbow and 1-1/2" medial to the anterior midline of the right upper extremity. The central wound measures 1/4" x 1/8" with an eccentric marginal abrasion measuring up to 1/16" on the six o'clock border. The medial wound measures 1/8" in diameter with an eccentric marginal abrasion measuring up to 1/8" on the five o'clock border. Soot or stippling are not present around either wound. The wounds are connected by a path involving the skin, subcutaneous tissues, and muscle. No bullet or fragments are recovered from the wound path. The direction of the wound path is indeterminate.

K. Gunshot wound of the posterior right thigh

A gunshot entrance wound is on the posterior right thigh, located 28-3/4" above the bottom of the heel and 2" lateral of the posterior midline of the right lower extremity. The circular wound measures 1/8" in diameter with a concentric 1/16" marginal abrasion. The wound path involves the skin, subcutaneous tissue, and muscle. A 9" x 2" exit wound is on the medial right thigh, located 24" above the bottom of the heel and 4' medial of the posterior midline of the right lower extremity. No bullet or fragments are recovered from the wound path. The wound path is directed back to front and right to left.

II. Other injuries

A 1/8" blackened, abraded superficial penetrating injury is on the forehead 1/8" medial to gunshot wound "A". A cluster of punctate to 1/16" blackened abrasions are on the face inferior to gunshot wound "B", covering area of 1/4" x 1/8". On the chest, 18" below the top of the head and 1/4" right of the anterior midline is a 1/16" laceration with a 1/8" abrasion on the three o'clock border. This laceration has no connection to any of the gunshot wound paths.

INTERNAL EXAMINATION

HEAD:

Injuries of the head and brain have been discussed (see Evidence of Injury, above). The brain weighs 80 grams. Decomposition prevents further evaluation of the brain. The atlanto-occipital joint is stable.

NECK:

Injuries of the neck have been described (see Evidence of Injury, above). The anterior strap muscles of the neck are gray-brown and soft, without hemorrhage. The thyroid cartilage and hyoid are intact. The internal surface of the larynx is unremarkable. The thyroid is soft and shriveled. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

Injuries of the ribs and diaphragm have been described. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

Injuries of the lungs have been described (see Evidence of Injury, above). The right and left lungs weigh 140 and 100 gm, respectively. The external surfaces are smooth and gray-black. The pulmonary parenchyma is soft and gray black. No non-traumatic lesions are identified.

CARDIOVASCULAR SYSTEM:

Injuries of the pericardium and aorta have been described (see Evidence of Injury, above). The heart weighs 150 gm. The epicardial surface is dull gray. The coronary arteries are present in a normal distribution, however the circumflex artery is not definitively identified. Sectioning reveals patent vessels. The myocardium is tan-brown and soft. The valves are free of lesions. The endocardium is dull and gray. The uninjured aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

Injury of the liver has been described (see Evidence of Injury, above). The liver weighs 270 gm. The uninjured liver parenchyma is soft and dark brown. No non-traumatic lesions are identified. The gallbladder is empty, but otherwise unremarkable.

SPLEEN:

The 40 gm spleen has a smooth, intact, purple-gray capsule. The liquefied parenchyma is gray-black.

PANCREAS:

The pancreas is soft and yellow-gray. No mass lesions or other abnormalities are seen.

ADRENALS:

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

GENITOURINARY SYSTEM:

The right and left kidneys both weigh 10 gm. The external surfaces are gray-black and soft. The cut surfaces are gray-black, with poorly defined corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. Gray bladder mucosa overlies an intact bladder wall. The bladder contains no urine. The prostate is gray and soft. The seminal vesicles are not identified. The testes are not identified.

GASTROINTESTINAL TRACT:

Injury of the small intestine has been described (see Evidence of Injury, above). The esophagus is not identified. The stomach is thin, gray-black and empty. The colon is gray-black, but otherwise unremarkable. The appendix is not identified.

MUSCULOSKELETAL:

A callous and two fixation wires surround a healed fracture of the left femur. Dissection of the skin and soft tissues of the ankles and wrists reveals no hemorrhage or other injury.

ADDITIONAL PROCEDURES AND COMMENTS

1. Documentary photographs are taken by AFMES staff.
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicologic testing and/or DNA identification are: spleen, lung, liver, and kidney.
4. The dissected organs are forwarded with body.
5. Trace evidence and foreign material are collected and submitted to Catherine Winslow, Special Agent, Naval Criminal Investigative Service.
6. (b)(6) Medical Examiner, (b)(6) (b)(6), served as an independent observer and assisted in the performance of this autopsy.

MICROSCOPIC EXAMINATION

Skin sections of areas around the gunshot wounds of the forehead and right cheek demonstrate denuded epidermis, collagen breakdown, and multiple foci of microbial overgrowth. There is no evidence of carbonaceous deposition indicative of close range firing.

OPINION

This Iraqi Civilian, (b)(6) died of multiple gunshot wounds. A gunshot wound of the forehead (gunshot wound "A") produced a "keyhole" type defect of the skull directed from left to right with no bullet or fragments recovered from the wound; however a keyhole defect suggests that at least a fragment of the bullet entered the skull, but this fragment may have exited or been associated with the wounds of the head (gunshot wounds "B" and "C"). Gunshot wounds of the head (gunshot wounds "B" and "C") entered the right side of the face to injure the skull and brain with an associated fracture of the mandible (lower jaw bone); metal fragments were recovered from the head and scalp; the wound paths were directed front to back. A gunshot wound of the face (gunshot wound "D") entered the left side of the face and exited just anterior to the ear, injuring the underlying soft tissues; no bullets or fragments were recovered from the wound path, which was directed front to back, right to left, and upward. A gunshot wound of the neck (gunshot wound "E") had wounds just below the jaw and on the inferior aspect of the neck, injuring the underlying soft tissues; no bullets or fragments were recovered from the wound path, the direction of which could not be determined. Gunshot wounds of the chest (gunshot wounds "F" and "G") entered the lateral right side of the chest to injure ribs, both lungs, the pericardium (sac surrounding the heart), the aorta (main artery of the body), and the left scapula (shoulder blade); metal fragments were recovered from the right lung, pericardium, right clavicle (collar bone) and sternal notch (space above the breast bone), the soft tissues of the chest, and the left side of the back; the direction of the wound paths were directed front to back, right to left, and upward. A gunshot wound of the abdomen and chest (gunshot wound "H") entered the upper abdomen to injure the liver, intestine, diaphragm, and left lung; metal fragments were recovered from the intestine, the soft tissues around the xiphoid process (lower aspect of the breastbone), and the left lung; the wound path was directed front to back, right to left, and upward. A gunshot wound of the right buttock and pelvis (gunshot wound "I") entered the right buttock to injure the right side of the pelvic girdle (pubic bone and acetabulum); metal fragments were recovered from the soft tissues of the left side of the pelvis, left buttock, and right sacro-iliac joint; the wound path was directed back to front and right to left. A gunshot wound of the anterior right forearm (gunshot wound "J") had wounds on the central and medial aspects of the anterior forearm with involvement of the underlying soft tissues; no bullets or fragments were recovered from the wound path, the direction of which could not be determined. A gunshot wound of the posterior right thigh (gunshot wound "K") entered the posterior aspect of the right thigh, injured the underlying soft tissues, and exited the medial right thigh; no bullets or fragments were recovered from the wound path, which was directed back to front and right to left. None of the gunshot wounds had definitive evidence of contact, close, or intermediate range fire, however lesions of the face were suspicious for stippling, evidence of close to intermediate range of fire or an intermediate target. A superficial penetrating injury near the forehead gunshot wound (gunshot wound "A") and a cluster of abrasions near one of the gunshot wounds of the right side of the face (gunshot wound "B") have no definitive soot or stippling (evidence of contact, close, or intermediate range gunfire) either by gross examination or on histology. These injuries are likely the result of intermediary targets. Finally, a laceration of the chest was not associated with any of

AUTOPSY REPORT (b)(6)
BTB AWAD, Hashim Ibrahim

the gunshot wounds of the torso. Dissection into the skin and soft tissues of the wrists and ankles revealed no hemorrhage or other injury, which might be expected if the individual was bound. However, considering the reported use of flexible cuffs and the degree of decomposition, the absence of such a finding may not be specific enough to exclude that the individual was bound. A defect in the back packed with gauze is consistent with a decubitus ulcer and the left femur had a healed fracture with fixation wires. These two findings suggest the individual had some degree of difficulty with ambulation. Toxicology tests for ethanol and screened drugs of abuse and medications are negative. The manner of death is homicide.

(b)(6)

(b)(6) Medical Examiner



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

REPLY TO
ATTENTION OF

AFIP (b)(6)

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence

(b)(6)

Name

AWAD, HASHIM

SSAN:

Autopsy (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: June 19, 2006

TO:

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

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: MARKED PUTREFACTION

Date of Incident:

Date Received: 6/13/2006

VOLATILES: The LIVER was examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

DRUGS: The LIVER was screened for amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, mefloquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

None were found.

(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 Awad, Hashim,		GRADE Grade	BRANCH OF SERVICE Arme Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe <input 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"/>
<input type="checkbox"/>	NEGROID Négre	<input type="checkbox"/>	MARRIED Marié	<input type="checkbox"/>
<input type="checkbox"/>	OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/>	WIDOWED Veuf	<input checked="" type="checkbox"/>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort.		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus		OTHER (Specify) Autre (Spécifier)
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.		
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		
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	
<input checked="" type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature	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) 2006	PLACE OF DEATH Lieu de décès 8 June 2006	

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 Medical Examiner
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE
DATE Date	SIGNATURE Signature

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. 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 la condition qui a 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 3668, 1 JAN 72 AND DA FORM 3668-R(PAS), 28 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0565

ACLU Detainee Death II ARMY MEDCOM 565



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 ISMAIL, Ibrahim
SSAN: (b)(6)
Date of Birth: (b)(6) 1967 (38 years)
Date of Death: (b)(6) 2006
Date of Autopsy: 10 JUN 2006, 1100 hours
Date of Report: 16 AUG 2006

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Rank: Civilian, Iraqi Detainee
Place of Death: Abu Ghraib, Iraq
Place of Autopsy: BIAB Mortuary
Baghdad, Iraq

Circumstances of Death: (b)(6) is an Iraqi detainee, who was shot in the abdomen approximately three weeks prior to his demise. The circumstances surrounding the shooting are unknown at this time. The first entry in his available medical records, 25 May 06, did not address his initial admission or treatment prior to admission to Abu Ghraib Hospital. He developed Sepsis syndrome (Acinetobacter, E-coli, Enterobacter and Candida albicans), Acute Respiratory Distress Syndrome (ARDS) and multi-organ system failure, and died on (b)(6) 06.

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

Identification: Identified by transport documents.

CAUSE OF DEATH: Complications of Gunshot Wound (s) to the abdomen

MANNER OF DEATH: Homicide

FINAL AUTOPSY DIAGNOSES:

I. Gunshot Wound (s) to the Torso:

- a. No medical records or investigation reports are available at this time.

II. Evidence of Medical Intervention: Medical records starting 25 May 06 until expired (b)(6) 06, with evidence of surgical intervention and prolonged hospital care.

- a. Tracheotomy tube
- b. Multiple sites of chest tubes
- c. Colostomy
- d. IV lines
- e. Midline abdominal surgical defect.

III. Identifying Marks: (b)(6)

(b)(6)

IV. Natural Diseases: Multi-organ failure and ARDS, consistent with complications of a GSW of the abdomen. No other natural diseases identified within the limitations of the autopsy examination.

V. Evidence: None collected during autopsy.

VI. Toxicology: No testing requested. Patient was hospitalized for approximately three weeks prior to his demise.

VII. Autopsy: Performed in Iraq By (b)(6)

(b)(6) Examination started at 1000 hours and concluded at 1200 hours, on 10 June 2006.

EXTERNAL EXAMINATION

The unclad body is that of a well-developed, well-nourished male whose appearance is consistent with an estimated age of 38 years. Lividity is present and fixed on the posterior surface of the body except in areas exposed to pressure. Rigor and temperature of the body are deemed of no forensic significance.

The head and neck reveal no evidence of trauma. The scalp and mustache hair is black. The irides are brownish, and the pupils are round and equal in diameter. The external auditory canals are unremarkable. The nares are patent. The lips and mouth are unremarkable on external examination. The teeth are in fair condition. The neck is unremarkable except for a tracheotomy tube inserted in the midline, and properly positioned.

The chest reveals multiple bilateral incisions (2 on each side), consistent with the site of chest tubes. The abdomen is slightly protuberant (mild obesity), with a large anterior

defect, extending from the xiphoid process to the pubic area, consistent with a non-healed exploratory laparotomy surgical incision. The abdominal defect reveals a severely adhered internal abdominal organs. A colostomy opening and colostomy bag are noted of the right lower abdominal quadrant. A 4 x 3 1/2" defect, of unknown etiology, is noted of the left mid abdomen, exposing underlying internal organs/intestines. The external genitalia are those of a normal circumcised adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable. The back reveals skin slippage and two large decubitus ulcers (bed sores), but no evidence of trauma.

The upper and lower extremities are symmetric and reveal moderate edema. No evidence of trauma is noted.

Two large scars are noted of the anterior surface of both thighs, extending from the inguinal area down to the knees. No tattoos, other major scars or identifying marks are noted.

CLOTHING AND PERSONAL EFFECTS

None received.

MEDICAL INTERVENTION

The deceased spent almost three weeks under medical care. The body reveals evidence of extensive medical treatment. There are: Nasogastric tube, tracheotomy tube, multiple sites of chest tubes, a non-healed abdominal exploratory laparotomy incision, colostomy bag, and a urinary catheter.

RADIOGRAPHS

Full-body radiographs are obtained for documentation. No skeletal fractures or evidence of projectiles/foreign bodies are noted.

EVIDENCE OF INJURIES

The deceased had a history of gunshot wound, not otherwise specified. Medical history of his initial admission and the early surgical procedures are requested, but not received as of the date of this report.

INTERNAL EXAMINATION

HEAD:

The scalp and subgaleal soft tissues reveal no evidence of trauma. The skull is opened revealing intact dura mater. No intracranial hemorrhage or trauma is noted. Clear cerebrospinal fluid surrounds the 1510-gram brain, which has unremarkable gyri and sulci, but for mild cerebral edema. 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. The skull is unremarkable with no cranial or basal fractures. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, with no lacerations or hemorrhage. The thyroid cartilage and hyoid bone are intact and unremarkable. The pharynx is unremarkable and is lined by intact mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The tongue is unremarkable. The cervical spine and spinal cord are intact.

BODY CAVITIES:

The pleural and pericardial cavities are unremarkable, with no evidence of trauma or excessive fluid. The abdominal cavity reveals severe adhesions and firm fat necrosis precluding definitive evaluation. The small and large bowels are encased in a firm mass of fat necrosis and fibrous adhesions. The major abdominal organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 1780-grams and 1850-grams, respectively. The external surfaces are smooth and free of adhesions, with no apparent evidence of firearm injuries. Both lungs are extremely heavy and firm. Serial sections reveals extensive consolidation of all lobes with diffuse oozing of yellowish purulent material from the cut surfaces, consistent with pneumonia and ARDS.

CARDIOVASCULAR SYSTEM:

The pericardial sac is intact. The heart is intact and enlarged, cardiomegaly, and weighs 490-grams. The heart is otherwise essentially unremarkable. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution. Cross sections of the vessels show no luminal narrowing or abnormality. Serial sectioning of the myocardium reveals focally mottled cut surfaces, suggestive of possible recent ischemia, but with no clear indication of remote or recent infarctions. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.7 cm and 0.5 cm thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The aorta and major blood vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 2260-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is mottled tan-brown with a nutmeg appearance. No mass lesions or other abnormalities are seen. The gallbladder contains dark green bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 230-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles and no significant abnormality.

PANCREAS:

The pancreas is severely adhered to the small and large bowel mass and could not be definitely evaluated.

ADRENAL GLANDS:

The right and left adrenal glands are autolysed, but otherwise unremarkable. Sections through both glands reveal yellow cortices and grey medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys each weigh 220-grams. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with mottled cut surfaces and mild loss of normal cortico-medullary demarcation. The pelves are unremarkable and the ureters are normal in course and caliber. Smooth bladder mucosa overlies an intact urinary bladder wall. The bladder wall is slightly hemorrhagic from the placed catheter. The prostate gland 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 is lined by smooth grayish mucosa. The stomach is unremarkable. The gastric wall is intact lined by sloughing autolysed mucosa. The duodenum, small and large bowels are completely encased in a firm mass precluding definitive evaluation.

MICROSCOPIC EXAMINATION

Representative sections of all major organs are obtained and placed in formalin for storage and microscopic examination if needed in the future.

ADDITIONAL PROCEDURES

1. Full body radiographs are obtained and reveal no skeletal injuries or foreign metal fragments.
2. The dissected organs are forwarded with the body.
3. Documentary photographs of the body are obtained.
4. No body fluids or tissue samples are submitted for toxicological testing (the deceased was hospitalized for approximately three weeks prior to his demise).

OPINION

(b)(6) a 38 year-old Iraqi civilian detainee, died from complications of a gunshot wound(s). No medical records of the initial presentation and surgical management are available for review. The available medical records reveal a downhill hospital course culminating in his demise, three weeks after his injuries, from ARDS and multi-organ failure. Toxicological testing deemed of no importance and no specimens were submitted for testing. Manner of death is homicide.

(b)(6)

(b)(6)

(b)(6)

Medical Examiner

(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 Ismail, Ibrahim,		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) 1976	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE

RACE Race		MARITAL STATUS Etat Civil		RELIGION Culte	
<input type="checkbox"/>	CAUCASOID Caucasique	<input type="checkbox"/>	SINGLE Célibataire	<input type="checkbox"/>	PROTESTANT Protestant
<input type="checkbox"/>	NEGROID Négroïde	<input type="checkbox"/>	MARRIED Marié	<input type="checkbox"/>	CATHOLIC Catholique
<input checked="" 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 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		Complications of gunshot wound(s) to the abdomen
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		
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	
<input checked="" type="checkbox"/> HOMICIDE Homicide	DATE 10 June 2006	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) 2006	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 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 BIAP, Iraq
DATE Date 18 05 06	(b)(6)

1. If site disease, injury or complication which caused death.
2. Suite de maladie, blessure ou complication qui a contribué à la mort, mais non le mécanisme de mort, telle qu'un arrêt du cœur, etc.
3. Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou 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
 301-319-0000



FINAL AUTOPSY EXAMINATION REPORT

Name: BTB Faisel, Ghazi al-Duri
 CID: (b)(6)
 Date of Birth: (b)(6) 1940
 Date of Death: (b)(6) 2006
 Date/Time of Autopsy: 04 June 2006/1130
 Date of Report: 22 May 2007

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

Circumstances of Death: This 66 year old male civilian detainee reportedly collapsed while exiting the latrine.

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

Identification: Presumptive, according to ID band.

CAUSE OF DEATH: Complications of atrial and ventricular myocardial fibrosis.

MANNER OF DEATH: Natural.

FINAL AUTOPSY DIAGNOSES

- I. Focal and diffuse atrial and ventricular fibrosis.
- II. Moderate aortic atherosclerosis.
- III. Bilateral pulmonary congestion and edema (right 960 gm, left 790 gm).
- IV. Evidence of injury:
 - A. Non-displaced fracture of the cervical vertebrae (C5/6 disk space).
 - B. Contusion (2 x ¾ inches) of the right forehead.
 - C. Contusion (1 ½ x 1 ¼ inches) of the right infraorbital region of the face.
 - D. Laceration (3/8 inch) of the nasal bridge.
 - E. Abrasion (1 ¼ x ¾ inch) of the posterior surface of the left forearm.
- V. Toxicology: Nordiazepam present in the blood; elevated blood levels of aluminum.

EXTERNAL EXAMINATION

The body is that of a well-developed male weighing 190 pounds, measuring 68 inches in length and appearing compatible with the reported age of 66 years. The body temperature is cool after refrigeration. Rigor is passing. Lividity is fixed and present predominately on the posterior surfaces of the body, except in areas exposed to pressure.

There is male pattern baldness. The remaining scalp hair is brown gray. Facial hair consists of a mostly gray beard and mustache. The irides are brown. The corneae are cloudy. The conjunctivae are unremarkable. The sclerae are congested. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton is 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. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is flat. The fingernails are intact. The extremities show evidence of injury to be described below. A (b)(6) tattoo (b)(6)

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A circular scar is present on the right buttock measuring 3/4 inch. A 1/4 inch scar is present on the medial surface of the right lower leg. A 3/4 inch circular scar is present on the posterior lateral surface of the right lower leg. The external genitalia are those of a normal adult male. A 1 1/4 inch cystic lesion is present on the right mid back. The buttocks and anus are unremarkable.

CLOTHING AND PERSONAL EFFECTS

- 1. A pair of black slippers.
- 2. White boxer style shorts.
- 3. Red pants.

EVIDENCE OF INJURY

Head and neck:

A 2 x 3/4 inch abraded contusion is present on the right forehead. There is a 1 1/2 x 1 1/4 inch abraded contusion present in the right infraorbital region. A 3/8 inch laceration is present on the nasal bridge. A 1 x 1/4 inch contusion is present in the right posterior parietal region of the scalp. Galeal hemorrhage is present in the right frontal region. A non-displaced fracture of the anterior cervical vertebrae with surrounding intramuscular hemorrhage is present at the C5/6 disk space. The adjacent spinal cord shows no gross evidence of injury.

Extremities:

There is a 1 1/4 x 3/4 inch abrasion present on the dorsal surface of the left forearm.

EVIDENCE OF MEDICAL THERAPY

None.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. No adhesions or abnormal collections of fluid are present in any of the body cavities. All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is 1 ½ inches thick. There is no evidence of blunt force or penetrating injury to the thoraco-abdominal region. Longitudinal incisions of the posterior surfaces of the torso, upper and lower extremities show no evidence of recent injury.

HEAD (CENTRAL NERVOUS SYSTEM):

(See above "Evidence of Injury")

The scalp is reflected. The calvarium of the skull is removed. The dura mater and falx 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. After fixation, coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brainstem and cerebellum are unremarkable. The brain weighs 1380 gm.

NECK:

(See above "Evidence of Injury")

Layer-wise examination of the anterior and posterior strap muscles of the neck show them to be homogenous red-brown and without hemorrhage. 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. The tongue is free of bite marks, hemorrhage, or other injuries.

RESPIRATORY SYSTEM:

The right and left lungs weigh 960 gm and 790 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is moderately congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 480 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally, follow the usual distribution, and are without evidence of significant atherosclerosis or thrombosis. The myocardium is homogenous, red-brown, and firm; the atrial and ventricular septa are intact. The aorta gives rise to three intact and patent arch vessels. There are moderate atherosclerotic changes at the iliac bifurcation. The vena cava and its major tributaries return to the heart in the usual distribution. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1670 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 is empty. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 240 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 GLANDS:

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 each weigh 180 gm. 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 are unremarkable and the ureters are normal in course and caliber. Tan bladder mucosa overlies an intact bladder wall. The bladder is empty. 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, grey-white mucosa. The stomach contains approximately 50 ml of liquid material. The gastric wall is intact. The duodenum, loops of small bowel and colon are unremarkable. The appendix is not identified.

MUSCULOSKELETAL SYSTEM:

(See above "Evidence of Injury")

Muscle development is normal. No evidence of non-traumatic bone or joint abnormalities is noted.

RADIOLOGIC EXAMINATION

Full body radiographs are obtained and reveal a metallic fragment in the right lower leg.

MICROSCOPIC EXAMINATION

1. Heart (slides 1-right coronary artery, right ventricle; 2-left ventricular posterior wall; 3-left ventricular lateral wall; 4-left ventricular anterior wall; 5-septum): mild coronary atherosclerosis (1); patchy subendocardial (2) and interstitial fibrosis (4).
 - a. Conduction system
 - i. Region of the sino-atrial (SA) node, slides 11,12: marked, predominately interstitial atrial fibrosis, mild thickening of the SA nodal artery, unremarkable appearing SA node.
 - ii. Region of the atrioventricular (AV) node, slides 13-17: focal replacement fibrosis near the crest of the ventricular septum (13), mild thickening of AV nodal artery, AV node without significant microscopic abnormality (16).
2. Brain (slides 6,7): focal cerebrovascular intimal thickening (7).
3. Spleen (slide 8): no significant microscopic abnormality.
4. Liver (slide 8): congestion.
5. Lungs (slide 9): congestion with patchy pulmonary edema and atelectasis.
6. Kidneys (slide 10): autolysis.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by the OAFME staff photographers.
- Specimens retained for toxicologic testing and/or DNA identification are: blood, bile, gastric contents, vitreous, lung, liver, kidney, spleen, adipose tissue and psoas muscle.
- The heart, brain and selected portions of organs are retained in formalin.
- Personal effects are released to the appropriate mortuary operations representatives.

OPINION

According to reports, this 66 year old male Civilian detainee reportedly collapsed while exiting the latrine. He was unresponsive to resuscitative efforts and was ultimately pronounced dead. Additional medical information or history was not available.

Autopsy examination showed contusions of the right side of the face and scalp and laceration of the bridge of the nose. Examination of the neck revealed a non-displaced fracture without apparent cord injury. No evidence of additional significant injury was identified. Radiologic examination showed the presence of a metallic fragment in the right lower leg, consistent with remote injury. Microscopic examination of the heart showed both atrial and ventricular fibrosis. Routine postmortem toxicological examination showed the presence of nordiazepam (blood 0.029 mg/l). Extended testing for heavy metals showed elevated levels of aluminum in the blood. Levels for arsenic and cadmium were not elevated and uranium and lead were below detection limits.

Although the exact etiology of the myocardial fibrosis is uncertain, the interstitial pattern and the degree of atrial involvement are suggestive of amyloid. Special stains (Congo red) were equivocal, however. Whatever the cause, lethal cardiac arrhythmia is a significant complication associated with myocardial fibrosis. In the current case, both the circumstances and autopsy findings are consistent with collapse following a cardiac event. The facial and neck injuries were most consistent with a terminal fall. Postmortem toxicological testing showed low levels of a metabolite of the therapeutic agent Valium. Elevated levels of aluminum have been associated with neurotoxicity¹, but the significance of this finding in the current case is uncertain.

In summary, this decedent most likely died of complications (lethal cardiac arrhythmia) of cardiac myocardial fibrosis. The manner of death is natural.

(b)(6)

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

¹ <http://en.wikipedia.org/wiki/Aluminium>

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Faisel, Ghazi, Al-Duri		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
		DATE OF BIRTH Date de naissance (b)(6) 1940	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 type="checkbox"/> NEGROID Négride	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input checked="" type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> JEWISH 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.		Complications of atrial and ventricular myocardial fibrosis	Unknown
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 <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 checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE (b)(6)	DATE 4 June 2006	AVIATION ACCIDENT Accident d'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) 2006	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, Dover DE		
DATE Date 6/1/2007	SIGNATURE (b)(6)		

DD FORM 1 APR 77 2064

REPLACES DA FORM 3886, 1 JAN 72 AND DA FORM 3886-R(PAS), 26 SEP 76, WHICH ARE OBSOLETE.

MEDCOM 0578

ACLU Detainee Death II ARMY MEDCOM 578

CERTIFICATE OF DEATH (OVERSEAS)

Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Salman, Tha'ir, Kaduri		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) 1953	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE

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

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		Occlusive Atherosclerotic/Thrombotic Coronary Artery Disease
ANTECEDENT CAUSES Symptômes précurseurs de la mort		Unknown
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		
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature	DATE Date 4 June 2006
		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) 2006	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 fusilé 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	SIGNATURE Signature

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 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 a contribué à la mort, mais n'ayant 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: ALI. Ismael Hamid
ISN: (b)(6)
Date of Birth: (b)(6) 1974 (32 years)
Date of Death: (b)(6) 2006
Date of Autopsy: 04 JUN 1100 hours
Date of Report: 08 JUL 2006

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

Circumstances of Death:

(b)(6) is a 32 year-old civilian Iraqi detainee at the Theater Internment Facility at Camp Bucca, Iraq who collapsed while playing volleyball. He was unresponsive to oral commands and made gurgling sounds. He was not breathing and was pulseless with fixed and dilated pupils when received at the nearest medical facility. Basic and advanced cardiac (CPR/ACLS) life support measures were unsuccessful.

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

Identification:

(b)(6) was identified by detention camp wrist bracelet, toe tags and transportation documents. A muscle sample is collected for DNA comparison if needed.

CAUSE OF DEATH:

Arrhythmogenic Right Ventricular Dysplasia

MANNER OF DEATH:

Natural

FINAL AUTOPSY DIAGNOSIS:

I. A. Cardiovascular System:

- Cardiomegaly, mild, 480 grams.
- Heart is submitted for further specialized examination at the Armed Forces Institute of Pathology.
 - Arrhythmogenic right ventricular dysplasia.
 - Coronary arteries with no significant pathological changes.

B. Respiratory System:

- Pulmonary edema, extensive, right lung 1730 grams and left lung 1270 grams.
- Frothy fluid fills the trachea and major bronchi.

C. Other Body Systems:

- Passive congestion of liver, spleen and kidneys.

D. Injuries

- A longitudinal superficial abrasion is noted on the posterior surface of the proximal right forearm.
- No evidence of other blunt or shape force trauma.

II: Evidence of Medical Intervention:

- Endotracheal tube, properly positioned.
- Gastric tube.
- Multiple IV lines into both antecubital fossae.
- Urinary catheter, properly positioned.
- EKG pads.
- Automatic Defibrillator Pads (2) on the torso.

III. Evidence Collection: none

IV. Identification Marks:

- A tattoo (b)(6)
(b)(6)
- (b)(6) tattoos (b)(6)
(b)(6)
- A tattoo (b)(6)
- Multiple scars are noted of chin and both distal thighs.

VI. Toxicology:

- Negative.
- Carboxyhemoglobin saturation in the blood is 2% (0-3% saturation is expected in non-smokers).
- Cyanide, negative.
- No evidence of ethanol, screened medications or drugs of abuse.

EXTERNAL EXAMINATION

The unclad body is that of a well-developed, well-nourished male. The body weighs 197 pounds, is 72" in height and appears compatible with the reported age of 32 years. The body is cold. Rigor is present to an equal degree in all extremities. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. The scalp hair is Black and has a Black mustache. The irides are brown. The corneae are dull. The conjunctivae are slightly congested. The sclerae are unremarkable. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton is palpably intact. The lips are without evident injury, and reveal postmortem drying. The teeth are natural and in good condition. Examination of the neck revealed no evidence of injury. The chest is unremarkable. No injury of the ribs or sternum is evident externally. The abdomen is unremarkable. No major surgical scars are noted. The extremities show no evidence of remote or recent trauma. The fingernails are intact. Tattoos (b)(6)

(b)(6) A skin tag is noted behind the right ear. The external genitalia are those of a normal adult circumcised male. The posterior torso is without note.

EVIDENCE OF THERAPY

Endotracheal tube and gastric tube, properly positioned, multiple IV lines into both antecubital fossae, urinary catheter, properly positioned, EKG pads and Automatic Defibrillator Pads. .

EVIDENCE OF INJURY

No evidence of major trauma, recent or remote, is identified. An abrasion is noted on the back of the right forearm. Minor scars are noted on the distal thigh, bilaterally.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. No adhesions are noted of the body cavities. 200 ml of effusion fluid are present in each of the right and left pleural cavities and in the pericardial cavity. No excess fluid is seen in the peritoneal cavity. All body organs are present in the normal anatomical position. There is no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

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 brain weighs 1470 grams. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. Coronal sections through the cerebral hemispheres revealed no lesions.

Transverse sections through the brain stem and cerebellum are unremarkable. No significant pathological changes are noted.

NECK:

Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces are smooth, glistening and unremarkable; the pericardial sac is free of significant fluid and adhesions. The heart weighs 480 grams. The aorta and its major branches and the venae cavae and their major tributaries follow the usual distribution and are grossly unremarkable. The heart is fixed in formalin and submitted for further studies. (Please see the Cardiovascular Consultation Report below).

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material, but reveals presence of frothy fluid; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is red-purple, exuding excessive amounts of edematous fluid; no focal lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 1370 grams; the left 1270 grams.

LIVER & BILIARY SYSTEM:

The hepatic capsule is smooth, glistening and intact, covering dark red-brown, markedly congested parenchyma with no focal lesions noted. The gallbladder contains dark green mucoid bile; the mucosa is velvety and unremarkable. No stone present. The extrahepatic biliary tree is patent, without evidence of calculi. The liver weighs 2060 grams.

ALIMENTARY TRACT:

The tongue exhibits no evidence of recent injury. The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains greenish fluid. The gastric mucosa is congested with no ulceration. The small and large bowels are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present and grossly unremarkable.

GENITOURINARY SYSTEM:

The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. The urinary bladder contains no urine (urinary catheter is in place); the mucosa is gray-tan and unremarkable. The right kidney weighs 150 grams; the left 170 grams.

ALI, Ismael Hamid**RETICULOENDOTHELIAL SYSTEM:**

The spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The spleen weighs 260 grams.

ENDOCRINE SYSTEM:

The pituitary, thyroid and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM:

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

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by an OAFME photographer.
2. Full body radiographs document absence of skeletal injuries or evidence of trauma.
3. Specimens retained for toxicological and/or DNA identification are: blood, vitreous fluid, bile, urine, gastric contents and tissue samples from liver, lung, kidney, spleen, brain, psoas muscle and adipose tissue.
4. Representative sections of organs are retained in formalin for microscopic examination if needed in the future.
5. Clothing, personal effects and military gear are released to the appropriate mortuary operations representative.

CARDIOVASCULAR CONSULT

DIAGNOSIS: Arrhythmogenic Right Ventricular Dysplasia

History: 32 year old male Iraqi detainee who collapsed while playing volleyball.

Heart: 480 grams; normal epicardial fat; closed foramen ovale; normal left ventricular chamber dimensions: left ventricular cavity diameter 40 mm, left ventricular free wall thickness 12 mm, ventricular septum thickness 14 mm.; right ventricular dilatation with fibrofatty replacement, focal transmural scarring, and coarsely trabeculated endocardial surface with focal thickening; mildly thickened and redundant mitral valve leaflets; small fenestration, left coronary cusp of aortic valve; transmural scars, anterior and posterior right ventricle; histological sections show transmural fibrofatty replacement of right ventricle with focal attenuation and vacuolization of myocardial fibers, and rare foci of single cell necrosis with lymphohistiocytic infiltrates; unremarkable left ventricular myocardium.

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

AUTOPSY REPORT
ALI, Ismael Hamid

(b)(6)

OPINION

(b)(6) a 32 year-old Iraqi detainee, who collapsed while playing volleyball at an internment facility, died from cardiac arrhythmia secondary to "arrhythmogenic right ventricular dysplasia. Examination of the heart revealed fibrofatty replacement, transmural scarring and fenestration of the right ventricle. There was no evidence of recent or remote trauma. Toxicological studies were negative for ethanol, screened medications and drugs of abuse. Manner of death is "natural".

(b)(6)

(b)(6) Medical Examiner



DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-8000

REPLY TO
ATTENTION OF

AFIP- (b)(6)

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence

(b)(6)

Name

ALI, ISMAEL HAMID

SSAN:

Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: June 12, 2006

TO:

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

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident (b)(6) 2006

Date Received: 6/6/2006

CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was 2% as determined by spectrophotometry with a limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.

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

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

DRUGS: The **URINE** was screened for acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, salicylates, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

None were found.

(b)(6)

Office of the Armed Forces Medical Examiner

(b)(6)

Office of the Armed Forces Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Ali, Ismael, Hamid		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)
		DATE OF BIRTH Date de naissance (b)(6) 1974	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS Etat Civil	
CAUCASOID Caucasique		SINGLE Célibataire	
NEGROID Négre		MARRIED Marié	
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)		DIVORCED Divorcé	
		SEPARATED Séparé	
		WIDOWED Veuve	
		PROTESTANT Protestant	
		CATHOLIC Catholique	
		JEWISH Juif	
		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'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort. Arrhythmogenic Right Ventricular Dysplasia			Unknown
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 suscitées par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide	(b)(6)		
<input type="checkbox"/> HOMICIDE Homicide	(b)(6)	DATE Date 4 June 2006	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) 2006	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 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 (b)(6)	
DATE Date 24 Jul 06			
<small>1. State disease, injury or complication which caused death. 2. State conditions contributory to the death, but not the cause. 3. Proposer 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 les conditions qui ont contribué à la mort, mais n'étaient aucunement responsables de la mort.</small>			

DD FORM 1 APR 77 2064

REPLACES DA FORM 3868, 1 JAN 72 AND DA FORM 3865-R(PS), 26 SEP 78, WHICH ARE OBSOLETE.

MEDCOM 0587

ACLU Detainee Death II ARMY MEDCOM 587



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 Lohaybi, Monder Mahmoud	Autopsy No.: (b)(6)
(b)(6)	AFIP No.: (b)(6)
ISN: (b)(6)	Rank: Civilain
Date of Birth: (b)(6) 1944	Place of Death: Iraq
Date of Death: (b)(6) 2006	Place of Autopsy: Port Mortuary, Dover
Date/Time of Autopsy: 11 APR 2006	AFB, DE
@ 1100 hrs	
Date of Report: 26 JUN 2006	

Circumstances of Death: This 62 year-old detainee was found unresponsive and brought to the 344th Field Medical Hospital. Despite treatment the detainee expired. The deceased is reported as having a past medical history significant for smoking and diabetes mellitus.

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

Identification: Presumptive identification from examination of accompanying paperwork and wrist identification bracelet. Post-mortem fingerprints, dental charting and DNA obtained.

CAUSE OF DEATH: Hypertrophic and Arteriosclerotic Cardiovascular Disease

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSIS

- I. **Cardiovascular System:**
 - A. **Cardiomegaly:** Heart weight 770-grams (predicted normal heart weight for a male with a body weight of 164-pounds is 295-grams with a lower 95% confidence limit of 202-grams and an upper 95% confidence limit of 432-grams)
 - B. **Atherosclerotic Coronary Artery Disease:**
 - 1. 90% stenosis of the left anterior descending coronary artery by atherosclerotic plaque
 - 2. 75% stenosis of the left circumflex coronary artery by atherosclerotic plaque
 - 3. 75% stenosis of the right coronary artery by atherosclerotic plaque
 - C. **Remote Myocardial Infarction:** 2.5-centimeter scar in the anterior wall of the left ventricle that extends to the apex
- II. **Pulmonary System:** Pulmonary edema and congestion (Lung weights: right 780-grams; left 720-grams)
- III. **Genitourinary System:** Benign Nephrosclerosis
- IV. **Hepatobilliary System:** Status post cholecystectomy
- V. **No significant injuries identified**
- VI. **Minor Injuries:** Abrasions (4) of the left side of the face ranging in greatest dimension from ¼-inch to 1 ¼-inches
- VII. **Post-mortem changes:**
 - A. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure
 - B. Rigor has passed
 - C. Moderate decomposition of the internal organs
 - D. Skin slippage on the left ankle
- VIII. **Toxicology (AFIP):**
 - A. **CARBON MONOXIDE:** The carboxyhemoglobin hemoglobin saturation is 1%.
 - B. **VOLATILES:** There is no ethanol detected in the blood and vitreous fluid.
 - C. **CYANIDE:** There is no cyanide detected in the blood.
 - D. **DRUGS:** No screened drugs of abuse or medications are detected in the urine.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, 72-inch tall, 164-pounds male whose appearance is consistent with the reported age of 61-years. Lividity is present on the posterior surface of the body except in areas exposed to pressure. Rigor has passed.

The scalp is covered with short gray and black hair with male pattern blading. The irides are dark and the cornea are opacified. The external auditory canals and ears are unremarkable. The nares are patent and the lips are atraumatic. There is red-brown purge fluid in the nares. The nose and maxillae are palpably stable. The mouth is edentulous. There is post-mortem skin slippage on the left side of the face.

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 male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The anus is unremarkable. There are areas of gray/brown discoloration without underlying hemorrhage on the left and right buttocks.

There is green discoloration on the chest and abdomen. There is a 5-inch vertical surgical scar on the center of the upper abdomen and a 4-inch oblique incision on the right side of the abdomen.

The upper and lower extremities are symmetric and without clubbing or edema. There is a 1/8-inch scar on the right elbow. There is postmortem skin slippage on the left ankle. There is an orange/yellow post-mortem abrasion on the right hand.

CLOTHING AND PERSONAL EFFECTS

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

- A yellow jump-suit
- Two pairs of white briefs
- One white sock
- Wrapped in a green sheet

MEDICAL INTERVENTION

- Endotracheal Intubation
- Intravenous access (right forearm)

RADIOGRAPHS

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

- Calcified coronary arteries
- Calcified external iliac and femoral arteries
- Internal fixation plate (right tibia)

EVIDENCE OF INJURY

No significant injuries are identified.

INTERNAL EXAMINATION**HEAD:**

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1500-gram 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. 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 white mucosa. The thyroid 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. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 780 and 720-grams, 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.

CARDIOVASCULAR SYSTEM:

The 770-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with moderate fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show 90% stenosis of the left anterior descending coronary artery, 75% stenosis of the left circumflex coronary artery and 75% stenosis of the right coronary artery by calcified atherosclerotic plaques. There is a 2.5-centimeter trans-mural tan-white fibrous scar in the anterior wall of the left ventricle that extends to the apex. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 0.9 and 0.3-centimeters thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels and exhibits mild atherosclerosis. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1800-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 is not identified and is replaced by numerous adhesions. The extrahepatic biliary tree is patent.

SPLEEN:

The 240-gram spleen is encased with numerous adhesions. 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 grey medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 200 and 180-grams, respectively. The external surfaces are granular. 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. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 30-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, grey-white mucosa. The stomach contains scant brown fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is not identified.

MICROSCOPIC EXAMINATION

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

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff photographers.
2. Full body radiographs are obtained. No blunt force or penetrating injuries are identified. No metallic foreign objects are identified.
3. Specimens retained for toxicology testing and/or DNA identification are: blood, vitreous fluid, urine, liver, spleen, brain, lung, kidney, muscle and adipose.
4. The dissected organs are forwarded with the body.
5. Personal effects are released to the appropriate mortuary operations representatives.
6. Identifying marks include: Two surgical scars on the abdomen.

OPINION

This 62 year-old male died of hypertrophic and arteriosclerotic cardiovascular disease. The heart weighed 770-grams. There was evidence of a remote myocardial infraction in the anterior wall of the left ventricle, significant pulmonary congestion and edema and benign nephrosclerosis. Cross sectioning of the coronary arteries exhibited 90% stenosis of the left anterior descending coronary artery, 75% stenosis of the left circumflex coronary artery and 75% stenosis of the right coronary artery by calcified atherosclerotic plaques. The abrasions of the left side of the face are consistent with injuries sustained during a terminal collapse. The toxicology screen is negative. The manner of death is natural.

(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 Lohaybi, Monder Mahmoud, Abdulkar		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
		DATE OF BIRTH Date de naissance (b)(6) 1944	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS Etat Civil	RELIGION Culte
<input type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Negroïde		<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> CATHOLIC Catholique
<input checked="" type="checkbox"/> 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 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.		Hypertrophic Arteriosclerotic 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	History of Diabetes Mellitus and smoking	
	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 <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature	DATE Date 11 April 2006	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) 2006	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	SIGNATURE Signature		
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc. ² State conditions contributing to the death, but not related to the disease or condition causing death. ¹ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc. ² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.			

DD FORM 1 APR 77 2064

REPLACES DA FORM 3666, 1 JAN 73 AND DA FORM 3666-R(PAS), 28 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0594

ACLU Detainee Death II ARMY MEDCOM 594