



**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: <b>BTB Ahmed, Emad Wasme</b>	Autopsy No.: (b)(6)
ISN: (b)(6)	AFIP No.: (b)(6)
Date of Birth (b)(6) 1989 (estimated)	Grade: <b>Civilian (Detainee)</b>
Date of Death (b)(6) 2007	Place of Death: <b>Iraq</b>
Date/Time of Autopsy: <b>12 AUG 2007 @ 0900</b>	Place of Autopsy: <b>Port Mortuary,</b>
Date of Report: <b>27 SEP 2007</b>	<b>Dover AFB, Dover, DE</b>

**Circumstances of Death:** This 17 year-old civilian was being detained at the Theater Internment Facility at Camp Cropper, Iraq when, as reported, compound guards observed two unknown detainees carrying the body of the deceased in a blanket, placing him on the ground, and then running from sight.

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

**Identification:** Presumptive identification based on review of all papers in case file. Post-mortem fingerprint and dental examinations conducted. A suitable specimen for DNA analysis is obtained.

**CAUSE OF DEATH:**        **Multiple blunt force injuries**

**MANNER OF DEATH:**    **Homicide**

### EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male. The body weighs 120 pounds, is 65 inches in length and appears compatible with the reported age of 17 years. The body is cold. Rigor is resolved in all extremities. Lividity is obscured by diffuse contusions of the back (see "Evidence of Injury"). There is green discoloration of the skin of the abdomen.

Injuries of the head, torso and extremities are described in "Evidence of Injury". The head is normocephalic, and the scalp hair is black. Facial hair consists of black mustache and beard. The eyes are sunken. The irides are brown. The corneae are cloudy. The conjunctivae are pale. The sclerae are white. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The earlobes are not pierced. The nasal skeleton and maxilla are palpably intact. The teeth are natural and in fair condition with both deciduous and permanent teeth.

The external genitalia are those of an adult circumcised male. The anus is unremarkable.

The extremities are symmetric. The fingernails are intact. There is a 1/2-inch scar on the left knee. There is a 1/2-inch healing abrasion on the right medial ankle. The soles of the feet are callous.

### CLOTHING AND PERSONAL EFFECTS

The body is clad in a white t-shirt, orange trousers (with defect in the crotch and defect of the left buttocks), white boxers and a green personal effects bag around the right wrist. There are various letters, numbers, and symbols written on the right pant leg of the orange trousers. Within the personal effects bag are three pieces of paper.

### MEDICAL INTERVENTION

None.

### RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates no skeletal fractures.

### EVIDENCE OF INJURY

#### I. Blunt force injuries:

##### A. Head and neck:

On the left side of the forehead is a 1-1/2 x 1-1/2-inch contusion. On the right side of the face lateral to the right eyebrow is a 1/2 x 1/2-inch contusion. There are two, 1/2 x 1/2-inch abrasions on the bridge of the nose. On the tip of the nose is a 1/4-inch abrasion. A 1/2 x 1/2-inch contusion is on the left cheek. On the mucosal surface of the left lower lip is a 1/2 x 1/2-inch abrasion. The helix of the left ear has a 1/4 x 1/4-inch contusion.

Internal examination reveals a 3 x 2-inch contusion of the left temporalis muscle. There is a 3 x 3-inch hematoma of the right lateral strap muscles. There is superficial hemorrhage of the posterior strap muscles of the neck. There is a bilateral, parasagittal subdural hemorrhage (approximately 10 ml). On the left temporal lobe of the brain is a focal 2 x 1-inch subarachnoid hemorrhage.

**B. TORSO:**

On the skin over the right clavicle is a 1-1/2 x 1-1/2-inch contusion. On the right chest medial to the right nipple is a 1 x 1-inch contusion. On the lateral right torso, inferior to the right nipple, is a confluent 6 x 5-inch contusion that extends to the anterior midline. On the left side of the anterior torso, inferior to the left nipple, is a 2 x 1-inch contusion. On the right lower quadrant of the abdomen is a 3 x 2-inch contusion with a centrally located 1/2 x 1/2-inch abrasion. On the skin over the right anterior iliac crest is a 2 x 1-inch contusion. A 1 x 1-inch contusion is on the skin over the left anterior iliac crest. There are diffuse contusions over the entire back (17 x 15 inches). There is a 1/4 x 1/4-inch abrasion of the right upper back. On the skin over the left scapula is a 1/4 x 1/4-inch abrasion. There are two 1 x 1-inch abrasions of the lower right back. There is a 4 x 1-inch abrasion of the middle of the lower back.

Internal examination reveals a 2 x 2-inch contusion of the posterior left eighth intercostal muscles. Superficial skin incisions of the back reveal a superficial hematoma that involves the entire back (approximately 300 milliliters of blood).

**C. EXTREMITIES:**

There is a 2 x 1-inch contusion of the anterior right arm. There is an 8 x 4-inch contusion of the posterior right arm. There are three abrasions of the right elbow ranging in size from 1/4-inch to 3/4-inch, in maximum dimension. On the posterior right forearm are two contusions that are 2 x 1-inch and 3 x 2 inches, respectively. There is a 3 x 1-inch contusion of the anterior right forearm. On the palm of the right hand, over the thenar eminence, is a 2 x 1-inch contusion. There are two 1 x 1-inch contusions of the back of the right hand. There is a 1/2 x 1/2-inch contusion of the right index finger and right middle finger.

On the posterior left arm, extending to the medial left forearm, is a near circumferential contusion that is 11 x 11 inches. There is a 1 x 1/2-inch abrasion of the left elbow. On the posterior left forearm are a 2 x 2-inch contusion and a 1/2 x 1/2-inch contusion. There is a 2 x 1-inch contusion of the palmar surface of the left hand. A 2 x 1/2-inch contusion is on the posterior aspect of the left middle finger. A 2 x 1/2-inch contusion is on the posterior aspect of the left small finger.

There are diffuse contusions of the posterior right thigh and buttocks (15 x 10 inches) extending to the anterior lateral aspect of the right thigh. There are two 1/2-inch circular contusions of the anterior right thigh with areas of

central pallor (3/8-inch in diameter). On the anterior-medial right thigh are two 1/2 x 1/2-inch contusions. There is a 1 x 1-inch contusion of the right knee. On the posterior right leg is a 5 x 4-inch contusion.

On the left buttock is a 7 x 6-inch contusion. On the posterior left thigh are diffuse contusions (9 x 8 inches). On the anterior left thigh are multiple (4) contusions ranging in size from 1 x 1-inch to 7 x 3 inches. On the anterior left leg is a 1/4 x 1/4-inch contusion. On the posterior left leg is a 5 x 3-inch contusion.

Superficial skin incisions of the posterior aspect of the extremities reveal a hematoma of the posterior right arm (approximately 50 milliliters), hematoma of the posterior right thigh (approximately 50 milliliters), and a hematoma of the posterior left thigh (approximately 50 milliliters).

### INTERNAL EXAMINATION

#### BODY CAVITIES:

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

#### HEAD AND CENTRAL NERVOUS SYSTEM

See "Evidence of Injury". The brain weighs 1300 grams. 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 and transverse sections through the cerebral hemispheres and brain stem and cerebellum reveal no non-traumatic lesions. The atlanto-occipital joint is stable.

#### NECK:

See "Evidence of Injury". The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The tongue is free of bite marks, hemorrhage, or other injuries. Incision and dissection of the posterior neck demonstrates injuries described above.

#### CARDIOVASCULAR SYSTEM:

The 230 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 and are widely patent. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 0.8, 0.9, and 0.3-cm thick, respectively. The right ventricle is dilated. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

#### RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material: the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and

**BTB Ahmed, Emad Wasmee**

unremarkable bilaterally. The pulmonary parenchyma is congested, exuding slight to moderate amounts of blood and frothy fluid; no focal lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 380 grams; the left 350 grams.

**HEPATOBIILIARY SYSTEM:**

The 180 gram liver has an intact smooth capsule covering dark red-brown, moderately congested tan-brown parenchyma with no focal lesions noted. The gallbladder contains less than 5 milliliters of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

**GASTROINTESTINAL SYSTEM:**

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 350 milliliters of brown fluid and rice particles. 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.

**GENITOURINARY SYSTEM:**

The right kidney weighs 70 grams; the left kidney weighs 50 grams. The renal capsules are smooth and thin, semi-transparent and stripped with ease from the underlying smooth, red-brown cortical surface. The cortex is sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 10 milliliters of blood-tinged urine. The testes, prostate gland and seminal vesicles are without note.

**LYMPHORETICULAR SYSTEM:**

The 50 gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

**ENDOCRINE SYSTEM:**

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

**MUSCULOSKELETAL SYSTEM:**

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

**ADDITIONAL PROCEDURES**

1. Specimens retained for toxicology testing and/or DNA identification are: Blood, bile, urine, liver, lung, kidney, spleen, brain, psoas muscle, myocardium, adipose tissue and gastric contents.
2. The dissected organs are forwarded with the body.
3. Selected portions of organs are retained in formalin.
4. Personal effects are released to the appropriate mortuary operations representatives.
5. Recovered evidence: Nails, retained by OAFME.

**FINAL AUTOPSY DIAGNOSES**

- I. Multiple blunt force injuries:**
  - A. Head and neck:
    - 1. Parasagittal subdural hemorrhage
    - 2. Focal subarachnoid hemorrhage
    - 3. Hemorrhage of the left temporalis muscle
    - 4. Hemorrhage of the right lateral and posterior strap muscles
    - 5. Multiple contusions and abrasion
  - B. Torso:
    - 1. Multiple diffuse contusions and abrasions
    - 2. Soft tissue hematoma of the back
  - C. Extremities:
    - 1. Multiple diffuse contusions and abrasions
    - 2. Soft tissue hematomas of the posterior right arm, posterior right thigh, and posterior left thigh
  
- II. Evidence of medical intervention: None**
  
- III. Identifying marks: None**
  
- IV. Post-mortem changes:**
  - A. Rigor has resolved in the upper and lower extremities
  - B. Green discoloration of the abdomen
  - C. Cloudy cornea
  
- V. Natural disease: None identified within the limits of the examination**
  
- VI. Toxicology (AFIP):**
  - A. VOLATILES: No ethanol detected in the blood and vitreous fluid
  - B. DRUGS: No screened drugs of abuse/medications detected in the urine
  - C. CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was less than 1%<sup>1</sup>
  - D. CYANIDE: There was no cyanide detected in the blood

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

**FINAL AUTOPSY REPORT:** (b)(6)  
**BTB Ahmed, Emad Wasme**

7

**OPINION**

This 17 year-old male, **BTB** (b)(6) died of multiple blunt force injuries sustained while being detained at the Theater Internment Facility at Camp Cropper, Iraq. He had multiple confluent contusions of the head, torso, and extremities with associated soft tissue hematomas. In addition, he had focal subarachnoid and subdural hemorrhage of the brain. A possible contributory component of asphyxia cannot be excluded. The toxicology screen was negative. The manner of death is homicide.

(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 prénom) <b>BTB Ahmed, Emad, Wasmee</b>		GRADE Grade	BRANCH OF SERVICE Arme <b>Civilian</b>
ORGANIZATION Organisation		NATION (e.g. United States) Pays <b>Iraq</b>	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social <b>(b)(6)</b>
		DATE OF BIRTH Date de naissance <b>(b)(6)</b> <b>1989</b>	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARTIAL STATUS État Civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> NEGROID Négride		<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> WIDOWED Veuf	
RELIGION Culte		OTHER (Specify) Autre (Spécifier)	
<input type="checkbox"/> PROTESTANT Protestant		<input checked="" type="checkbox"/>	
<input type="checkbox"/> CATHOLIC Catholique			
<input type="checkbox"/> JEWISH Juif			
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sur	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort			<b>Multiple blunt force injuries</b>
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitée par des causes extérieures
<input type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste		
<input type="checkbox"/> SUICIDE Suicide	<b>(b)(6)</b>		
<input checked="" type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature <b>(b)(6)</b>	DATE Date <b>12 August 2007</b>	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>(b)(6) 2007</b>		PLACE OF DEATH Lieu de décès <b>Unknown Location Iraq</b>	
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du dé funt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom des médecin militaire ou du médecin sanitaire		TITLE OR DEGREE Titre ou diplôme <b>Medical Examiner</b>	
<b>(b)(6)</b>			
GRADE Grade <b>(b)(6)</b>		INSTALLATION OR ADDRESS Installation ou adresse <b>Dover AFB, Dover DE</b>	
DATE Date <b>8/12/2007</b>		SIGNATURE Signature <b>(b)(6)</b>	
<small>1. Some diseases, injury or complication which caused death, but not listed as cause of death.</small> <small>2. Some conditions contributing to the death, but not related to the disease or condition causing death.</small> <small>3. Preceder le cours de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la cause de mort, tels qu'un arrêt du cœur, etc.</small> <small>4. Preceder la condition qui a contribué à la mort, mais n'avait aucun rapport avec la maladie ou la condition qui a provoqué la mort.</small>			

DD FORM 1 APR 77 2064

REPLACES DA FORM 2064, 1 JAN 72 AND DA FORM 2064-R/PAS, 26 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0802

ACLU Detainee Death II ARMY MEDCOM 802



(b)(6)

(b)(6)

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

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS (b)(6)	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00



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



**AUTOPSY EXAMINATION REPORT**

Name: BTB Kazim, Fayis Halim

SSAN: (b)(6)

Date of Birth (b)(6) 1965

Date of Death (b)(6) 2007

Date and time of Autopsy: 06 AUG 2007 9:00 AM

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Detainee

Place of Death: Iraq

Place of Autopsy: Port Mortuary  
Dover AFB, Dover DE

Date of Initial Report: 09 AUG 2007

Date of Final Report: 05 DEC 2007

**Circumstances of Death:** (b)(6) was being detained pending interrogation when he was reportedly found in his cell unresponsive. He had previously complained of dyspepsia and ranitidine had been prescribed for him.

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

**Identification:** by means of capture tag and continuous chain of custody

**CAUSE OF DEATH:** Coronary Thrombosis

**MANNER OF DEATH:** Natural

**EXTERNAL EXAMINATION**

The body is that of a well-developed, well-nourished appearing male, 63-1/4 inches tall, weighing 139 pounds, whose appearance is consistent with the reported age of 42 years. Lividity is posterior. Rigor is resolving. The body is cool to touch.

Black hair is distributed in the usual male pattern. The irides are brown, with a prominent arcus senilis. The pupils are round, 0.3 cm and equal in diameter. The external auditory canals are clear; (b)(6) the ears are otherwise unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. A moustache and closely trimmed beard are distributed in the usual pattern. The teeth are natural with evidence of mild to moderate neglect.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is slightly protuberant. The genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is present in the usual male distribution. The buttocks and anus are unremarkable.

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

**CLOTHING AND PERSONAL EFFECTS**

The remains are clad in a white gown

**EVIDENCE OF INJURY**

An old, healing 1 x 1/2 inch abrasion is present on the central forehead. An old, healing 2 x 1/2 inch abrasion is present on the upper back, slightly to the right of the midline. Extremity injuries include a group of old-healing abrasions and contusions clustered over the posterior right elbow, ranging from 1/2 inch up to 3/4 x 1/2 inch. A healing 1/2 inch abrasion is present just above the left elbow. A group of punctate defects surrounded by a 1/2 inch green-blue contusion is present just above and lateral to the right knee.

**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. The cerebral blood vessels are engorged with blood, but are otherwise unremarkable. Clear cerebrospinal fluid surrounds the 1100 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. A posterior neck dissection confirms that the abrasion identified over the posterior back is superficial and remote chronologically.

**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. There is a small pleural effusion bilaterally (radiographic finding). Multiple adhesions extend from the right lung to the parietal pleural surface. Otherwise, there is no excess fluid in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

**RESPIRATORY SYSTEM:**

The congested right and left lungs weigh 630 and 490 gm, respectively. The right pleural adhesions have been noted. Intraparenchymal calcifications are identified radiographically, but are not identified on direct inspection. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are grossly evident.

**CARDIOVASCULAR SYSTEM:**

The 330 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with moderate fat investment. Mottling with focal pale color change is present. The coronary arteries are present in a normal distribution, with a right-dominant pattern. On cross sections of the vessels a hemorrhagic occlusive plaque is present in the left anterior descending coronary artery. Calcifications are also evident radiographically in the circumflex and left anterior descending coronary arteries. A tan cut surface with irregular mottling is noted on sections through the myocardium. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum and right ventricles are 0.9, 1.0 and 0.4 cm thick, respectively. The aorta displays atheromatous plaque deposition, with prominent calcified lesions at the level of the iliac bifurcation. There is no evidence of congenital or infectious lesion. The renal and mesenteric vessels are unremarkable.

**LIVER & BILIARY SYSTEM:**

The 1330 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 10 cc of green-black bile. There are 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 congested, with the usual lobulated architecture on cut surface. 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 90 and 80 gm, respectively. 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 urinary bladder contains approximately 80cc of clear amber urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. Brown material is expressed from the ducts; the seminal vesicles are otherwise 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 200 cc of partially digested food. 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. Degenerative changes of the thoracic and lumbar spine are identified radiographically. Otherwise, there are no bone or joint abnormalities noted.

**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. Specimens retained for toxicologic testing and/or DNA identification are: vitreous fluid, blood, bile, gastric contents, urine, brain, myocardium, lung, kidney, spleen, skeletal muscle and adipose tissue.
4. The dissected organs are forwarded with body.
5. Personal effects are released to the appropriate mortuary operations representatives.

**AUTOPSY DIAGNOSES**

- I. Evidence of Disease
  - A. Arcus senilis
  - B. Engorgement of the cerebral cortical vessels
  - C. Calcification of the left anterior descending coronary artery (radiographic finding and direct examination)
  - D. Calcification of the circumflex coronary artery (radiographic finding and direct examination)
  - E. Occlusive thrombus superimposed on an atheromatous plaque, left anterior descending coronary artery
  - F. Mottling of the myocardium
  - G. Calcification of the aortic root (radiographic finding)
  - H. Aortic intimal erosion
  - I. Calcification of the abdominal aorta at the iliac bifurcation (radiographic finding and direct examination)
  - J. Bilateral pulmonary congestion (radiographic finding and direct examination)
  - K. Right sided pleural adhesions
  - L. No radiographically identifiable trauma
  - M. No radiographically identifiable foreign body
  - N. No significant extremity injury identified
  - O. Scattered small abrasions and contusions
    - 1. forehead (1), of chronologically remote origin
    - 2. upper back (1), without significant underlying trauma
    - 3. posterior right elbow (3)
    - 4. left elbow (1)
    - 5. right knee (1)
- II. Evidence of Medical Intervention: none noted
- III. Natural Disease
  - A. Degenerative changes of the thoracic spine (radiographic finding)
  - B. Degenerative change of the lumbar spine (radiographic finding)
- IV. Identifying Marks:  
(b)(6)
- V. Toxicology: negative
- VI. Post-mortem Changes: no significant change noted

**OPINION**

(b)(6) a 42 year-old detainee, died when his left anterior descending coronary artery became occluded by superimposition of a thrombus on a pre-existing atheromatous lesion. The cause of death is therefore coronary thrombosis. The manner of death is natural.

(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) <b>BTB Kazim, Fayis, Halim</b>		GRADE Grade	BRANCH OF SERVICE Arme <b>Civilian</b>	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social <b>(b)(6)</b>
ORGANIZATION Organisation		NATION (e.g. United States) Pays <b>Iraq</b>	DATE OF BIRTH Date de naissance <b>(b)(6) 1965</b>	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"/> OTHER (Specify) Autre (Spécifier)
<input type="checkbox"/> NEGROID Négre	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> JEWISH Juf	
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. <b>Coronary Thrombosis</b>		
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle		
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste <b>(b)(6)</b>	
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE <b>(b)(6)</b>	DATE <b>6 August 2007</b>
		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>(b)(6) 2007</b>	PLACE OF DEATH Lieu de décès <b>Iraq</b>
---	--

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 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>(b)(6)</b>	TITLE OR DEGREE Titre ou diplôme <b>Medical Examiner</b>
GRADE Grade <b>(b)(6)</b>	INSTALLATION OR ADDRESS Installation ou adresse <b>Dover AFB, Dover DE</b>
DATE Date <b>8/6/2007</b>	SIGNATURE <b>(b)(6)</b>

<sup>1</sup> State disease, injury or complication which caused death, but not mod.

<sup>2</sup> State conditions contributing to the death, but not related to the disease or condition causing death.

<sup>3</sup> 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.

<sup>4</sup> Préciser la condition qui a contribué à la mort, mais n'évitant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

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

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY <i>(Town and Country)</i>	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

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**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**  
**\*\*AMENDED\*\***

Name: <b>BTB Khalid, Muhammad Qusay</b>	Autopsy No.: (b)(6)
ISN (b)(6)	AFIP No. (b)(6)
Date of Birth: (b)(6) 1976 (estimated)	Grade: <b>Civilian (Detainee)</b>
Date of Death (b)(6) 2007	Place of Death: <b>Iraq</b>
Date/Time of Autopsy: <b>30 JUL 2007 @ 0900 hrs</b>	Place of Autopsy: <b>Port Mortuary,</b>
Date of Report: <b>30 OCT 2007</b>	<b>Dover AFB, Dover, DE</b>
Date of Amended Report: <b>31 MAR 2008</b>	

**Circumstances of Death:** This 31 year-old civilian was being detained at the Theater Internment Facility (TIF) at Camp Bucca, Iraq when, as reported, he was assaulted by unknown detainee(s) on 24 JUL 2007. He was transported to the TIF hospital for treatment and transferred to the 28<sup>th</sup> Combat Support Hospital for further treatment. On

(b)(6) 2007 he began to exhibit signs and symptoms of a stroke and was intubated. Resuscitative efforts were unsuccessful and he was pronounced dead at 0247 hrs (b)(6) (b)(6) 2007.

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

**Identification:** Presumptive identification based on review of all papers in case file. Post-mortem fingerprint and dental examinations conducted. A suitable specimen for DNA analysis is obtained.

**CAUSE OF DEATH:**        **Complications of sharp and blunt force injuries of the head**

**MANNER OF DEATH:**    **Homicide**

31 MAR 2008

The first page of this report is amended to correct a typographic error in the AFIP number.

(b)(6)

(b)(6) Medical Examiner

### EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male. The body is 70 inches in length, weighs 211 pounds, and appears compatible with the stated age of 31 years old. The body is cold. Lividity is fixed on the posterior surface of the body except in the areas exposed to pressure. Rigor is resolving and equal in the upper and lower extremities.

Injuries are described in "Evidence of Injury". The scalp hair is black and short. The facial hair consists of a black beard. A plastic cap covers the left eye and injury of the left eye precludes assessment. The right iris is indistinct. The right cornea is cloudy. The right conjunctiva is congested and the right sclera is hemorrhagic. The teeth are natural. On the anterior scalp is a 2-inch linear scar. A ½ x ½-inch nevus is on the bridge of the nose.

The chest is symmetric. The hair of the upper left side of the chest is shaved. A 4-inch linear scar is on the right lower quadrant of the abdomen. The genitalia are those of an adult circumcised male. The anus is unremarkable.

The upper and lower extremities are symmetric. The fingernails are intact. The soles of the feet are callous. On the left upper extremity are multiple scars in various stages of healing ranging in size from 4 x ¼-inch to 2 x 1-inch. On the lateral right hip are six, 1/8-inch in maximum dimension, skin defects. There are multiple healed scars on both knees that are ¼-inch in maximum dimension. A scar is on the anterior left foot that is ¼-inch in maximum dimension.

### CLOTHING AND PERSONAL EFFECTS

The body is unclad and no personal effects are present with the body.

### MEDICAL INTERVENTION

On the right side of the scalp is a 1/8-inch defect that is secured by two metal staples. This defect correlates with a 3 millimeter defect in the calvarium and a 3 millimeter defect in the dura mater (consistent with trephine). There is gauze over the left eye. Both upper eyelids and the right lower eyelid have sutures (see "Evidence of Injury".) On the upper left side of the chest is a puncture mark. A 5-1/2-inch incision closed with staples is on the posterior right forearm. On the left groin are two, 1/8-inch incisions (consistent with vascular access cut downs).

### RADIOGRAPHS

A complete set of post-mortem radiographs is obtained and demonstrate fractures of both medial walls of the orbits, staples in the scalp, and fracture of the ulna with associated plate and screw fixation and overlying skin staples.

### EVIDENCE OF INJURY

#### **I. Head and neck:**

On the upper and lower right eyelids are obliquely oriented, 1-inch in length penetrating sharp force wounds (sutured). The underlying medial extra-ocular muscles of the eye have been incised and there are fractures of the medial wall of the right orbit (radiographic). On the upper left eyelid are two obliquely oriented penetrating sharp force wounds (sutured) that are ½-inch and 1-inch in length. The underlying eyeball is ruptured and the extra-ocular muscles are incised.

There are fractures of the medial wall of the left orbit extending into the sphenoid sinus (radiographic) with associated hemorrhage of the sphenoid sinus. The left optic nerve is transected. There is ecchymosis of the upper and lower left eyelids. On the right cheek is a ¼ x ¼-inch abrasion.

On the left side of the neck, inferior to the left ear, is a 1 x ½-inch contusion. There is a ½ x ½-inch contusion of the left earlobe. Internal examination reveals a 2 x 1-inch contusion of the left temporalis muscle. There is diffuse subarachnoid hemorrhage and contusions of the left frontal and parietal lobes of the brain. There is hemorrhage of the anterior midbrain and left caudate nucleus and thalamus.

**II. Torso:**

On the upper right side of the chest is a 3 x 2-inch contusion. There is a 1 x 1-inch contusion and a ½ x ½-inch abrasion on the left side of the chest.

**III. Extremities:**

On the anterior right arm are two, horizontally oriented contusions that are both 2 x ½-inch with an area of central pallor that is ½ x ¼-inch. There is a 4 x 2-inch contusion of the medial right elbow. There are two, ½-inch abrasions and a ¼-inch in maximum dimension laceration of the right elbow. A 1 x 1-inch abrasion and a ½ x ½-inch abrasion are on the posterior right forearm. On the medial left arm are multiple, ¼ x ¼-inch contusions. A 6 x 3-inch contusion is on the lateral left elbow. A 2 x 1-inch contusion is on the back of the left hand and a ½ x ¼-inch contusion is on the base of the left thumb. There is a 1 x 1-inch abrasion on the back of the left hand.

A 3 x 2-inch contusion is on the anterior right thigh. On the right knee are a 3 x 2-inch contusion and a ¼ x ¼-inch abrasion. There are two lacerations of the anterior right leg that are ½-inch and ¾-inch, respectively and are separated by ¼-inch. Inferior to these lacerations is a ¼ x ¼-inch abrasion. A ¼ x ¼-inch contusion is on the anterior right thigh and a 1 x 1-inch contusion is on the right knee.

Superficial skin incisions of the posterior aspect of the extremities reveal a hematoma of the right forearm (6 x 2 x ½-inch), left forearm (8 x 2 x ½-inch), right thigh and leg (10 x 4 x ½-inch).

**INTERNAL EXAMINATION**

**BODY CAVITIES:**

The ribs, sternum, and vertebral bodies are visibly and palpably intact. There are adhesions of the abdomen. The organs occupy their usual anatomic positions.

**HEAD, NECK, and CENTRAL NERVOUS SYSTEM:**

See "Evidence of Injury" and "Medical Intervention". The brain weighs 1420 grams.

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage by layer-wise dissection. The thyroid cartilage and hyoid bone are intact.

The thyroid gland is symmetric and red-brown, without cystic or nodular change. The larynx is lined by intact white mucosa. The tongue is unremarkable.

**RESPIRATORY SYSTEM:**

The upper airway is clear of debris and foreign material. The mucosal surfaces are smooth, yellow-tan and unremarkable. The right and left lungs weigh 1050 and 810 grams, respectively. The pulmonary parenchyma is diffusely congested and edematous, exuding moderate amounts of blood and frothy fluid. No mass lesions or areas of consolidation are present. The pulmonary arteries are normally developed and patent without thrombus or embolus.

**CARDIOVASCULAR SYSTEM:**

The heart weighs 380 grams and is contained in an intact pericardial sac. The coronary arteries are widely patent. The atrial and ventricular septum are intact. The cardiac valves are unremarkable. The left interventricular septum measures 1.5 centimeters and the left ventricular free wall measures 1.4 centimeters. The right ventricular free wall is 0.3 centimeters thick. The right ventricle is dilated. The aorta and its major branches arise normally and follow the usual course and are unremarkable. The vena cava and its major tributaries return to the heart in the usual distribution and are free of thrombi.

**LIVER & BILIARY SYSTEM:**

The 1630 gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is pale with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 15 milliliters of green bile. The extrahepatic biliary tree is patent.

**SPLEEN:**

The 200 gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon with unremarkable lymphoid follicles.

**PANCREAS:**

The pancreas is red-tan. No mass lesions or other abnormalities are seen.

**ADRENALS:**

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

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 150 and 170 grams, respectively. The external surfaces are intact and smooth. The cortex is sharply delineated from the medullary pyramids. The pelves are unremarkable and the ureters are normal in course and caliber. The bladder contains 150 milliliters of yellow urine. The prostate and testes are unremarkable.

**BTB Khalid, Muhammad Qusay**

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach, small bowel, and colon are unremarkable. The stomach contains 60 milliliters of brown fluid. The appendix is absent.

**MUSCULOSKELETAL:**

See "Evidence of Injury". Muscle development is normal. No non-traumatic bone or joint abnormalities are identified.

**ADDITIONAL PROCEDURES**

1. Specimens retained for toxicology testing and/or DNA identification are: Blood, vitreous fluid, bile, urine, liver, lung, kidney, spleen, brain, psoas muscle, myocardium, adipose tissue and gastric contents.
2. The dissected organs are forwarded with the body.
3. Selected portions of organs are retained in formalin.
4. Personal effects are released to the appropriate mortuary operations representatives.
5. Recovered evidence: None.

**MICROSCOPIC EXAMINATION**

Brain, left parietal cortex (Slide 1): Hemorrhage of the cortical surface extending into the underlying white matter

Optic nerve, left (Slide 1): Diffuse hemorrhage of the optic nerve sheath with acute inflammatory response; ischemic changes of a portion of the neurons

Midbrain (Slide 2): Scattered hemorrhage of the anterior parenchyma

**FINAL AUTOPSY DIAGNOSES**

- I. Sharp and blunt force injuries:**
  - A. Two penetrating sharp force wounds of the upper left eyelid with associated rupture of the left eyeball, transected optic nerve, disruption of the extra-ocular muscles, and fractures of the orbital wall and sphenoid sinus
  - B. Penetrating sharp force wounds of the upper and lower right eyelids with associated disruption of the extra-ocular muscles and fractures of the orbital wall
  - C. Subarachnoid hemorrhage and contusions of the left parietal and frontal lobes of the brain
  - D. Hemorrhage of the left temporalis muscle
  - E. Abrasion of the right cheek
  - F. Contusions of the left ear and left neck
  - G. Contusions of both sides of the chest
  - H. Fracture of the right ulna
  - I. Soft tissue hematoma of the right forearm, left forearm, and right lower extremity
  - J. Multiple contusions, abrasions, and lacerations of the extremities
  
- II. Identifying marks:**
  - A. Appendectomy scar
  - B. Multiple scars of the left upper extremity and both lower extremities
  
- III. Evidence of medical intervention:** As described above
  
- IV. Post-mortem changes:**
  - A. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure
  - B. Rigor is resolved in the upper and lower extremities
  - C. Cloudy right cornea
  
- V. Natural disease:** None identified within the limits of the examination
  
- VI. Toxicology (AFIP):**
  - A. **VOLATILES:** No ethanol detected in the blood and vitreous fluid
  - B. **CARBON MONOXIDE:** The carboxyhemoglobin saturation in the blood was less than 1%
  - C. **CYANIDE:** No cyanide detected in the blood
  - D. **DRUGS:**
    1. Morphine was detected in the urine. The blood contained 0.50 mg/L of morphine.
    2. Lorazepam was detected in the urine. The blood contained 0.05 mg/L of lorazepam.
    3. Ephedrine was detected in the urine. The blood contained 0.06 mg/L of ephedrine.



**BTB Khalid, Muhammad Qusay**

4. Fentanyl was detected in the urine. The blood contained 0.07 mg/L of fentanyl.
5. Acetaminophen was detected in the urine. The blood contained 6.3 mg/L of acetaminophen.
6. Lidocaine was detected in the urine.

**OPINION**

This 31 year-old male (b)(6) died of complications of sharp and blunt force injuries of the head. He had penetrating sharp force injuries of both eyes. The left optic nerve was transected and there were fractures of the orbital walls that extended into the sphenoid sinus. In addition, he had subarachnoid hemorrhage and contusions of the left side of the brain. Gross examination and microscopic sections of the brainstem revealed hemorrhages of the midline that are consistent with herniation. The results of the toxicology screen are consistent with resuscitative efforts. The manner of death is homicide.

(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) <b>BTB Khalid, Muhammed, Qusay</b>		GRADE Grade <b>(b)(6)</b>	BRANCH OF SERVICE Arme <b>Civilian</b>
ORGANIZATION Organisation <b>(b)(6)</b>		NATION (e.g. United States) Pays <b>Iraq</b>	DATE OF BIRTH Date de naissance <b>(b)(6) 1976</b>
RACE Race <input checked="" type="checkbox"/> CAUCASOID Caucasique		MARITAL STATUS État Civil <input type="checkbox"/> SINGLE Célibataire	RELIGION Culte <input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Négride		<input type="checkbox"/> DIVORCED Divorcé	<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) <b>Sunni-Islam</b>
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> SEPARATED Séparé	
<input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> JEWISH Juif	<input type="checkbox"/> FEMALE
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile & (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort		Complications of sharp force and blunt force injuries of the head	
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>(b)(6)</b>		
<input checked="" type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature <b>(b)(6)</b>	DATE Date <b>30 July 2007</b>	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>(b)(6) 2007</b>		PLACE OF DEATH Lieu de décès <b>Iraq</b>	
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 funéraire je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF SPECIAL OFFICER Nom du spécialiste officier des décès militaires		TITLE OR DEGREE Titre ou grade	
<b>(b)(6)</b>			
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse		
<b>(b)(6)</b>	<b>Dover AFB, Dover DE</b>		
DATE Date	SIGNATURE Signature		
<b>7/30/2007</b>	<b>(b)(6)</b>		
<small>1 State disease, injury or complication which caused death, use non-injury or injury when no injury occurred, use State conditions contributive to the death, but not related to the disease or condition causing death. 2 Specify the nature of the disease, the disease or the complication which contributed to the death, but not the manner of death, such as "injury to the head, etc." 3 Enter the condition of a medical or dental condition which caused death, such as "diabetes" or "hypertension".</small>			

DD FORM 1 APR 77 2064

REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-RP(AS), 26 SEP 76, WHICH ARE OBSOLETE.

MEDCOM 0820

ACLU Detainee Death II ARMY MEDCOM 820

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

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY <i>(Town and Country)</i>	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

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



**AUTOPSY EXAMINATION REPORT**

Name: Hussein, Hader Ali	Autopsy No.: (b)(6)
ISN: (b)(6)	AFIP No.: (b)(6)
Date of Birth: (b)(6) 1981	Status: Detainee
Date of Death: (b)(6) 2007	Place of Autopsy: Port Mortuary, Dover AFB, Dover, Delaware
Date/Time of Autopsy: (b)(6) 2007 (b)(6)	
Place of Death: Theater Interment Facility (TIF) Hospital, Camp Bucca, Iraq	
Date of Report: 04 SEP 2007	

**Circumstances of Death:**

On 04 JUL 2007, this 26-year-old Iraqi male was being detained at the TIF (Camp Bucca, Iraq) when, as reported, he was physically assaulted by other detainees. He was transferred to the TIF hospital for treatment. Approximately 1 1/2 hours later, he suffered a massive myocardial infarction. Despite medical treatment provided by the TIF hospital medical personnel, (b)(6) died on (b)(6) 2007.

**Authorization for Autopsy:**

Armed Forces Medical Examiner, per 10 U.S. Code 1471

**Identification:**

Presumptive identification is provided by accompanying paperwork.

**CAUSE OF DEATH:**

Myocardial infarction complicated by blunt force injuries.

**MANNER OF DEATH:**

Homicide.

### EXTERNAL EXAMINATION

The body is that of a nude, well-developed, well-nourished male. The body weighs 190 pounds, is 67 inches long and appears compatible with the reported age of 26 years. The body is cold. Rigor has passed. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. There is marbling of the skin of the upper extremities. The hands and feet are macerated with skin slippage identified on the hands. There is bullae formation on both lower extremities, and these bullae are associated with skin slippage. The head is normocephalic, and the scalp hair is short, black, and exhibits male pattern balding. Facial hair consists of a moustache and goatee. The irides are brown. The corneae are cloudy. The conjunctivae are pale. The sclerae are tan. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton and maxillae are palpably intact. The lips are without evident injury. The teeth are natural and the left upper central incisor is missing. Examination of the neck reveals no evidence of injury. Injuries to the chest are described below. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is slightly protuberant. The external genitalia are those of a normal adult circumcised male. A 2 inch superficial decubitus ulcer is identified on the skin overlying the sacrum. A 5 inch thin curvilinear scar is located on the skin of the right upper quadrant of the abdomen, and a 5 inch curvilinear scar is located on the skin overlying the right lower back. The fingernails are intact. No tattoos are identified.

### CLOTHING AND PERSONAL EFFECTS

- Accompanying the deceased are white and green hospital sheets, and a white hospital blanket.

### MEDICAL INTERVENTION

- None is present on the body at the time of autopsy.
- Evidence of previous medical intervention includes a 1/2 inch superficial mucosal ulceration of the proximal esophagus and a 1/4 inch superficial mucosal ulceration of the pharynx just distal to the vocal fold.

### RADIOGRAPHS

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

- Calcification of the midline falx cerebri.
- Consolidation of both lungs.
- Fluid filled trachea and bronchial trees.
- No fractures are identified.
- No foreign bodies 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.

**BLUNT FORCE INJURIES:**

**HEAD/NECK:**

There is a 1 1/2 x 1/8 inch healing linear abrasion on the right side of the face. Above the left eyebrow is a 1 x 1 inch purple contusion, and on the center of the forehead is a 1 x 1/2 inch purple contusion. Associated with these two contusions is a 4 inch frontal subgaleal hemorrhage that extends to the bilateral parietal scalp. Over the occipital protuberance is a 3/4 x 3/4 inch healing laceration that has central granulation tissue. On the back of the head, just to the left of the midline, is a 3/4 x 1/4 inch V-shaped healing laceration with central granulation tissue present. On the right side of the back of the head is a 1 x 1/4 inch healing laceration with central granulation tissue.

**TORSO:**

There is a 1 inch purple contusion of the right lower quadrant of the abdomen and two purple contusions, 1/2 inch and 1 inch respectively, of the central aspect of the lower abdomen. On the right buttock is a 2 inch purple contusion. Upon reflection of the skin of the right side of the chest, an area of contusion, 1 1/2 inches, is identified within the musculature overlying the anterior aspects of right ribs 6-8. The anterior aspect of the sixth right rib is fractured. Further, an area of contusion, 3 x 2 inches, is identified in the musculature overlying the anterior aspect of right ribs 9 and 10. The underlying ribs are not fractured. (The injuries of the chest may be due to medical intervention.)

**EXTREMITIES:**

Overlying the anterior aspect of the right leg is a 1 inch healing scabbed abrasion which is located within the center of a 3 inch purple contusion.

## INTERNAL EXAMINATION

### BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The sternum and vertebral bodies are visibly and palpably intact. Bilateral pleural and pericardial adhesions are seen in both chest cavities and within the pericardial sac. Both chest cavities contain 200 ml of serosanguineous fluid. The pericardial sac contains 10 ml of serosanguineous fluid. The peritoneal cavity contains 100 ml of serosanguineous fluid. All body organs are present in normal anatomical position.

The subcutaneous fat layer of the abdominal wall is 1 1/2 inches thick.

Posterior cutdowns are performed revealing evidence of injury consistent with those described above.

### HEAD AND CENTRAL NERVOUS SYSTEM

The scalp is free of nontraumatic lesions. There are no skull fractures. The calvarium of the skull is removed. The dura mater and falx cerebri are intact and calcifications are identified within the falx cerebri, and the midline dura. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels are intact.

Clear cerebrospinal fluid surrounds the 1480-gram brain, which has unremarkable gyri and sulci. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brain stem and cerebellum are unremarkable. The atlanto-occipital joint is stable. The spinal cord is unremarkable.

### NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage by layer-wise dissection. The thyroid cartilage and hyoid bone are intact. The larynx is lined by pink-white mucosa and a 1/4 inch area of ulceration is identified just distal to the vocal fold on the left side. The tongue is free of bite marks, hemorrhage, or other injuries. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

CARDIOVASCULAR SYSTEM:

The 450-gram heart is contained in an intact pericardial sac. 10 ml of serosanguineous fluid is identified in the pericardial sac. There are fibrinous adhesions between the pericardium and the heart. The epicardial surface is granular and rough, with minimal fat investment.

The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show occlusion of the proximal portion of the left anterior descending coronary artery by atherosclerotic plaque and adherent organized thrombus.

There is a 4 x 3 inch area of soft yellow-brown discoloration of the myocardium extending from the apex along the anterior wall of the left ventricle and extending just into the intraventricular septum and to the lateral wall of the left ventricle (within the perfusion zone of the left anterior descending coronary artery). This area of myocardial necrosis extends through the full thickness of the left ventricular wall (transmural). A mural thrombus is identified within the left ventricular chamber. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1.0, 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.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material: the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally.

The pulmonary parenchyma is diffusely congested and edematous, exuding slight to moderate amounts of blood and frothy fluid; the cut surfaces of both lungs exhibits patches of gray, purulent consolidation most prominent in the perihilar regions.

The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 1530 grams; the left 1450 grams.

HEPATOBIILIARY SYSTEM:

The 1810-gram liver has an intact smooth capsule covering a moderately congested tan-brown parenchyma with no focal lesions noted (the cut surface has a nutmeg appearance).

The gallbladder contains 5 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.



**GASTROINTESTINAL SYSTEM:**

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 50 ml of brown-tan fluid. A ½-inch mucosal ulceration is identified in the proximal esophagus.

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.

**GENITOURINARY SYSTEM:**

The right kidney weighs 180 grams; the left 200 grams. The renal capsules are smooth and thin, semi-transparent and stripped with ease from the underlying smooth, red-brown cortical surface.

The cortex is sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable.

White bladder mucosa overlies an intact bladder wall. The bladder is empty. The testes, prostate gland and seminal vesicles are without note.

**LYMPHORETICULAR SYSTEM:**

The 280-gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable.

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

**ENDOCRINE SYSTEM:**

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

**MUSCULOSKELETAL SYSTEM:**

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

### **ADDITIONAL PROCEDURES**

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

### **MICROSCOPIC EXAMINATION**

- Left Anterior Descending Coronary Artery (Slide 1) – An atherosclerotic plaque with hemorrhage and necrosis is seen. There is an occlusive organizing and adherent thrombus within the residual lumen.
- Heart – Left Ventricle at Apex (Slide 2) – There is an adherent mural thrombus identified within the left ventricle. Within the myocardium there are areas of complete myocyte replacement by granulation tissue with loose collagen and abundant capillaries. There is a predominant chronic inflammatory response identified.
- Heart – Left Ventricle (Slide 3) - Within the myocardium there are areas of complete myocyte replacement by granulation tissue with loose collagen and abundant capillaries. There is a predominant chronic inflammatory response identified.
- Lung (Slide 4) – A neutrophil rich exudate fills the bronchioles and adjacent alveolar spaces.
- Liver (Slide 5) – There is necrosis of the peri-central hepatocytes with relative sparing of hepatocytes in the peri-portal areas.

**FINAL AUTOPSY DIAGNOSES:**

- I. CARDIOVASCULAR SYSTEM:**
  - A. Myocardial infarction - in the distribution of the left anterior descending coronary artery.**
  - B. Atherosclerotic cardiovascular disease - occlusion of the proximal left anterior descending coronary artery by atherosclerotic plaque with adherent organizing thrombus.**
  - C. Mural thrombus - left ventricular chamber.**
- II. PULMONARY SYSTEM:**
  - A. Bilateral bronchopneumonia.**
  - B. Pulmonary congestion and edema.**
- III. HEPATOBILIARY SYSTEM: Centrolobular Necrosis**
- IV. CENTRAL NERVOUS SYSTEM: Calcifications of the falx cerebri and midline dura.**
- V. SKIN: Superficial decubitus ulcer overlying the sacrum.**
- VI. LARYNX: Superficial ulceration.**
- VII. ESOPHAGUS: Superficial ulceration.**
- VIII. INJURIES: Multiple contusions and healing lacerations.**
- IX. EVIDENCE OF MEDICAL THERAPY: As described above.**
- X. POSTMORTEM CHANGES: As described above.**
- XI. IDENTIFYING MARKS: As described above.**
- XII. TOXICOLOGY (AFIP):**
  - A. VOLATILES: No ethanol is detected in the blood and bile**
  - B. DRUGS: Acetaminophen in the blood (19 mg/L); Atropine in the blood; Diazepam in the blood (0.13 mg/L); Nordiazepam in the blood (0.12 mg/L)**
  - C. CYANIDE: No cyanide is detected in the blood**
  - D. CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was less than 1%**

**OPINION**

This 26-year-old Iraqi male died of a myocardial infarction complicated by blunt force injuries. It is reported that he suffered a myocardial infarction a short time after being assaulted by other detainees in a detention facility. It is my opinion based on the information available to me that there is a causal relation between the assault and the myocardial infarction. The manner of death is homicide.

(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) <b>BTB Hussain, Haider, Al</b>		GRADE Grade	BRANCH OF SERVICE Arme <b>Civilian</b>
ORGANIZATION Organisation		NATION (e.g. United States) Pays <b>Iraq</b>	DATE OF BIRTH Date de naissance <b>(b)(6) 1981</b>
			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 Négride		<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> WIDOWED Veuf	
RELIGION Culte		OTHER (Specify) Autre (Spécifier)	
<input checked="" type="checkbox"/> PROTESTANT Protestant		<input checked="" type="checkbox"/> CATHOLIC Catholique	
<input type="checkbox"/> JEWISH Juif			
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort			<b>Myocardial Infarction complicating blunt force injuries</b>
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste		
<input type="checkbox"/> SUICIDE Suicide	<b>(b)(6)</b>		DATE Date <b>30 July 2007</b>
<input checked="" type="checkbox"/> HOMICIDE Homicide	<b>(b)(6)</b>		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (day, mo) Date de décès (le jour, le mois, l'année)	<b>(b)(6) 2007</b>		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et constaté que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire		TITLE OR DEGREE Titre ou diplôme <b>Medical Examiner</b>	
<b>(b)(6)</b>			
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse		
<b>(b)(6)</b>	<b>Dover AFB Dover DE</b>		
DATE Date <b>7/30/2007</b>	SIGNATURE Signature <b>(b)(6)</b>		
<sup>1</sup> State disease, injury or compression which caused death, but <sup>2</sup> State conditions contributive to the death, but not related to the disease or compression causing death. <sup>3</sup> Precise the nature of the malady, 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. <sup>4</sup> Préciser la condition qui a contribué à la mort, mais sans faire aucun rapport avec la manière ou à la condition qui a provoqué la mort.			

DD FORM 1 APR 77 2064

REPLACES DA FORM 2064, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 73, WHICH ARE OBSOLETE.

MEDCOM 0831

ACLU Detainee Death II ARMY MEDCOM 831

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

DISPOSITION OF REMAINS			
NAME OF MORTICUAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY <i>(Town and Country)</i>	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00



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



**AUTOPSY EXAMINATION REPORT**

Name: Abdul Rahim, Mohammed Hashim

ISN: (b)(6)

Date of Birth: (b)(6) 1976

Date of Death: (b)(6) 2007

Date of Autopsy: 17 JUL 2007 at 0900

Date of Report: 30 JUL 2007

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: NA

Place of Death: Camp Bucca, Iraq

Place of Autopsy: Port Mortuary  
Dover AFB, DE

**Circumstances of Death:** According to initial investigative reports, (b)(6) (b)(6) was brought to the guard shack, at Theater International Facility, Camp Bucca, Iraq, by other detainees who found him unconscious and bleeding. Despite institution of resuscitative efforts, he was without signs of life when evaluated at the camp hospital.

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

**Identification:** Detainee serial number

**CAUSE OF DEATH:** MULTIPLE BLUNT AND SHARP FORCE INJURIES

**MANNER OF DEATH:** HOMICIDE

**AUTOPSY DIAGNOSES:**

- I. Injuries
  - A. Head and Neck
    1. Midline, vertex of the scalp, laceration, 1-1/2 inches, with adjacent 1-1/4 x 1/2 inch abrasion and evidence of underlying subgaleal hemorrhage; no underlying skull fracture identified
    2. Occipital scalp on the left side, abrasion, 1/2 x 1/2 inches, with evidence of underlying subgaleal hemorrhage; no underlying skull fracture identified
    3. Left fronto-temporal scalp, abrasion, 1 x 1/2 inches
    4. Right eyebrow, lateral aspect, contusion, 3/4 x 1/4 inch
    5. Right zygomatic area, contusion, 3/4 x 1/2 inch
    6. Extensive injuries to the right and left eyes are present
      - a. right eye injuries include:
        - i. upper eyelid, medial, deep penetrating wound, 3/4 inch
        - ii. upper eyelid, lateral, penetrating wound, 1/8 inch
        - iii. lower eyelid, lateral, penetrating wound, 1/8 inch
      - b. left eye injuries include:
        - i. upper eyelid, lateral, ragged penetrating wounds, 1-1/4 inches and 3/4 x 1/2 inch respectively
        - ii. lower lid, medial, penetrating wound, 3/4 x 1/4 inch
        - iii. enucleation of the left globe with tearing of the extra-ocular muscles and transection of the optic nerve
    7. Lower lip, mucosal surface, abrasion, 1 inch
    8. Absence/avulsion of the anterior 1/3 of the tongue
    9. Chin, through-and-through laceration, 1/2 inch defect through the skin surface, communicates with a 3/4 inch defect of the mucosal surface of the lower lip
    10. Maxillary injuries include
      - a. fracture of the left side anteriorly
      - b. avulsion of teeth 9 and 11, with associated lacerations of the sockets
      - c. partial avulsion of tooth 8 with associated laceration of the socket
    11. Fracture of the nasal bone (radiographically)
    12. Fracture of the bones of right ethmoid sinus (radiographically)
  - B. Torso
    1. Posteriorly, complex patterned contusion on the upper back on the left side, extending over a 5 x 4 inch area with evidence of hemorrhage into the subjacent soft tissue
    2. Posteriorly, linear contusion, extending from the middle of the lower back to the right posterior axillary fold, 8 x 1 inches
    3. Posteriorly, contusion-abrasion, middle of the back on the left, 1 inch in maximal dimension
    4. Evidence of hemorrhage into the cervical paraspinous soft tissues posteriorly
    5. Evidence of hemorrhage into the soft tissues overlying the right and left scapulae and associated fractures of the right and left scapulae



6. Anteriorly, discontinuous linear patterned contusion, extending from the right shoulder and upper chest, across the middle of the upper chest and onto the left upper chest and shoulder, 22 inches in length, with width varying from 1-1/4 inches up to 2-1/2 inches associated with
  - a. fractures of the sternum and right ribs 2 – 4 at the costo-sternal junction
  - b. associated evidence; of hemorrhage into the adjacent soft tissues of the anterior chest wall
  - c. evidence of adventitial and peri-adventitial hemorrhage adjacent to the left anterior descending coronary artery
  - d. minute (up to 0.2 cm) lacerations of the posterior aorta
  - e. evidence of hemorrhage into the adjacent paraspinous soft tissues
  - f. left hemothorax (50 cc)

C. Extremities

1. Left upper extremity
  - a. faint contusion, posterior elbow, 4 x 3 inches
  - b. fracture dislocation of the left elbow
2. Left lower extremity
  - a. linear superficial abrasion, proximal thigh, antero-medially, 2-1/2 x 1/2 inches
  - b. superficial abrasions surrounding the knee, 1 inch and 2 inches respectively
  - c. complex, discontinuous contusion, anterior surface of the distal thigh and knee, 7 x 5 inches
  - d. linear contusion proximal thigh posteriorly, 2 x 1-1/2 inches
  - e. diffuse erythema (contusion) over the popliteal fossa, 8x 5 inches
  - f. evidence of hemorrhage into the soft tissue of the popliteal fossa
  - k. multiple penetrating wounds, extending over the anterior surface of the leg, from the proximal leg to the distal leg, ranging from 1/2 inch up to 1 inch in maximal dimension
  - l. superficial penetrating wound, dorsal surface of the foot, 3/4 inch
  - m. fracture of the proximal tibia
  - n. fracture of the distal tibia and fibula
  - o. fracture of the distal fibula at the lateral malleolus
  - p. multiple fractures of the bones of the left foot including: the cuneiforms and the 1st and 3rd metatarsals
3. Right upper extremity
  - a. incised wound through the skin of the antecubital fossa, 2-1/2 x 3/4 inches and evidence of injury to the subjacent neurovascular structures including the brachial artery and antecubital vein
  - b. fracture dislocation of the elbow
4. Right lower extremity
  - a. evidence of hemorrhage into the soft tissue of the right buttock
  - b. linear contusion, proximal thigh, postero-medially, 7 x 1-1/2 inches in maximal dimensions

4. Right lower extremity injuries (cont.)
  - c. linear contusion, postero-lateral proximal thigh extending into the popliteal fossa, 8 x 1 inches
  - d. evidence of hemorrhage into the soft tissue of the popliteal fossa
  - e. discontinuous contusion, antero-lateral surface of the proximal thigh, extending over a 6 x 5 inch area
  - f. diffuse erythema (contusion) surrounding the knee, extends over a 6-1/2 x 5-1/2 inch area
  - g. superficial abrasions, right knee, 1/2 x 1/4 inch and 1 x 3/4 inch, respectively
  - h. discontinuous contusions, anterior surface of the leg, extend over an area 10 x 4 inches
  - i. superficial incised wounds, anterior surface of the leg, range up to 1/2 x 1/2 inch in maximal dimensions
  - j. fracture of the distal femur
  - k. comminuted fractures of the proximal tibia and fibula
  - l. fractures of the distal tibia and fibula
  - m. multiple fractures of the bones of the leg including proximal and distal tibia and fibula
  - n. fracture of the lateral malleolus of the right ankle
  - o. multiple fractures of the bones of the right foot including: the navicular, cuboid, 3<sup>rd</sup> and 4<sup>th</sup> metatarsals and the proximal phalanx of the great toe

II. Evidence of Medical Intervention

Unequivocal evidence of medical intervention is not identified

III. Evidence of Pre-existing Disease

- A. Well healed, variably pigmented scar extends obliquely over the surface of the right lower abdominal quadrant (consistent with an appendectomy scar)
- B. Dense pulmonary adhesions extending from the all visceral pleural surfaces to the adjacent parietal pleural surfaces
- C. Dense fibrous adhesions fuse adjacent loops of small and large bowel together
- D. Mild to moderate atheromatous narrowing of the left anterior descending coronary artery is noted within 1 cm of its origin
- E. Evidence of historically remote, healed fracture of the right humerus (radiographically)
- F. Evidence of bilateral spondylolysis at L5, (radiographically) or descending coronary artery is noted within 1 cm of its origin

IV. Identifying Marks

- A. Healed surgical scar, right lower abdomen
- B. (Radiographic) healed right humeral fracture

V. Toxicology

Negative

- VI. Post-mortem Changes  
A. Resolving rigor mortis  
B. Mild lividity evident posteriorly

### EXTERNAL EXAMINATION

Injuries will be described in detail in a separate section, and will only be briefly alluded to in the remainder of the report, for purposes of orientation and completeness. The body, unclothed, is that of a well-developed, 67 inch tall, 162 pounds male whose appearance is consistent with the reported age of 30 years. Lividity is posterior and fixed, rigor is resolving, and the body is cooled to refrigeration temperature.

The scalp is covered with closely trimmed black, hair in the normal male distribution and a full, black moustache and closely trimmed full, black beard are present. The corneas are mildly opacified, the underlying irides are brown. The sclerae are clear. The ears are unremarkable. The nares are patent. The injuries to the mouth have been noted.

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 circumcised adult male. The testes are descended and free of masses. Pubic hair is present in the usual male distribution. The injury to the right buttock has been noted. The anus is without evidence of trauma or other lesion. Apart from the injuries noted, the upper and lower extremities are symmetric and without clubbing or edema.

### CLOTHING AND PERSONAL EFFECTS

There are no items of clothing accompanying the remains. There are no personal effects accompanying the remains.

### RADIOGRAPHS

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

- Fracture of the bones of the ethmoid sinus, nasal bones and maxilla
- Fractures of the sternum and costo-sternal fractures, right ribs 2 - 4
- Fracture dislocation of the left elbow complex
- Fracture dislocation of the right elbow complex
- Fracture, remote-healed, of the right humerus
- Fracture of the distal right femur
- Multiple fractures of the right leg, including the proximal and distal tibia and fibula, and the lateral malleolus of the ankle
- Multiple fractures of the bones of the right foot including: the navicular, cuboid, 3<sup>rd</sup> and 4<sup>th</sup> metatarsals and the proximal phalanx of the great toe
- Fractures of the left leg include the proximal tibia, the distal tibia and fibula, and the lateral malleolus of the ankle
- Multiple fractures of the bones of the left foot including: the cuneiforms and the 1st and 3rd metatarsals
- Absence of radio-opaque foreign material

### EVIDENCE OF INJURY

Scalp injuries include a 1-1/2 cm laceration of the vertex of the scalp associated with underlying , an adjacent 1-1/4 inch superficial abrasion and a 1/2 inch superficial abrasion of the occipital scalp. Facial injuries include a 3/4 inch contusion lateral to the right eyebrow, a 3/4 inch contusion over the right cheek and a through-and-through laceration of the chin. Injuries to the right eye include two penetrating wounds of the upper eyelid (1/8 up to 3/4 inch), and a penetrating wound of the lower eyelid (1/8 inch). The left eye has been enucleated from the socket and the optic nerve severed. The extra-ocular muscles of the eye have been lacerated, as have the upper eyelid (two penetrating wounds, 1-1/4 and 3/4 inches in maximal dimensions respectively) the lower eyelid (a 3/4 inch penetrating wound). A 1 inch abrasion is present on the mucosal surface of the lower lip, and inferior to this, a 3/4 inch laceration is continuous with the laceration to the chin. Teeth 9 and 10 are avulsed from their sockets in the maxilla, and tooth 8 is partially avulsed. There is evidence of abundant hemorrhage into and around the associated sockets. The anterior one-third of the tongue is absent. Radiographically identified injuries include fractures of the nasal bones, the bones of the right ethmoid sinus and the maxillary bone.

Torso injuries include: a complex 5 x 4 inch patterned contusion of the upper back on the left side; a linear 8 x 1 inch contusion, extending from the middle of the lower back to the right posterior axillary fold and a 1 inch contused abrasion in the middle of the back on the left side. Anteriorly, a ribbon-like, discontinuous linear patterned contusion, 22 inches long, extends from the shoulders onto the chest. Direct examination of the subjacent tissues discloses underlying injuries including: hemorrhage into the soft tissues of the anterior chest wall (associated with fractures listed below); evidence of adventitial and peri-adventitial hemorrhage adjacent to the left anterior descending coronary artery; minute (0.2 cm maximum) lacerations of the posterior aorta; evidence of hemorrhage into the adjacent paraspinous soft tissues, and a left hemothorax (50 cc). Additionally, there is evidence of hemorrhage into the cervical paraspinous soft tissues and into the soft tissues overlying the right and left scapulae. Radiographically defined torso injuries include fractures of the right and left scapulae, and fractures of the sternum and the right second through fourth ribs on the right, at the costo-sternal junction.

Left extremity injuries include: a contusion around the elbow, 4 x 3 inches; a fracture dislocation of the left elbow; complex, a linear superficial abrasion of the proximal thigh (2-1/2 x 1/2 inches); superficial abrasions surrounding the knee (up to 2 inches in maximal dimension); a discontinuous contusion, anterior surface of the distal thigh and knee, 7 x 5 inches; a linear contusion posterior thigh (2 x 1-1/2 inches); a contusion of the popliteal fossa; evidence of hemorrhage into the soft tissue of the popliteal fossa, and multiple incised wounds of the leg anteriorly (ranging up to 1 inch in maximal dimension), as well as a superficial, 3/4 inch incised wound of dorsum of the foot. Radiographically defined lesions of the left lower extremity include fractures of: the proximal tibia; the distal tibia and fibula; the lateral malleolus; the cuneiform bones of the midfoot and the first and third metatarsals of the forefoot.

### EVIDENCE OF INJURY

(cont.)

Right extremity injuries include: an incised wound of the antecubital fossa (2-1/2 inches in maximal dimension) associated with injuries to the underlying brachial artery and antecubital vein; a fracture dislocation of the elbow; evidence of hemorrhage into the buttock; a linear contusion of the postero-medial surface of the proximal thigh (7 inches in maximal dimension); a linear contusion of the postero-lateral surface of the proximal thigh, which extends into the popliteal fossa (8 inches in maximal dimension); linear contusion posterior thigh (2 x 1-1/2 inches); superficial abrasions over the anterior surface of the right knee, 1/2 x 1/4 inch and 1 x 3/4 inch, respectively; a contusion of the popliteal fossa; evidence of hemorrhage into the soft tissue of the popliteal fossa; a discontinuous contusion of the antero-lateral surface of the proximal thigh which extends over a 6 x 5 inch area; diffuse erythema surrounding the knee which extends over a 6-1/2 x 5-1/2 inch area; discontinuous contusions over the anterior surface of the leg, extending over a 10 x 4 inch area; and superficial incised wounds of the anterior surface of the leg (up to 1/2 inch in maximal dimension). Radiographically defined lesions of the left lower extremity include fractures of: the distal femur; the proximal tibia and fibula; the distal tibia and fibula; the lateral malleolus, and multiple bones of the foot including the navicular, the cuboid, the 3<sup>rd</sup> and 4<sup>th</sup> metatarsals and the proximal phalanx of the great toe

### INTERNAL EXAMINATION

#### HEAD:

Injuries to the scalp and face have been described. The blood vessels overlying the 1570 gram brain are engorged. The sulci and gyri are unremarkable, and on coronal sections, the demarcation between white and gray matter is distinct. There is no evidence of hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures.

#### NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. Posteriorly, there is evidence of hemorrhage into the soft tissue surrounding the cervical spine. The anterior third of the tongue is absent

#### BODY CAVITIES:

Hemorrhage surrounds the fractured sternum and fractures of the costo-sternal joints of the 2<sup>nd</sup> through 4<sup>th</sup> ribs on the right. Dense fibrous adhesions extend between the lung surfaces and the parietal pleural surfaces. Bilateral pneumothoraces are present (radiographically). Approximately 50 cc of blood is present in the left hemithorax. There is no excess fluid in the right pleural space. No excess blood or fluid is present either in the pericardial sac, or in the peritoneal cavity. The organs of the thorax, abdomen and pelvis occupy their usual anatomic positions.

## INTERNAL EXAMINATION

(cont.)

### RESPIRATORY SYSTEM:

The right and left lungs weigh 580 and 460 gm, respectively. The dense fibrous adhesions over the plural surfaces have been noted. The pleural surfaces are otherwise unremarkable, and on section, the pulmonary parenchyma is uniformly deep purple, without evidence of mass lesion or areas of consolidation. The proximal airway is unremarkable.

### CARDIOVASCULAR SYSTEM:

The 280 gm heart is contained in an intact pericardial sac. Adjacent to the pulmonary artery, along the posterior surface of the base of the heart, is a 0.6 cm contusion. The epicardial surface is otherwise smooth, with scant fat investment. The coronary arteries are present in a normal distribution. Petechial hemorrhage permeates the epicardial fat surrounding the proximal segment of the left anterior descending coronary artery. There is no evidence of an atheromatous lesion or thrombus. The remaining coronary arterial vessels are unremarkable. The myocardium is homogenous, red-brown, and firm without evidence of focal lesion or injury. The valve leaflets are thin and mobile. The walls of the left and right ventricular free walls are 1.0 and 0.2 cm thick, respectively; the interventricular septum is 0.9 cm thick. The endocardium is red-brown and without evidence of focal lesion or injury. The aorta arises and is distributed in the usual pattern. Hemorrhage into the soft tissue adjacent to the thoracic vertebral column emanates from several minute (less than 0.1 cm) lacerations in the posterior aortic wall. The renal and mesenteric vessels are unremarkable.

### LIVER & BILIARY SYSTEM:

The 1400 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 8 cc of green-black bile. There are no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

### SPLEEN:

The 180 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. There is no focal lesion or evidence of injury.

### ADRENALS:

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

## INTERNAL EXAMINATION

(cont.)

### GENITOURINARY SYSTEM:

The right and left kidneys weigh 100 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. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 30 cc 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 40 cc of partially digested food. There are no pill fragments identified. The gastric wall is intact. The colonic segments and loops of small bowel are fused together by focally dense fibrous adhesions. Otherwise, the segments of the gastrointestinal tract are intact and unremarkable. The appendix is absent.

### MUSCULOSKELETAL SYSTEM:

Muscle development is normal. Apart from the recent and remote (healed) injuries noted, no bone or joint abnormalities are noted.

## MICROSCOPIC EXAMINATION

Small sections of formalin fixed tissue are retained for microscopy as necessary.

### ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by the OAFME staff photographers.
- Specimens retained for toxicologic testing and/or DNA identification are: blood, vitreous fluid, bile, urine, gastric contents, brain, myocardium, lung, liver, spleen, kidney, adipose tissue and skeletal muscle.
- Full body radiographs are obtained and reflect injuries described above.
- Selected portions of organs are retained in formalin, without preparation of histologic slides.
- Fingernail parings are obtained from both hands, sealed in marked evidence envelopes, and custody maintained by Army CID.
- The dissected organs are forwarded with the body.
- Personal effects are released to the appropriate mortuary operations representatives.

**OPINION**

According to initial investigative reports (b)(6) was brought to the camp guard shack by other detainees who found him unconscious and bleeding. On transport to the facility hospital, it is reported that he was pulseless, without blood pressure and that his pupils were fixed and dilated.

At post-mortem exam, it is found that the decedent sustained multiple blunt and sharp force injuries. Individually, these injuries are sub-lethal; in aggregate however, the injuries caused loss of blood sufficient to result in death. Additionally, the intensity of the pain associated with the combined injuries would generate immense sympathetic nervous system stimulation such that a possible contributory cardiac dysrhythmia cannot be excluded.

Finally, multiple dense pulmonary adhesions as well as bowel adhesions (indicative of prior infectious diseases) suggest that the decedent may have had a diminished reserve capacity to withstand injury and the pain induced when the injuries were inflicted.

The manner of death is homicide.

(b)(6)

(b)(6) Medical Examiner



CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, first, middle) Nom du défunt (Nom et prénoms) <b>BTB Abdul Rahim, Mohammed, Hashim</b>		GRADE Grade <b></b>	BRANCH OF SERVICE Arme <b>Civilian</b>
ORGANIZATION Organisation <b></b>		NATION (i.e. United States) Pays <b>Iraq</b>	DATE OF BIRTH Date de naissance <b>(b)(6) 1978</b>
			SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARRITAL STATUS État CIVIL	
<input checked="" type="checkbox"/> CAUCASOID Caucasien		<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> NEGROID Négride		<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parents du défunt avec le tut	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (include ZIP Code) Ville (Code postal complet)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Principal 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.			<b>Multiple blunt and sharp force injuries</b>
ANTICIPATED CAUSES Symptômes précursseurs de la mort.	MORIBUND CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING DISEASE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition sous-jacente, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES OUI <input type="checkbox"/> NO NON	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort résultant de causes extérieures	
NATURAL Mort naturelle	REASON PROBABLE OF SUICIDE Cause probable de suicide		
ACCIDENT Mort accidentelle	NAME OF BATHING BODY Nom du bain		
SUICIDE Suicide	(b)(6)	DATE Date <b>17 July 2007</b>	AVIATION ACCIDENT Accident d'Aviation <input type="checkbox"/> YES OUI <input checked="" type="checkbox"/> NO NON
<input checked="" type="checkbox"/> HOMICIDE Homicide	(b)(6)		
DATE OF DEATH (day, month, year) le (le jour, le mois, l'année)	PLACE OF DEATH Lieu de décès		
(b)(6) 2007 (b)(6)	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 humains du défunt et la cause et l'époque indiquées et je suis sûr des causes énoncées ci-dessus.			
NAME OF SIGNER Nom du médecin légiste ou du médecin militaire		TITLE OR DESIGNATION Titre ou désignation	
(b)(6)		<b>Medical Examiner</b>	
RESIDENCE Domicile		INSTALLATION OR ADDRESS Installation ou adresse	
(b)(6)		(b)(6)	
DATE Date <b>7/17/2007</b>			

DD FORM 1300, APR 77 2064

MEDCOM 0843

ACLU Detainee Death II ARMY MEDCOM 843

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

DEPOSITION OF REMAINS			
NAME OF MORTUARY PREPARATOR/RESTORER	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (72HR CAP DEADLINE)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00



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



**AUTOPSY EXAMINATION REPORT**

Name: Mustafi, Muhayman Jalal  
ISN: (b)(6)  
Date of Birth: (b)(6) 1990  
Date of Death: (b)(6) 2007  
Date/Time of Autopsy: 16 JUL 2007/0930  
Date of Report: 13 AUG 2007

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

**Circumstances of Death:** This 16-year-old male detainee was interned at Camp Cropper Iraq. Initial investigative reports indicate that the unresponsive body of (b)(6) was dragged to the compound gate by three unknown males who fled the scene. Despite emergency medical intervention (b)(6) succumbed to his injuries.

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

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

**CAUSE OF DEATH:** Multiple blunt force injuries

**MANNER OF DEATH:** Homicide

### **EXTERNAL EXAMINATION**

Injuries will be described in detail in "Evidence of Injury", and will only be briefly alluded to in the remainder of the report, for purposes of orientation and completeness. The body is that of a well-developed, well-nourished appearing, adult male, whose appearance is consistent with the reported age of 16-years. The body is received wrapped in a green zippered nylon bag and clad in a pair of body fluid stained white boxer shorts. The remains are 68 ½-inches in length, and weigh 154-pounds. Lividity is present and fixed on the posterior surface of the body except in areas exposed to pressure. Rigor is present to an equal degree in all extremities. There is greenish discoloration of the skin of the abdomen. Maceration and skin slippage is noted on the upper extremities. The temperature of the body is that of the refrigeration unit.

The head is normocephalic, and the scalp is covered with straight black hair measuring up to 1 ½-inches, in a normal distribution. Facial hair consists of a trim black beard and moustache. The irides are dark. The corneae are hazy. The conjunctivae are unremarkable. The pupils are round and equal in diameter. The sclerae are white and without petechial hemorrhage. The external auditory canals, external nares, and oral cavity are free of foreign material and abnormal secretions. The ears and lips demonstrate no non-traumatic abnormalities. The nares are patent. The nasal skeleton and maxillae are palpably intact. The uninjured teeth appear natural and in good condition. The neck is straight, and the trachea is midline and mobile.

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

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are intact and the nailbeds cyanotic.

### **CLOTHING AND PERSONAL EFFECTS**

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

- A blood and body fluid stained short sleeve undershirt cut from the front collar to the hem
- A pair of body fluid stained white boxer shorts
- A green cloth bag containing personal effects is affixed to the right wrist, contents of which have been photographed and inventoried on form DD 1076.

### **MEDICAL INTERVENTION**

No evidence of medical intervention is in place at the time of autopsy.

### RADIOGRAPHS

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

- Fracture of the left maxillary sinus
- Fracture of the 3<sup>rd</sup> metacarpal of the left hand
- Fracture of the distal right fibula
- Fracture of the posterior spinous process of the 2<sup>nd</sup> thoracic vertebra
- No internal metal identified
- No pneumothorax 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.

#### I. Multiple blunt force injuries

##### A. Blunt force injuries of the head and neck

1. Obliquely oriented (along the 4 to 10 o'clock axis) laceration above the right eyebrow, 2 x 1/16-inches to periosteum (3/8-inches)
2. Vertically oriented curvilinear contused laceration of the nasal bridge, 1 1/8 x 1/16, 3/8-inches deep
3. Obliquely oriented (along the 5 to 11 o'clock axis) laceration on the right occipital scalp to subcutaneous tissues
4. Obliquely oriented (along the 1 to 7 o'clock axis) laceration on the left occipito-parietal scalp, 2 3/4 x 1/16-inches to periosteum (3/8-inches)
5. Horizontally oriented laceration on the left parietal scalp, posterior to the left ear, 1 1/16 x 1/16-inches, 3/8-inches deep with undermining of the superior aspect of the wound
6. Superficial abrasion on the posterior pinna of the left ear, 3/8 x 1/8-inches
7. Intersecting lacerations of the posterior left parietal scalp measuring 2 3/4 x 1/16-inches (along the 5 to 11 o'clock axis) and 1 3/8 x 1/16-inches (along the 7 to 1 o'clock axis), both 3/8-inches in depth
8. Obliquely oriented (along the 1 to 7 o'clock axis) superficial laceration on the left temporal scalp to subcutaneous tissue, 5/8 x 1/16-inches
9. Obliquely oriented (along the 5 to 11 o'clock axis) laceration on the mid-sagittal frontal scalp, 2 3/4 x 1/16-inches to periosteum (3/8-inches)
10. Obliquely oriented (along the 7 to 1 o'clock axis) laceration of the left frontal scalp at the hairline, 1 1/2 x 1/16-inches to a depth of 1/8-inches
11. Obliquely oriented (along the 7 to 1 o'clock axis) laceration of the left temporal scalp extending onto the forehead and contusion of the skin of the inferior margin of the wound, 2 1/2 x 1/16-inches to a depth of 3/8-inches
12. Left periorbital contusion with associated superficial lacerations of the lateral left eyebrow (3) measuring up to 7/8-inches in greatest dimensions and a horizontally oriented laceration of the lateral left eyelid, 1 1/2 x 1/16-inches

13. Obliquely oriented (along the 2 to 8 o'clock axis) contused laceration of the left cheek measuring 1 1/6 x 1/16-inches with a depth of 1/4-inches and associated fracture of the left maxillary sinus
14. Contused laceration of the left upper lip (5/8 x 1/8-inches) extending into the oral cavity with associated fracture of tooth #10
15. Subgaleal hemorrhage associated with the above scalp lacerations
16. No gross or radiographic evidence of fractures of the calvarium
17. Diffuse subarachnoid hemorrhage involving the convexities of both occipital lobes, brainstem, and both cerebellar hemispheres
18. Diffuse hemorrhage of the right sternocleidomastoid muscle and focal hemorrhage of the right sternohyoid muscle
19. Intact hyoid bone, thyroid cartilage, and tracheal cartilage
20. Cortical contusions of the inferior aspect of the left frontal and right occipital poles of the brain, each measuring less than 1/8-inches in greatest dimensions
21. Laceration of the right lateral aspect of the tongue, 1/4 x 1/8-inches

**B. Blunt force injuries of the torso**

1. Superficial abrasion of the medial right clavicle, 1 3/4 x 3/16-inches
2. Cluster (1 1/2 x 1/2-inches) of superficial abrasions overlying the right acromioclavicular joint, 3/8 to 1/2-inches in greatest dimensions
3. Curvilinear contused abrasion overlying the middle third of the right clavicle, 4 x 3/4-inches
4. Contusion of the right lateral chest wall (8 x 6 1/2-inches) with a centrally oriented triangular shaped patterned abrasion, 1 1/4 x 1 1/8-inches
5. Multiple (2) circular superficial abrasions above the right inguinal ligament measuring 1/2-inches, each
6. Contusions on the lateral right hip, 1 1/2 x 5/8-inches
7. Superficial abrasion on the anterior right hip, 1/2 x 3/8-inches
8. Obliquely oriented (along the 10 to 4 o'clock axis) patterned contusion on the upper back to the left of the 6<sup>th</sup> and 7<sup>th</sup> cervical vertebrae, 5 1/4 x 1-inches
9. Obliquely oriented (along the 10 to 4 o'clock axis) patterned contusion above the superior border of the left scapula, 6 x 1 1/2-inches
10. Contusion (2 3/4 x 1 1/4-inches) on the posterior left shoulder with superficial marginal abrasion at the superior margin of the wound measuring 3 x 1/16-inches
11. Contusion in the posterior left axillary fold, 2 x 1-inches
12. Trapezoidal shaped patterned abrasion (2 1/2 x 3/4-inches) above the posterior left iliac crest with a centrally placed 1/2-inch circular area of sparing
13. Obliquely oriented (along the 1 to 7 o'clock axis) linear contusion of the upper back at the level of the 4<sup>th</sup> thoracic vertebrae, 5 1/4 x 3/4-inches
14. Circular 1-inch contusion on the upper medial border of the right scapula
15. Rectangular contusion on the posterior right shoulder, 2 x 1-inches
16. Horizontally oriented abrasion on the right posterior axillary line at the level of the 8<sup>th</sup> thoracic vertebrae, 1 1/2 x 1/8-inches
17. Parallel (1-inch separation) superficial linear abrasions (2) below the tip of the right scapula, 2 x 1/16-inches, each

18. Obliquely oriented (along the 2 to 8 o'clock axis) rectangular contusion on the right lower back, 7 x 1-inches
19. Fracture of the spinous process of the 2<sup>nd</sup> thoracic vertebrae with hemorrhage into the surrounding paraspinal muscles
20. Multiple rib fractures (lateral right - 8-9, posterior right - 9-10) with associated soft tissue hemorrhage, 6 x 5-inches
21. Evidence of hemorrhage into the soft tissues overlying the right scapula
22. Evidence of hemorrhage into the soft tissues associated with the contusions and abrasions of the torso, as described above

**C. Blunt force injuries of the extremities**

**1. Right upper extremity**

- a. Horizontally oriented superficial laceration of the distal posterior right arm, ½ x 1/8-inches
- b. Obliquely oriented (along the 5 to 11 o'clock axis) superficial laceration of the right elbow, 1 x ½-inches
- c. Cluster (2 x ½-inches) of superficial lacerations and abrasions on the proximal ulnar aspect of the right forearm measuring up to 2-inches in greatest dimensions
- d. Confluent contusion of the lateral right arm, dorsal right forearm, and dorsum of the right hand
- e. Contusions of the palmar surface of the right hand over the heads of the 4<sup>th</sup>-5<sup>th</sup> metacarpals (1 ¼ x 1-inches) and head of the 2<sup>nd</sup> metacarpal (1 x ¾-inches)

**2. Left upper extremity**

- a. Confluent contusion of the distal lateral left arm, dorsal left forearm, and dorsum of the left hand
- b. Contusions of the palmar aspects of the 4<sup>th</sup> and 5<sup>th</sup> digits of the left hand
- c. Confluent contusion of the left palm, 3 ¼ x 3-inches
- d. Fracture of the 3<sup>rd</sup> metacarpal of the left hand

**3. Right lower extremity**

- a. Horizontally oriented contusion on the anterior right thigh, 2 x ¾-inches
- b. Contusion above the lateral right patella, 1 ¼ x 1-inches
- c. Circular contusion of the medial right knee, 1-inch
- d. Contusion below the lateral right patella, 1 ½ x 1-inches
- e. Lacerations (2) on the proximal and middle anterior right leg, 3/16-inches each
- f. Confluent contusion on the dorsum of the right foot and lateral/anterior right leg (12 x 3 ½-inches)
- g. Contusion at the lateral right gluteal crease, 1 ½ x ¾-inches
- h. Multiple obliquely oriented (along the 1 to 8 o'clock axis) superficial linear contused abrasions on the posterior right thigh measuring up to 3 inches in greatest dimensions
- i. Contusion over the head of the right fibula, 1 ½ x ¾-inches
- j. Multiple (3) lacerations on the right lateral malleolus, 7/16 to 1-inch in greatest dimensions
- k. Fracture of the distal right fibula

4. Left lower extremity
  - a. Superficial abrasion (1 x ½-inches) with surrounding contusion (2 ½ x 1 ¾-inches) on the anterior left thigh
  - b. Superficial laceration on the superior lateral left knee, ¾ x 1/16-inches
  - c. Obliquely oriented (along the 4 to 10 o'clock axis) contused abrasion below the left knee, 4 ¼ x ¾-inches
  - d. Superficial laceration on the proximal anterior left leg, 1 x ¾-inches
  - e. Contusions (2) of the middle and distal anterior left leg, 2 ½ to 4-inches in greatest dimensions
  - f. Multiple contusions and abrasions of the posterior left thigh and lateral left gluteal crease, 3/16 to 3-inches in greatest dimensions
  - g. Multiple superficial contusions, abrasions, and lacerations of the left calf and lateral malleolus, ¼ to 1 ¾-inches in greatest dimensions
5. No evidence of ligature restraint is demonstrated

### INTERNAL EXAMINATION

#### BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The ribs, sternum, and vertebral bodies are visibly and palpably intact. No adhesions or abnormal collections of fluid are present in the pleural, pericardial, or peritoneal cavities. All body organs are present in their normal anatomic positions. There is no internal evidence of penetrating injury to the thoraco-abdominal region.

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

#### HEAD AND CENTRAL NERVOUS SYSTEM:

Injuries to the scalp and face have been described. The scalp is reflected. The calvarium is intact, as is the dura mater beneath it. There are no epidural or subdural hemorrhages present. The leptomeninges are thin and delicate. Subarachnoid hemorrhage and injury to the frontal and occipital lobes have been described. The brain weighs 1430-grams. The cerebral hemispheres are symmetrical with unremarkable gyri and sulci. The structures at the base of the brain, including cranial nerves and blood vessels, are intact and unremarkable.

Coronal sections demonstrate sharp demarcation between white and grey matter. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of non-traumatic abnormalities. The atlanto-occipital joint is stable.

#### NECK:

A layerwise dissection of the neck demonstrates the injuries described above. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa.

Incision and dissection of the posterior neck demonstrates the injuries as described. There is no evidence of cervical spine fractures.



Incision and dissection of the posterior neck demonstrates the injuries as described. There is no evidence of cervical spine fractures.

**RESPIRATORY SYSTEM:**

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is salmon pink, diffusely congested and edematous, exuding slight to moderate amounts of blood and frothy fluid. No mass lesions or areas of consolidation are present. The right and left lungs weigh 410 and 370-grams, respectively.

**CARDIOVASCULAR SYSTEM:**

The pericardial surfaces are smooth, glistening and unremarkable. The 310-gram heart is contained in an intact pericardial sac free of significant fluid or adhesions. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally, follow the usual distribution in a right dominant pattern, are widely patent, and without evidence of thrombosis or significant atherosclerosis. The myocardium is homogenous, red-brown, firm and unremarkable; the atrial and ventricular septae are intact. The walls of the left and right ventricles are 0.8 and 0.2-centimeters thick, respectively. The valve leaflets are thin and mobile. The aorta and its major branches arise normally, follow the usual course and are free of significant atherosclerosis or other abnormalities. The venae cavae and its major tributaries return to the heart in the usual distribution and are free of thrombi. The renal and mesenteric vessels are unremarkable.

**HEPATOBIILIARY SYSTEM:**

The hepatic capsule is smooth, glistening and intact, covering dark red-brown, moderately congested parenchyma. No mass lesions or other abnormalities are noted. The gallbladder contains 4.0-milliliters of green-brown mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent and without evidence of calculi. The liver weighs 1370-grams.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, grey-white mucosa. The gastric wall is intact and the stomach contains approximately 75-milliliters of thick dark brown fluid with partially digested rice. The gastric mucosa is arranged in the usual rugal folds. The duodenum, loops of small bowel and colon are unremarkable. The appendix is present.

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 130 and 110-grams, respectively. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surface. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves and calyces are unremarkable. The ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 25-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.

**LYMPHORETICULAR SYSTEM:**

The 160-gram spleen has a smooth, intact capsule covering maroon, moderately firm parenchyma; the lymphoid follicles are unremarkable. Lymph nodes in the hilar, periaortic, and iliac regions are not enlarged.

**ENDOCRINE SYSTEM:**

The pituitary gland is unremarkable. The thyroid is symmetric and red-brown, without cystic or nodular change. The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are noted. The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses or areas of hemorrhage are identified.

**MUSCULOSKELETAL SYSTEM:**

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

**ADDITIONAL PROCEDURES**

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

**MICROSCOPIC EXAMINATION**

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

**FINAL AUTOPSY DIAGNOSES:**

- I. Multiple blunt force injuries
  - A. Blunt force injuries of the head and neck
    1. Cortical contusions of the left frontal and right occipital lobes of the brain
    2. Diffuse subarachnoid hemorrhage involving the convexities of the occipital lobes, both cerebellar hemispheres and the brainstem
    3. Superficial hemorrhage into the strap muscles of the anterior neck
    4. Multiple scalp and facial contusions, abrasions, and lacerations
  - B. Blunt force injuries of the torso
    1. Multiple superficial lacerations, abrasions and contusions of the chest, back, and pelvis
    2. Multiple rib fractures
    3. Fracture of the spinous process of the 2<sup>nd</sup> thoracic vertebra with associated hemorrhage into the paraspinal muscles
    4. Near confluent hemorrhage into the superficial muscles of the back
  - C. Blunt force injuries of the extremities
    1. Confluent contusions of the posterior arms, dorsal forearms, and anterior legs
    2. Multiple contusions, abrasions, and lacerations of all extremities.
    3. Contusions of the palms of both hands
    4. Fractures of the 3<sup>rd</sup> metacarpal of the left hand and the distal right fibula
    5. No evidence of restraint identified
- II. No natural disease processes identified within the limitations of the examination.
- III. No evidence of medical therapy is in place at the time of autopsy.
- IV. Post-mortem changes
  - A. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure
  - B. Rigor is present to an equal degree in all extremities
  - C. Green discoloration of the skin of the abdomen is present
  - D. Maceration and skin slippage of the extremities
- V. Toxicology results: negative

**OPINION**

This 16-year-old male detainee (b)(6) was interned at Camp Cropper Iraq. Initial investigative reports indicate that the unresponsive body (b)(6) was dragged to the compound gate by three unknown male detainees who fled the scene. Despite emergency medical intervention at the scene (b)(6) succumbed to his injuries.

Autopsy examination revealed that the decedent sustained multiple blunt force injuries. The most severe injuries were to the head and neck resulting in contusions and hemorrhage of the brain. The remaining injuries, although individually sub-lethal in nature and not injuring vital structures, in aggregate would have caused significant loss of blood.

Postmortem analysis of the body fluids was negative for the presence of ethanol, screened medications and screened drugs of abuse. There was no evidence of significant natural disease processes noted at the time of autopsy.

The manner of death is homicide.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)									
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) <b>BTB Mustafi, Muhayman, Jalal</b>		GRADE Grade		BRANCH OF SERVICE Armée <b>Civilian</b>		SOCIAL SECURITY NUMBER Numéro de l'Assurance Social <b>(b)(6)</b>			
ORGANIZATION Organisation		NATION (e.g. United States) Pays <b>Iraq</b>		DATE OF BIRTH Date de naissance <b>(b)(6)</b> <b>1990</b>		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
RACE Race		MARITAL STATUS Etat 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"/> OTHER (Specify) Autre (Spécifier)				
<input type="checkbox"/> NEGROID Négride	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique		<input checked="" type="checkbox"/>				
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf			<input type="checkbox"/> JEWISH Juf					
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED		Parenté du décédé avec le su					
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code)		Ville (Code postal compris)					
<b>MEDICAL STATEMENT      Déclaration médicale</b>									
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès <b>Undetermined</b>							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort.		<b>Multiple blunt force injuries</b>							
ANTECEDENT CAUSES		MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire							
Symptoms précurseurs de la mort.		UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire							
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives									
MODE OF DEATH Condition de décès		AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Non			
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		NAME OF PATHOLOGIST Nom du pathologiste <b>(b)(6)</b>		DATE Date <b>16 July 2007</b>				
<input type="checkbox"/> ACCIDENT Mort accidentelle	PLACE OF DEATH Lieu de décès <b>Iraq</b>		SIGNATURE <b>(b)(6)</b>		TITLE OR DEGREE Titre ou diplôme <b>Medical Examiner</b>				
<input type="checkbox"/> SUICIDE Suicide	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.		INSTALLATION OR ADDRESS Installation ou adresse <b>Dover AFB, Dover DE</b>		SIGNATURE <b>(b)(6)</b>				
<input checked="" type="checkbox"/> HOMICIDE Homicide	DATE OF DEATH Date de décès (day, month, year) (le jour, le mois, l'année) <b>(b)(6) 2007 (b)(6)</b>		NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin aérospatial		TITLE OR DEGREE Titre ou diplôme				
1 State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc. 1 State conditions contributing to the death, but not related to the disease or condition causing death. 1 Préciser la nature 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.		2 I have viewed the remains of the deceased and death occurred at the time indicated and from the causes as stated above. 2 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.		3 I have viewed the remains of the deceased and death occurred at the time indicated and from the causes as stated above. 3 Préciser la condition qui a contribué à la mort, mais n'est pas associée à la mort, telle qu'un arrêt du cœur, etc.					
FORM <b>DD 1 APR 77 2064</b>		REPLACES DA FORM 3645, 1 JAN 72 AND DA FORM 3645-R(PAS), 26 SEP 76, WHICH ARE OBSOLETE.		MEDCOM 0855		ACLU Detainee Death II ARMY MEDCOM 855			

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

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY <i>(Town and Country)</i>	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

MEDCOM 0856

ACLU Detainee DeathII ARMY MEDCOM 856



**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: Amhed. Rafah Abdul Al Kader  
ISN (b)(6)  
Date of Birth (b)(6) 1938  
Date of Death (b)(6) 2007  
Date/Time of Autopsy: 09 July 2007@1000  
Date of Report: 23 Aug 2007

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

**Circumstances of Death:** This 69 year old Iraqi detainee was admitted to the Theater Internment Hospital, Camp Bucca, on 07 June 2007 and was being treated for a reported tuberculosis infection. His condition deteriorated and he was transferred to the intensive care unit. He was pronounced dead on (b)(6) 2007.

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

**Identification:** Presumptive identification is established by review of all paperwork in the case file. Postmortem fingerprints and a specimen suitable for DNA analysis are obtained.

**CAUSE OF DEATH:** **Metastatic Mucinous Adenocarcinoma**

**MANNER OF DEATH:** **Natural**

### EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male. The body weighs 194 pounds, is 66 inches in length and appears compatible with the reported age of 69 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 head is normocephalic, and the scalp hair is gray and one inch in length. Facial hair consists of moustache and beard. The irides are brown. The corneae are cloudy. The conjunctivae are unremarkable. The sclerae are white/yellow. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The ear lobes are not pierced. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The teeth are natural and in fair condition. Examination of the neck reveals no evidence of injury. There is a 1 inch tan papule on the left cheek.

The chest is unremarkable. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is soft and slightly protuberant. Healed surgical scars are not noted. The external genitalia are those of a normal adult male. There is a superficial decubitus ulcer on the mid-lower back, 2 ½ x 2 inches. The anus is without note.

The extremities show the presence of a few healed scars on the shin and a few contusions, but no evidence of fractures, lacerations or deformities. There is pitting edema of both legs and feet. The fingernails are intact. Tattoos are not noted.

### CLOTHING AND PERSONAL EFFECTS

- No clothing or personal effects accompany the body.

### MEDICAL INTERVENTION

- Triple lumen intravenous catheter on the right side of the neck
- Foley catheter with collection bag with brown urine in the bag
- EKG lead on the right side of the back
- Clear dressing on the mid-lower back
- Contusions on the abdomen and upper extremities associated with needle puncture sites

### RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates no fractures.

### EVIDENCE OF INJURY

There is no evidence of recent significant injury.



## INTERNAL EXAMINATION

### BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. No adhesions are present in any of the body cavities. There is approximately 250 ml of serosanguinous fluid in each of the pleural cavities. All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is 1 inch thick.

### HEAD AND CENTRAL NERVOUS SYSTEM:

The galeal and subgaleal soft tissues of the scalp are free of injury. There are no skull fractures. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin, delicate and slightly opaque. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels are intact. Clear cerebrospinal fluid surrounds the 1420-gram brain, which has unremarkable gyri and sulci. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brain stem and cerebellum are unremarkable. The atlanto-occipital joint is stable.

### NECK:

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

### CARDIOVASCULAR SYSTEM:

The 400-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 significant atherosclerosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

### RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material. The mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are covered with purulent exudate bilaterally. There are multiple mass lesions palpable in all lobes of the lung. The pulmonary parenchyma is markedly congested and edematous, exuding moderate to large amounts of blood and frothy fluid. Sectioning reveals multiple non-caseating, tan-yellow mass lesions ranging in size from 0.6 cm to 5 x 3.75 cm. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 1040 grams; the left 790 grams.

HEPATOBIILIARY SYSTEM:

The 1450-gram liver has an intact smooth capsule covering tan-yellow, moderately congested parenchyma. There are numerous tan-yellow sub-capsular and deep mass lesions noted in the liver, ranging in size from 1.3 cm to 7.6 x 5 cm. The gallbladder contains 5 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

GASTROINTESTINAL SYSTEM:

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 300 ml of tan fluid. The lesser and greater curvatures of the distal stomach, the proximal duodenum, and the pancreas are firm and fibrotic, and are grossly involved by a tan-yellow mass lesion measuring 13 x 10 cm. The remainder of the small and large bowel is unremarkable. The appendix is present.

GENITOURINARY SYSTEM:

The right kidney weighs 120 grams; the left 120 grams. The renal capsules are smooth and thin, semi-transparent and stripped with ease from the underlying smooth, red-brown cortical surface. The cortex is sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. The bladder contains a Foley catheter and there is approximately 50 ml of brown urine in the collection bag. The testes, prostate gland and seminal vesicles are without note.

LYMPHORETICULAR SYSTEM:

The 70-gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. There are numerous enlarged, tan-yellow lymph nodes in the hilar, periaortic, iliac, and retroperitoneal regions, ranging in size from 5 x 2.5 cm to 15 x 8 cm.

ENDOCRINE SYSTEM:

The thyroid gland is enlarged and red-brown, with diffuse cystic change. There are no distinct mass lesions identified. The right and left adrenal glands are symmetric, with bright yellow cortices and red-brown medullae. No areas of hemorrhage are identified.

MUSCULOSKELETAL SYSTEM:

No significant abnormalities of muscle or bone are identified.

### **ADDITIONAL PROCEDURES**

1. Documentary photographs are taken by OAFME staff photographers.
2. Specimens retained for toxicology testing and/or DNA identification are: blood, urine, kidney, spleen, liver, brain, bile, gastric contents, adipose tissue, heart, lung, and psoas muscle.
3. The dissected organs are forwarded with body.
4. Incisions of the posterior torso and posterior upper and lower extremities demonstrate no evidence of injury.

### **MICROSCOPIC EXAMINATION**

Selected portions of organs are retained in formalin, with preparation of (7) histology slides.

#### **Slide Key:**

- 1-2. Retroperitoneal lymph nodes
- 3-5. Pancreas, stomach, small bowel
6. Liver
7. Lung

Lung, liver, stomach, pancreas, small bowel, and retroperitoneal lymph nodes: Metastatic mucinous adenocarcinoma

**FINAL AUTOPSY DIAGNOSES:**

- I. **Metastatic mucinous adenocarcinoma of the lungs, liver, stomach, pancreas, small bowel and numerous lymph nodes**
- II. **Evidence of medical intervention: As listed above**
- III. **Postmortem changes:**
  - A. **Rigor mortis is present to an equal degree in all extremities**
  - B. **Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure**
- IV. **No identifying marks or tattoos are identified**
- V. **Toxicology (AFIP):**
  - A. **Volatiles: No ethanol is detected in the blood and urine**
  - B. **Drugs: Morphine, metoprolol, metoclopramide, and promethazine are detected in the urine but not in the blood**

**OPINION**

This 69 year old male, (b)(6) died of metastatic mucinous adenocarcinoma. There were mass lesions identified in the lungs, liver, pancreas, stomach, and proximal small bowel, in addition to numerous enlarged lymph nodes. There was no evidence of tuberculosis. There was no evidence of recent significant trauma. Toxicological studies were positive for medications consistent with hospitalization. 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) <b>Amhed, Rafah, Abdul Al Kader</b>		GRADE Grade	BRANCH OF SERVICE Arme <b>Civilian</b>
ORGANIZATION Organisation <b>Iraqi Detainee</b>		NATION (e.g. United States) Pays <b>Iraq</b>	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social <b>(b)(6)</b>
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 Négre	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf		<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort		<b>Metastatic Mucinous Adenocarcinoma</b>	<b>Weeks</b>
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 <sup>2</sup> Autres conditions significatives <sup>2</sup>			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste		
<input type="checkbox"/> SUICIDE Suicide	(b)(6)		
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE (b)(6)	DATE Date <b>9 July 2007</b>	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>(b)(6) 2007 (b)(6)</b>	PLACE OF DEATH Lieu de décès <b>Camp Bucca Iraq</b>		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du dé funt et je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire <b>(b)(6)</b>		TITLE OR DEGREE Titre ou diplôme <b>Medical Examiner</b>	
GRADE Grade <b>(b)(6)</b>	INSTALLATION OR ADDRESS Installation ou adresse <b>Dover AFB, Dover DE</b>		
DATE Date <b>8/23/2007</b>	SIGNATURE (b)(6)		
<sup>1</sup> State disease, injury or complication which caused death, but not mode. <sup>2</sup> State conditions contributing to the death, but not related to the disease or condition causing death. <sup>3</sup> 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. <sup>4</sup> Préciser la condition qui a contribué à la mort, mais n'avoir aucun rapport avec la maladie ou la condition qui a provoqué la mort.			

DD FORM 1 APR 77 2064

REPLACES DA FORM 3466, 1 JAN 72 AND DA FORM 3866-R(PAS), 26 SEP 76, WHICH ARE OBSOLETE.

MEDCOM 0863

ACLU Detainee Death II ARMY MEDCOM 863

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

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS (b)(6)	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

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**Office of the Armed Forces Medical Examiner**  
 1413 Research Blvd., Bldg. 102  
 Rockville, MD 20850  
 301-319-0000



**FINAL AUTOPSY REPORT**

Name: BTB Salih, Khatab Aswad

Detainee Number: (b)(6)

Date of Birth: Unknown

Date of Death: (b)(6) 2007

Date/Time of Autopsy: (b)(6) 2007 (b)(6)

Date of Report: 31 July 2007

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Civilian

Place of Death: Iraq

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

**Circumstances of Death:** This Iraqi civilian was reportedly shot multiple times by US Army soldiers on 23 June 2007. He was transported to the 506<sup>th</sup> Expeditionary Medical Squadron where he underwent surgery for gunshot wounds. He was transferred to the 399<sup>th</sup> Combat Support Hospital for further treatment, where he died on (b)(6) 2007.

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

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

**CAUSE OF DEATH:** Multiple Gunshot Wounds

**MANNER OF DEATH:** Homicide

### EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished unclad male. The body weighs 213 pounds and is 70 inches in length. The body is cold. Rigor is absent. Lividity is present and fixed on the anterior and posterior surface of the body, except in areas exposed to pressure.

The head is normocephalic, and the scalp hair is 1 inch in length, straight and black. Facial hair consists of moustache and beard. The irides are brown. The corneae are cloudy. The conjunctivae are congested. The sclerae are suffused. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The teeth are natural and in good condition. Examination of the neck reveals no evidence of injury.

The chest is unremarkable. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is soft and slightly protuberant. Healed surgical scars are not noted. The external genitalia are those of a normal adult circumcised male. The anus is without note.

The distal phalanx of the left 3<sup>rd</sup> digit is absent. The fingernails are intact. There is edema of the upper extremities. There is skin slippage of the upper and lower extremities. There are multiple bullae on the lower extremities, ranging in size from ½-inch to 1 ½-inches. There are a few healed scars on the shins. Tattoos are not noted.

### CLOTHING AND PERSONAL EFFECTS

- No clothing or personal effects are received with the body

### MEDICAL INTERVENTION

- Triple lumen intravenous catheter with overlying dressing, left subclavian region
- Intraosseous catheter puncture site, sternum
- Chest tube (left sixth intercostal space), with a 2-inch sutured incision
- Vertical incision, 12 1/2 x 1 ½-inches, extending from the midchest to the mid-abdomen
- Wrapping, gauze, and armboard, right arm and forearm
- Wrapping and gauze, left arm and forearm
- Gauze dressing on the left side of the abdomen
- Intravenous catheter in the right femoral region
- Foley catheter with attached collection bag
- Multiple surgical clips noted in the head, torso, and extremities
- Debrided wound on the right shoulder, 2 1/2 x 2-inches
- Surgical absence of the left kidney and re-anastomosis of the descending colon



### RADIOGRAPHS

A complete set of post-mortem radiographs is obtained and demonstrates the medical intervention as described above. Please see "Evidence of Injury" for further radiologic findings.

### 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 (5) Gunshot Wounds:

A. Superficial perforating gunshot wound of the head:

On the right cheek is a 3/4 x 5/16-inch gunshot entrance wound with a 1/16-1/8-inch inferior-medial marginal abrasion. The center of the wound is located 5 1/2-inches below the top of the head and 2 1/2-inches right of the anterior midline. There is no gunpowder stippling or soot deposition on the surrounding skin. The bullet injures skin and subcutaneous tissue. There is a 1 1/4 x 1/4-inch gunshot exit wound on the right side of the face, the center of which is located 4 1/2-inches below the top of the head and 4 1/2-inches right of the anterior midline. No bullet or bullet fragments are recovered. The direction of the wound path is front to back, left to right, and upwards. Associated injuries include a 3/4 x 1/16-inch graze gunshot wound on the helix of the right ear with a 3/16-inch marginal abrasion, located 4-inches below the top of the head and 6 3/4-inches right of the anterior midline, and hemorrhage along the wound path.

B. Gunshot wound of the face:

On the left cheek is a 1/8-inch in diameter circular gunshot entrance wound with a 1/8-inch circumferential marginal abrasion, located 5-inches below the top of the head and 2 3/4-inches left of the anterior midline. There is no gunpowder stippling or soot deposition on the surrounding skin. The bullet injures skin, subcutaneous tissue, left zygoma and left maxilla, soft tissues of the face, sphenoid bone, and the mastoid process of the right temporal bone (fractured). There is a 3/4 x 1/4-inch irregular gunshot exit wound posterior to the right ear with an associated 1 1/2 x 1/4-inch superior abrasion, centered 5 1/2-inches below the top of the head, and 4-inches right of the posterior midline. No bullet or bullet fragments are recovered. The direction of the wound path is front to back, left to right, and downward. Associated injuries include right parietal subdural hemorrhage (approximately 2 ml), contusion of the right parietal/temporal lobe, subarachnoid hemorrhage of both parietal lobes, the right temporal lobe, and right cerebellum, fracture of the right temporal bone of the calvarium, fractures of the right middle and posterior cranial fossae, and hemorrhage of the right temporalis muscle.

C. Gunshot wound of the back:

On the lower left back is a 3/16-inch circular gunshot entrance wound with a 1/16-inch circumferential marginal abrasion, located 30 1/2-inches below the top of the head and 2 1/2-inches left of the posterior midline. There is no gunpowder stippling or soot deposition on the surrounding skin. The bullet injures skin, subcutaneous tissue, left psoas muscle, descending colon (surgically re-anastomosed), small bowel (re-anastomosed on 23 June 2007 per operative note), and abdominal wall. The left kidney and left adrenal gland are surgically absent and cannot be evaluated for injury. There are three gunshot exit wounds on the upper left side of the abdomen. The superior wound is 1/4-inch in diameter, and is located 23 3/4-inches below the top of the head and 2 1/4-inches left of the anterior midline. The middle wound is 7/16-inch in diameter, and is located 25 1/4-inches below the top of the head and 2 1/2-inches left of the anterior midline. The inferior wound is 3/16-inch in diameter, and is located 25 3/4-inches below the top of the head and 2 1/2-inches left of the anterior midline. A metal fragment is recovered from the subcutaneous tissue underneath the middle exit wound. The direction of the wound path is back to front and upward, with no significant left/right deviation. Associated injury includes hemorrhage along the wound path.

D. Gunshot wound of the right arm:

On the anterior right arm is a 1/2 x 1/4-inch oval gunshot entrance wound with a 1 x 1/4-inch superior and lateral marginal abrasion, centered 8-inches below the top of the shoulder and 1/2-inch left of the anterior midline of the arm. There is no soot deposition or gunpowder stippling on the surrounding skin. The bullet injures skin, soft tissue, and the right humerus (fractured). There is a 3 1/4 x 1 1/4-inch gunshot exit wound on the posterior right arm, centered 6 1/2-inches below the top of the shoulder and 3-inches right of the posterior midline of the arm. No bullet or bullet fragments are recovered. The direction of the wound path is front to back, left to right, and upward (with the upper extremity in anatomic position). Associated injury includes hemorrhage along the wound path.

E. Gunshot wound of the left arm:

On the posterior left arm is a 3/16-inch in diameter gunshot entrance wound located 10 1/2-inches below the top of the shoulder and 2 1/2-inches left of the posterior midline of the arm. There is no soot deposition or gunpowder stippling on the surrounding skin. The bullet injures skin and soft tissue. There is a 2 3/4 x 1 1/4-inch gunshot exit wound on the medial aspect of the left elbow, centered 14-inches below the top of the shoulder and 2 1/2-inches right of the posterior midline of the arm. No bullet or bullet fragments are recovered. The direction of the wound path is back to front, left to right, and downward (with the upper extremity in anatomic position). Associated injury includes hemorrhage along the wound path.

- II. Additional Injuries: There is a 2 1/2 x 2-inch debrided wound on the right shoulder. There is a 3/4 x 1/2-inch abrasion on the right knee. There is a 1/2-inch abrasion on the anterior right leg.

## INTERNAL EXAMINATION

### BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The ribs, sternum, and vertebral bodies are visibly and palpably intact. There is 50 ml of serosanguinous fluid in the right pleural cavity. There is 50 ml of serosanguinous fluid in the peritoneal cavity. There are bilateral posterior pleural adhesions. All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is 1 inch thick.

### HEAD AND CENTRAL NERVOUS SYSTEM:

See "Evidence of Injury". The scalp is reflected. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels are intact. The brain weighs 1480 grams. Coronal sections through the cerebral hemispheres reveal no non-traumatic lesions. Transverse sections through the brain stem and cerebellum are unremarkable. The atlanto-occipital joint is stable.

### NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The tongue is free of bite marks, hemorrhage, or other injuries. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

### CARDIOVASCULAR SYSTEM:

The 390 gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no significant atherosclerosis. The myocardium is homogenous, red-brown, and firm. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

### RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material: the mucosal surfaces are smooth, yellow-tan and unremarkable. The pulmonary parenchyma is diffusely congested and edematous, exuding moderate to large amounts of blood and frothy fluid; no focal lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 980 grams; the left 850 grams.

**HEPATOBIILIARY SYSTEM:**

The 1670 gram liver has an intact smooth capsule covering dark red-brown, moderately congested parenchyma with no focal lesions noted. The gallbladder contains 10 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

**GASTROINTESTINAL SYSTEM:**

See "Evidence of Injury". The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 30 ml of tan fluid. No non-traumatic lesions of the small bowel and colon are identified. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present.

**GENITOURINARY SYSTEM:**

See "Evidence of Injury". The right kidney weighs 180 grams; the left kidney is absent. The renal capsule is smooth and thin, semi-transparent and stripped with ease from the underlying smooth, red-brown cortical surface. The cortex is sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyx, pelvis and ureter are unremarkable. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 20 ml of clear, yellow/dark urine. The testes, prostate gland and seminal vesicles are without note.

**LYMPHORETICULAR SYSTEM:**

The 210 gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; and the lymphoid follicles are unremarkable. Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

**ENDOCRINE SYSTEM:**

See "Evidence of Injury". The thyroid gland is symmetric and red-brown, without cystic or nodular change. The right adrenal gland is symmetric, with bright yellow cortices and red-brown medullae. The left adrenal gland is absent. No masses or areas of hemorrhage are identified.

**MUSCULOSKELETAL SYSTEM:**

See "Evidence of Injury". No non-traumatic abnormalities of muscle or bone are identified.

**ADDITIONAL PROCEDURES**

1. Documentary photographs are taken by OAFME staff photographers.
2. Specimens retained for toxicology testing and/or DNA identification are: vitreous fluid, blood, urine, spleen, brain, bile, gastric contents, psoas muscle, heart, lung, liver, kidney, and adipose tissue.
3. The dissected organs are forwarded with the body.
4. Trace evidence is collected and retained by Special Agent (b)(6) US Army CID.
5. Incisions of the posterior torso and posterior upper and lower extremities demonstrate no evidence of injury.

**MICROSCOPIC EXAMINATION**

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

**FINAL AUTOPSY DIAGNOSES:**

**I. Multiple (5) gunshot wounds:**

**A. Superficial perforating gunshot wound of the head:**

- 1. Entrance: Right cheek; no soot or gunpowder stippling on the skin**
- 2. Injury: Skin and subcutaneous tissue**
- 3. Exit: Right side of the face**
- 4. Recovered: No bullet or bullet fragments**
- 5. Wound path: Front to back, left to right, and upward**
- 6. Associated injuries: Graze gunshot wound of the right ear and hemorrhage along the wound path**

**B. Gunshot wound of the head:**

- 1. Entrance: Left cheek; no soot or gunpowder stippling on the skin**
- 2. Injury: Skin, soft tissue, left zygoma and maxilla, sphenoid bone, and right mastoid process**
- 3. Exit: Posterior to the right ear**
- 4. Recovered: No bullet or bullet fragments**
- 5. Wound path: Front to back, left to right, and downward**
- 6. Associated injuries: Subdural and subarachnoid hemorrhage, skull fractures, and contusions of the brain**

**C. Gunshot wound of the back:**

- 1. Entrance: Lower left back; no soot or gunpowder stippling on the skin**
- 2. Injury: Skin, subcutaneous tissue, left psoas muscle, descending colon, small bowel, and abdominal wall (The left kidney and adrenal gland are surgically absent and cannot be evaluated for injury)**
- 3. Exit wounds (3): Upper left side of the abdomen**
- 4. Recovered: Metal fragment from the subcutaneous tissue of the left side of the abdomen**
- 5. Wound path: Back to front and upward, without significant left/right deviation**
- 6. Associated injury: Hemorrhage along the wound path**

**D. Gunshot wound of the right arm:**

- 1. Entrance: Anterior right arm; no soot or gunpowder stippling on the skin**
- 2. Injury: Skin, soft tissue, and right humerus**
- 3. Exit: Posterior right arm**
- 4. Recovered: No bullet or bullet fragments**
- 5. Wound path: Front to back, left to right, and upwards**
- 6. Associated injury: Hemorrhage along the wound path**

**E. Gunshot wound of the left arm:**

- 1. Entrance: Posterior left arm; no soot or gunpowder stippling on the skin**
- 2. Injury: Skin and soft tissue**
- 3. Exit: Medial left elbow**
- 4. Recovered: No bullet or bullet fragments**
- 5. Wound path: Back to front, left to right, and downward**
- 6. Associated injury: Hemorrhage along the wound path**

- II. **Additional Injuries:**
  - A. **Debrided wound of the right shoulder, 2 ½ x 2-inches**
  - B. **Abrasions of the right lower extremity, ranging in size from 1/2 to 3/4 x ½ inch**
- III. **No significant natural disease is identified within the limitations of this autopsy**
- IV. **Evidence of Medical Intervention: Present as described above**
- V. **Post-mortem changes: Skin slippage of the upper and lower extremities and multiple bullae of the lower extremities**
- VI. **Identifying marks and tattoos: None identified**
- VII. **Toxicology (AFIP):**
  - A. **Volatiles: No ethanol is detected in the blood and vitreous fluid**
  - B. **Drugs: Midazolam is detected in the urine and quantitated in the blood at a concentration of 0.027 mg/L. 1-Hydroxymidazolam is detected in the urine but not the blood. Morphine is detected in the urine and quantitated in the blood at a concentration of 0.49 mg/L.**
  - C. **Carbon Monoxide: The carboxyhemoglobin saturation in the blood is less than 1%**
  - D. **Cyanide: No cyanide is detected in the blood**

**OPINION**

This Iraqi detainee, BTB (b)(6) died of multiple (5) gunshot wounds of the head (2), torso (1), right upper extremity (1), and left upper extremity (1). Gunshot wound (A) of the head was a superficial perforating wound and injured skin and subcutaneous tissue only. Gunshot wound (B) of the head injured the soft tissues of the face and was associated with skull fractures and injury to the brain. Gunshot wound (C) of the back injured soft tissue, small bowel, and the descending colon. The left kidney and adrenal gland were surgically absent and could not be evaluated for injury. The three exit wounds associated with gunshot wound (C) are consistent with bullet fragmentation. Gunshot wound (D) of the right arm injured soft tissue and the right humerus. Gunshot wound (E) of the left arm injured soft tissue. There was no evidence of close range discharge of a firearm on the skin surrounding any of the gunshot entrance wounds. A metal fragment was recovered associated with gunshot wound (C), placed into a labeled evidence container, and retained by Special Agent (b)(6) US Army CID. Toxicological findings did not contribute to the cause and manner of death. 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) <b>BTB Salih, Khatab, Aswad</b>		GRADE Grade	BRANCH OF SERVICE Arme <b>Civilian</b>
ORGANIZATION Organisation		NATION (e.g. United States) Pays <b>Iraq</b>	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social <b>(b)(6)</b>
		DATE OF BIRTH Date de naissance	SEX - Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race	MARITAL STATUS État Civil		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Négresse	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf		<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort			Multiple gunshot wounds Days
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 <sup>2</sup> Autres conditions significatives <sup>2</sup>			
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>(b)(6)</b>		
<input checked="" type="checkbox"/> HOMICIDE Homicide	SIGNATURE <b>(b)(6)</b>	DATE <b>1 July 2007</b>	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>(b)(6) 2007 (b)(6)</b>		PLACE OF DEATH Lieu de décès <b>Iraq</b>	
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 conolus 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>(b)(6)</b>		TITLE OR DEGREE Titre ou diplôme <b>Medical Examiner</b>	
GRADE Grade <b>(b)(6)</b>	INSTALLATION OR ADDRESS Installation ou adresse <b>Dover AFB, Dover DE</b>		
DATE Date <b>7/1/2007</b>	SIGNATURE <b>(b)(6)</b>		
<sup>1</sup> State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc. <sup>2</sup> State conditions contributing to the death, but not related to the disease or condition causing death. <sup>3</sup> Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non le mode de mourir, telle qu'un arrêt du coeur, etc. <sup>4</sup> 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.			

DD FORM 1 APR 77 2064

REPLACES DA FORM 3865, 1 JAN 72 AND DA FORM 3865-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0874

ACLU Detainee Death II ARMY MEDCOM 874



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

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

MEDCOM 0875

ACLU Detainee DeathII ARMY MEDCOM 875



**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 EXAMINATION REPORT**

Name: (BTB) AL-UMARI, Abd Al-Rahman M.	Autopsy No.: (b)(6)
ISN: (b)(6)	AFIP No.: (b)(6)
Date of Birth: (BTB) (b)(6) 1972	Rank: Civilian Detainee
Date of Death: (b)(6) 2007	Place of Death: Camp V, Guantanamo Bay, Cuba
Date/Time of Autopsy: 01 JUN 2007 @ 1230	Place of Autopsy: Guantanamo Bay, Cuba
Date of Report: 20 JUN 2007	

**Circumstances of Death:** This 35-year-old male civilian detainee at Guantanamo Bay, Cuba was found hanging by his neck in his cell with a ligature made of braided strips of bed sheet. By report, similar fabric bound his hands loosely behind him. Although ACLS protocols were followed, he could not be resuscitated.

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

**Identification:** Positive identification of the ISN number is established by comparison of a postmortem DNA sample and antemortem DNA records.

**CAUSE OF DEATH:            HANGING**

**MANNER OF DEATH:        SUICIDE**

**FINAL AUTOPSY DIAGNOSES**

**I. Evidence of Hanging**

- A. The suspected ligature had been removed from the body prior to examination. It is available for inspection and consists of a 22-1/2-inch, three-strand braided ligature composed of white cotton material. The ligature measures on average, 3/4-inch wide and 1/2-inch thick. At one end of the ligature is a loop formed by tying the ligature to itself. Eight inches from the loop end is a 4-inch area of soiling with attached dark hairs.
- B. A brown to gray – tan, 9 1/8-inch discontinuous ligature furrow is on the skin of the neck and is directed obliquely upward at approximately 45-degrees on both sides of the neck
- C. The ligature furrow crosses the superior third of the thyroid cartilage, 9 3/8-inches below the top of the head and then extends superiorly on both sides of the neck, ending 1-inch below the lobe of the right ear and passing 2-inches below the lobe of the left ear.
- D. The highest point of the furrow is located on the back of the neck, 6 1/2-inches below the top of the head and on the posterior midline
- E. The width of the ligature furrow ranges from 1/4-inch to 3/8-inch.
- F. The depth of the furrow ranges from less than 1/16-inch (posterior) to 1/8-inch (left)
- G. There is a 1 1/4 x 5/8-inch abrasion on the right side of the neck
- H. A layer-wise anterior neck dissection shows no injury to the underlying soft tissues or hemorrhage into the strap muscles. The hyoid bone and thyroid cartilage are intact
- I. Associated injuries:
  - 1. The face is suffused with scattered petechiae on the skin
  - 2. Petechiae on the bulbar and palpebral conjunctivae, bilateral

**II. Other Injuries**

- A. Superficial, incised wound on the right second (fore) finger, 1/8-inch
- B. Superficial, incised wound on the left second (fore) finger, 1/4-inch
- C. Abrasion on the right thumb, 1/8 x 1/16-inch
- D. Cluster of abrasions on the posterior right forearm, ranging in size from punctate to 1/4 x 1/16-inch

**III. There is no evidence of physical abuse**

- A. A complete skeletal survey is negative for fractures by radiology
- B. Radiographs of the cervical spine are negative for fractures or dislocations
- C. Posterior neck dissection is negative for soft tissue or bony
- D. Posterior incisions of the torso and extremities are negative for soft tissue injury
- E. There is no soft tissue evidence of recent binding around the wrists.

**AL-UMARI, Abd Al-Rahman M.**

- IV. No significant natural diseases or pre-existing conditions are identified within the limitations of this examination**
- V. Evidence of Medical Therapy**
- A. Endotracheal tube (properly placed)
  - B. Cardiac pacing pads on the anterior and left chest
  - C. Multiple electrocardiogram electrodes on the anterior torso and both arms
  - D. Needle stick-marks in both antecubital fossae and on the dorsal surfaces of the left hand and right foot
- VI. Post-Mortem Changes**
- A. Rigor is passing and equal in all extremities
  - B. Lividity is posterior and fixed except in areas exposed to pressure
  - C. The body temperature is cold to touch, status post refrigeration
- VII. Identifying Body Marks**
- A. Puckered, circular scar on the medial right wrist, 1-inch diameter
  - B. Puckered scar on the medial left wrist, 1 ½ x 1 ¼-inch
  - C. Pigmented papule on the right back, 1/8-inch diameter
  - D. Pigmented papule on the right buttock, 1/16-inch diameter
  - E. Linear pigmentation on the left buttock, ½ x 1/16-inch
- VIII. Toxicology**
- A. The blood and vitreous fluid are tested for ethanol and none is found.
  - B. The urine is negative for screened medications (including Mefloquine) and drugs of abuse and none are found.
  - C. The blood is tested for carbon monoxide and cyanide and none is found.

### **EXTERNAL EXAMINATION**

The body is that of a well-developed, well-nourished appearing, thin, 66-inch, 140-pounds (estimated) male whose appearance is younger than the reported age of 35-years. Lividity is posterior and violaceous except in areas exposed to pressure. Rigor is full and equal in all extremities. The temperature of the body is that of the refrigeration unit.

The head is normocephalic altered and the scalp is covered with dark hair in a normal distribution. The skin of the face is congested and suffused with scattered petechiae. Facial hair consists of a full beard and moustache. The irides are brown, the corneae are hazy and the pupils are round and equal in diameter. The conjunctivae have petechiae scattered on both the bulbar and palpebral surfaces, bilaterally. 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 good condition.

Injuries to the neck are described below (see "Evidence of Injury"). The neck is straight, and the trachea is midline and mobile. The chest is symmetric and the abdomen is flat.

The posterior torso is unremarkable. The genitalia are those of a normal adult male. The penis appears to have been circumcised and the testes are descended and free of masses. Pubic hair is shaved, but present in a normal distribution. The buttocks and anus are unremarkable. There are pigmented papules on the right back (1/8-inch diameter) and on the right buttock (1/16-inch diameter). There is an area of linear pigmentation on the left buttock that measures ½ x 1/16-inch.

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails and toenails are trimmed and intact and are otherwise unremarkable. The following minor injuries are noted on the extremities: There is a superficial, incised wound on the right second (fore) finger that measures 1/8-inch and a superficial, incised wound on the left second (fore) finger that measures ¼-inch. There is an abrasion on the right thumb (1/8 x 1/16-inch) and a cluster of abrasions on the posterior right forearm, ranging in size from punctate to ¼ x 1/16-inch. A puckered, circular scar on the medial right wrist (1-inch diameter) and a puckered scar on the medial left wrist (1 ½ x 1 ¼-inch) are noted.

### **CLOTHING AND PERSONAL EFFECTS**

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

- Brown shorts
- An identification bracelet accompanies the remains, but is not attached to an extremity

### **MEDICAL INTERVENTION**

- Endotracheal tube (properly located in the trachea, above the carina)
- Cardiac pacing pads are located on the anterior right chest and the left lateral chest
- Electrocardiogram electrodes are on the anterior torso and the extremities
- Needle stick-marks are located in both antecubital spaces, the dorsum of the left hand, and the dorsal right foot

### **RADIOGRAPHS**

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

- No fractures of the skull, axial skeleton or long bones
- No metallic foreign bodies
- Medical therapy (endotracheal tube)

### EVIDENCE OF INJURY

#### **Evidence of Hanging**

The suspected ligature had been removed from the body prior to examination. It is available for inspection and consists of a 22 ½-inch, three-strand braided ligature composed of white cotton material. The ligature measures, on average, ¼-inch wide and ½-inch thick. At one end of the ligature is a loop formed by tying the ligature to itself. Eight inches from the loop end is a 4-inch area of soiling with embedded dark hairs.

A brown to gray-tan, 9 1/8-inch discontinuous ligature furrow is on the skin of the neck and is directed obliquely upward at approximately 45-degrees on both sides of the neck. The ligature furrow crosses the superior third of the thyroid cartilage 9 3/8-inches below the top of the head, and extends superiorly on both sides of the neck, ending 1-inch below the lobe of the right ear and passing 2-inches below the lobe of the left ear. The highest point of the furrow is located on the back of the neck, 6 ½-inches below the top of the head and on the posterior midline. The width of the ligature furrow ranges from ¼-inch to 3/8-inch, and the depth of the furrow ranges from less than 1/16-inch (posterior) to 1/8-inch (left). There is some noticeable periodicity in the furrow, which corresponds with the suspected ligature. There is a 1 ¼ x 5/8-inch abrasion on the right side of the neck that is associated with the ligature furrow. There are no scratches or contusions on the neck.

There is no injury to the underlying soft tissues or hemorrhage into the strap muscles by layer-wise anterior neck dissection. The hyoid bone and thyroid cartilage are intact

Other injuries associated with the hanging include: The face is suffused with scattered petechiae on the skin and there are petechiae on the bulbar and palpebral conjunctivae, bilaterally.

### INTERNAL EXAMINATION

#### 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. The abdominal fat layer is 5/8-inch thick at the umbilicus.

#### HEAD AND CENTRAL NERVOUS SYSTEM:

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 1,475-gram brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and gray matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. The pituitary gland is normal appearing. There are no skull fractures. The atlanto-occipital joint is stable. The spinal cord is unremarkable.

**NECK:**

Injuries to the neck are described above (see "Evidence of Injury"). The anterior strap muscles of the neck are homogenous and red-brown and without hemorrhage by layer-wise dissection. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The tongue is free of bite marks, hemorrhage, or other injuries.

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

**RESPIRATORY SYSTEM:**

The right and left lungs weigh 425 and 300-grams, respectively. The external surfaces are smooth and pink to red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

**CARDIOVASCULAR SYSTEM:**

The 250-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show widely patent lumens. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The foramen ovale is closed. 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.

**HEPATOBIILIARY SYSTEM:**

The 1,400-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 15-milliliters of green-brown bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**LYMPHORETICULAR SYSTEM:**

The 125-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct lymphoid follicles. Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

**ENDOCRINE SYSTEM:**

The thyroid gland is symmetric and red-brown, without cystic or nodular change. The pancreas is slightly autolytic and ranges in appearance from hemorrhagic to yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The right and left adrenal glands are symmetric, with bright yellow cortices and gray medullae. No masses or areas of hemorrhage are identified.

**GENITOURINARY SYSTEM:**

The right and left kidneys both weigh 100-grams each. 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 approximately 50-milliliters of yellow urine. 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 SYSTEM:**

The esophagus is intact and lined by smooth, gray-white mucosa. The stomach contains approximately 35-milliliters of pink-brown fluid. The gastric wall is intact. The duodenum, loops of small bowel and colon are unremarkable. The appendix is present.

**MUSCULOSKELETAL SYSTEM:**

There is no non-traumatic bone or joint abnormalities. Skeletal muscle development is normal. Superficial incisions along the posterior midlines of all four extremities and the back are made and the skin reflected to the anterior midlines to expose the underlying subcutaneous tissue and muscle. Areas of hemorrhage associated with resuscitation efforts are noted.

**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 photographer (b)(6)  
(b)(6)
- Observed by (b)(6) Medical Examiner (b)(6)
- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, vitreous fluid, gastric contents, urine, bile, spleen, liver, lung, kidney, brain, myocardium, and skeletal muscle
- The dissected organs are forwarded with the body and the body is sutured closed without embalming
- Personal effects are released to the mortuary affairs representatives



**OPINION**

This (BTB) 35-year-old civilian detainee, (BTB) (b)(6) died of hanging. Investigation reveals that a razor blade from a razor was used to cut strips from one or more bed sheets and a ligature was fashioned by braiding these strips together. A sliding noose was formed by tying a loop in one end of the ligature and bringing the opposite end through the loop. The free end of the ligature was secured to a ventilation opening, and (b)(6) likely stood on his bedroll to place the noose over his head. It is not known if he was fully or partially suspended when found. The subject's face was congested with petechiae; it is likely that he was partially suspended (DiMaio and DiMaio, *Forensic Pathology, 2<sup>nd</sup> Ed.*, CRC Press, 2001, pp. 252-253). Some periodicity was noted in the ligature furrow at autopsy which corresponded with the suspected ligature. There was also an abrasion on the right side of the neck which corresponded with the loop at the end of the ligature. It was reported that the hands were bound loosely behind the body when found and no evidence of constrictive binding of the wrists was present at autopsy. Complete body radiographs and multiple skin incisions of the posterior back and extremities failed to reveal any evidence of physical abuse. Toxicological testing for ethanol, carbon monoxide, cyanide, medications and screened drugs of abuse was negative. The manner of death is suicide.

(b)(6)

(b)(6) Medical Examiner

**OPINION**

This (BTB) 35-year-old civilian detainee, (BTB) (b)(6) died of hanging. Investigation reveals that a razor blade from a razor was used to cut strips from one or more bed sheets and a ligature was fashioned by braiding these strips together. A sliding noose was formed by tying a loop in one end of the ligature and bringing the opposite end through the loop. The free end of the ligature was secured to a ventilation opening, and (b)(6) likely stood on his bedroll to place the noose over his head. It is not known if he was fully or partially suspended when found. The subject's face was congested with petechiae; it is likely that he was partially suspended (DiMaio and DiMaio, *Forensic Pathology, 2<sup>nd</sup> Ed.*, CRC Press, 2001, pp. 252-253). Some periodicity was noted in the ligature furrow at autopsy which corresponded with the suspected ligature. There was also an abrasion on the right side of the neck which corresponded with the loop at the end of the ligature. It was reported that the hands were bound loosely behind the body when found and no evidence of constrictive binding of the wrists was present at autopsy. Complete body radiographs and multiple skin incisions of the posterior back and extremities failed to reveal any evidence of physical abuse. Toxicological testing for ethanol, carbon monoxide, cyanide, medications and screened drugs of abuse was negative. The manner of death is suicide.

(b)(6)

(b)(6)

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

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) <b>BTB Al-Umari, ABD Al-Rahman, M</b>		GRADE Grade	BRANCH OF SERVICE Arme <b>Civilian</b>
ORGANIZATION Organisation		NATION (e.g. United States) Pays <b>Saudi Arabia</b>	DATE OF BIRTH Date <b>(b)(6) 1972</b>
		SOCIAL SECURITY NUMBER Numéro de Sécurité Sociale <b>(b)(6)</b>	
		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE Race		MARITAL STATUS Etat Civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire	
<input type="checkbox"/> NEGROID Négre		<input type="checkbox"/> DIVORCED Divorcé	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> MARRIED Marié	
		<input type="checkbox"/> SEPARATED Séparé	
		<input type="checkbox"/> WIDOWED Veuf	
		RELIGION Culte	
		<input type="checkbox"/> PROTESTANT Protestant	
		<input type="checkbox"/> CATHOLIC Catholique	
		<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED 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			Seconds to Minutes
Hanging			
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES OUI <input type="checkbox"/> NO NON	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitée par des causes extérieures	
<input type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input checked="" type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste <b>(b)(6)</b>		
<input type="checkbox"/> HOMICIDE Homicide	DATE Date <b>1 June 2007</b>	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)			
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>(b)(6)</b>		TITLE OR DEGREE Titre ou diplôme <b>Medical Examiner</b>	
GRADE Grade <b>(b)(6)</b>	INSTALLATION OR ADDRESS Installation ou adresse <b>Guantanamo Bay Naval Base, Cuba</b>		
DATE Date <b>6/4/2007</b>	<b>(b)(6)</b>		
<small>1. State disease, injury or complication which caused death 2. State conditions contributing to the death, but not cause 3. Precise the nature of the fracture, of the laceration or of the contusion which is contributory to the death, but not the manner of injury, even if an arm or leg, etc. 4. Precise the condition and a contributory to the death, but not the manner of injury, even if an arm or leg, etc.</small>			

FORM DD 1 APR 77 2064

REPLACES DA FORM 3666, 1 JAN 73 AND DA FORM 3666-RPAB, 28 SEP 78, WHICH ARE OBSOLETE.

MEDCOM 0885

ACLU Detainee Death II ARMY MEDCOM 885



**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: Mahmoud, Naffa Ibrahim  
ISN: (b)(6)  
Date of Birth: (b)(6) 1954  
Date of Death: (b)(6) 2007  
Date/Time of Autopsy: 2 June 2007  
@0730  
Date of Report: 28 June 2007

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

**Circumstances of Death:** This 53 year-old Iraqi detainee reportedly collapsed while speaking with his son, who is also a detainee, at Compound 2B, Camp Remembrance II, Theatre Internment Facility, Camp Cropper, Bagdad, Iraq.

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

**Identification:** Accompanying documentation establishes presumptive identification

**CAUSE OF DEATH:** Hypertensive atherosclerotic cardiovascular disease

**MANNER OF DEATH:** Natural

**FINAL AUTOPSY DIAGNOSES**

- I. Hypertensive atherosclerotic cardiovascular disease:**
- A. Coronary artery calcifying atherosclerosis
    - 1. Left coronary artery with 95% stenosis (gross observation)
    - 2. Left anterior descending artery with 99% stenosis (gross observation)
    - 3. Left circumflex artery with 75% stenosis (gross observation)
    - 4. Right coronary artery with 95% stenosis (gross observation)
  - B. Transmural cardiac myocyte replacement fibrosis, anterior wall of the left ventricle, 1.5 x 1.0 x 0.5 centimeters
  - C. Cardiomegaly (580 grams) with cardiac myocyte hypertrophy,
  - D. Hypertensive changes of the kidneys
- II. Evidence of medical therapy:**
- A. Endotracheal tube appropriately positioned and secured with tape
  - B. Five electrocardiogram pick ups on the anterior torso
  - C. Two defibrillator pads appropriately positioned on the anterior torso
  - D. Intravenous catheter in the right antecubital fossa secured with purple tape
  - E. Puncture mark to the left antecubital fossa
  - F. Bilateral anterior rib fractures
- III. Post-mortem changes:**
- A. Lividity fixed on the posterior surface of the body except where exposed to pressure
  - B. Rigor passing to an equal degree in all extremities
  - C. Body cold
- IV. Identifying marks:**
- A. Brown papule on the right upper cheek, 1/8-inch
  - B. Well healed scar to the lateral and upper surface of the right thigh
  - C. Well healed scar above the right knee, 1-1/2 x 1-inches
  - D. Firm, raised subdermal nodule to the anterior surface of the right foot, 1/2-inch
  - E. Missing right 5<sup>th</sup> toe
- V. Toxicology:**
- A. Volatiles (blood and vitreous fluid): No ethanol detected
  - B. Screened medications and screened drugs of abuse (blood): None detected
  - C. Carbon monoxide (blood): carboxyhemoglobin saturation less than 1%
  - D. Cyanide (blood): None detected

**Mahmoud, Naffa Ibrahim**

**VI. Microscopy:**

- A. Heart: extensive transmural myocyte replacement fibrosis; mild myocyte hypertrophy
- B. Coronary vessels: calcifying atheromas, with one section demonstrating 90 % stenosis
- C. Kidney: obsolescent glomeruli; arterosclerosis; arteriolosclerosis; interstitial fibrosis
- D. Lung: vascular congestion, otherwise unremarkable
- E. Liver: vascular congestion, otherwise unremarkable

**Mahmoud, Naffa Ibrahim****EXTERNAL EXAMINATION**

The body is that of a well-developed, well-nourished appearing Male whose appearance is consistent with the reported age of 53 years. The body is 68 inches in length and weighs 178 pounds. Lividity is fixed on the posterior aspect of the body except where exposed to pressure. Rigor is equal in all extremities. The body temperature is cold.

The head and the face are atraumatic. There is a 1/8-inch brown papule on the left cheek. The scalp is covered with closely shaved brown and grey hair with male patterned baldness. The irides are brown, the corneae are clear, the conjunctivae are unremarkable, and the sclerae are white. The external auditory canals are unremarkable. The ears are unremarkable. The nares and the lips are unremarkable. The nose and maxillae are palpably intact. The teeth are natural with multiple remotely absent. The neck is straight, and the trachea is midline and mobile.

The chest is unremarkable. The abdomen is soft with no palpable masses. The genitalia are those of a normal adult circumcised male. The testes are present and free of masses. Pubic hair is present in a normal distribution. The back is unremarkable. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. There is a 1-1/2 x 1-1/4-inch well healed scar on the upper lateral surface of the right thigh. A 1-1/2-inch x 1-inch well healed scar on the right knee. A 1/2-inch firm flesh colored nodule is on the dorsum of the foot. The right 5<sup>th</sup> toe is absent.

There is a personal effects bag secured to the left wrist. A paper identification tag is secured to the right wrist. The left wrist has an orange band with the words "Insulin Dependent Diabetic." A Dover Port Mortuary identification tag is secured to the left ankle.

**CLOTHING AND PERSONAL EFFECTS**

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

- White shirt, previously cut and partially wrapped around the right arm
- Yellow trousers
- White boxer shorts
- Three passports
- Four picture identifications
- Five miscellaneous papers
- Watch inscribed (b)(6)
- Compact disc with pictured cover
- Various medications in plastic bags with dosing instructions, to include:
  - Paxil 20 milligrams
  - Lisinopril 10 milligrams
  - Glyburide 5 milligrams

**Mahmoud, Naffa Ibrahim**

- Tamsulosin 0.4 milligrams
- Multivitamins
- Lasix 20 milligrams
- Metformin 500 milligrams
- Aspirin 81 milligrams

### **MEDICAL INTERVENTION**

- Endotracheal tube appropriately positioned and secured with white tape
- Vascular catheter in the right antecubital fossa secured with purple tape and connected to IV tubing
- Puncture site in the left antecubital fossa
- Two defibrillator pad on the anterior torso
- Five electrocardiogram pick-ups on both shoulders and the left upper thigh
- Bilateral anterior rib fractures
  - Right anterior 3<sup>rd</sup> through 5<sup>th</sup>
  - Left anterior 3<sup>rd</sup> through 5<sup>th</sup>

### **RADIOGRAPHS**

A complete set of postmortem radiographs is obtained and demonstrates no traumatic injuries.

### **EVIDENCE OF INJURY**

There is no evidence of recent injury. A complete dissection of the back, buttocks and posterior extremities reveals no intramuscular 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 1520 gram brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and gray matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, and cerebellum are free of injury or other abnormalities. The arterial system is anatomically normal and there is mild atherosclerosis of the internal carotid arteries. There are no skull fractures. The atlanto-occipital joint is stable.

#### **NECK:**

Layer by layer dissection of the anterior neck is performed. 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 890 and 700 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 580 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. Cross sections of the vessels show 95 % calcifying atherosclerotic stenosis of the left coronary artery, 99% calcifying atherosclerotic stenosis of the entire left anterior descending artery, 75% calcifying atherosclerotic stenosis of the proximal left circumflex artery and 95% calcifying atherosclerotic stenosis of the right coronary artery. The myocardium of the anterior wall of the left ventricle is replaced by transmural fibrosis, 1.5 x 1.0 x 0.5-centimeters. The valve leaflets are thin and mobile. The anterior, lateral, posterior and interventricular walls of the left ventricle are 0.8-centimeter, 1.2-centimeters, 1.4-centimeters and 1.3-centimeters respectfully. The right ventricular wall is 0.2-centimeters. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels and has diffuse calcifying atheromas. The renal and mesenteric vessels are unremarkable.

**LIVER & BILIARY SYSTEM:**

The 1640 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 5-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**SPLEEN:**

The 300 gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct lymphoid follicles.

**PANCREAS:**

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

**ADRENALS:**

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

**Mahmoud, Naffa Ibrahim****GENITOURINARY SYSTEM:**

The right and left kidneys weigh 140 and 180 grams, respectively. The external surfaces are intact and diffusely 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 approximately 300 milliliter of tan viscous fluid with whole black beans. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

**MUSCULOSKELETAL:**

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

**MICROSCOPIC EXAMINATION**

- Heart: extensive transmural myocyte replacement fibrosis; mild myocyte hypertrophy
- Coronary vessels: calcifying atheromas, with one section demonstrating 90 % stenosis
- Kidney: obsolescent glomeruli; arterosclerosis; arteriolosclerosis; interstitial fibrosis
- Lung: vascular congestion, otherwise unremarkable
- Liver: vascular congestion, otherwise unremarkable

**TOXICOLOGY**

- Volatiles (blood and vitreous fluid): No ethanol detected
- Screened medications and screened drugs of abuse (blood): None detected
- Carbon monoxide (blood): carboxyhemoglobin saturation less than 1%
- Cyanide (blood): None detected

**ADDITIONAL PROCEDURES**

1. Documentary photographs are taken by OAFME staff photographers.
2. Full body radiographs and computed tomography are obtained.
3. Specimens retained for toxicology testing and/or DNA identification are: Blood, vitreous fluid, bile, urine, gastric contents, brain, heart, lung, liver, spleen, kidney, adipose tissue and psoas muscle.
4. The dissected organs are forwarded with the body.
5. Selected portions of organs are retained in formalin.
6. Personal effects are released to the appropriate mortuary operations representatives.

**OPINION**

This 53-year-old Male Iraqi detainee (b)(6) died from hypertensive atherosclerotic cardiovascular disease. The decedent had documented insulin dependent diabetes mellitus and essential hypertension. The decedent had significant narrowing of the coronary arteries, a prior healed myocardial infarction, a large heart and changes to the heart and kidneys consistent with hypertension. Toxicology analyses are negative for ethanol, screened drugs of abuse, screened medication and cyanide. Toxicology analysis for carbon monoxide is less than 1%. 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'Ouvre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) <b>BTB Mahmoud, Neffa, Ibrahim</b>		GRADE Grade	BRANCH OF SERVICE Armée <b>Civilian</b>
ORGANIZATION Organisation		NATION (e.g. United States) Pays <b>Iraq</b>	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale <b>(b)(6)</b>
		DATE OF BIRTH Date de naissance <b>(b)(6) 1954</b>	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"/> NEGROID Négre	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> WIDOWED Veuf	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Rapport du décès avec le déf.	
STREET ADDRESS Adresse à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal complet)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalles entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort			<b>Hypertensive atherosclerotic cardiovascular disease</b>
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 sous-jacente		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Cause de la mort	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 causées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MILITARY PROXIES OF AUTOPSY Consanguins principaux de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide	<b>(b)(6)</b>		
<input type="checkbox"/> HOMICIDE Meurtre	<b>(b)(6)</b>		DATE DEATH Date du décès <b>2 June 2007</b>
DATE OF DEATH (Day, month or year, in full) <b>(b)(6) 2007</b>	PLACE OF DEATH Lieu du décès <b>Baghdad Iraq</b>		
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 déf. et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL EXAMINER Nom du médecin examinateur <b>(b)(6)</b>		TITLE OR DEGREE Titre ou diplôme <b>Medical Examiner</b>	
GRADE Grade <b>(b)(6)</b>		INSTALLATION OR ADDRESS Installation ou adresse <b>(b)(6)</b>	
DATE Date <b>8/2/2007</b>			
<small>         1. Make diagnosis, type of suspension which caused the death, and conditions contributing to the death, but not related to the cause of death, as it appears on the certificate of death, and a reference to the report.       </small>			

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