



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



AUTOPSY EXAMINATION REPORT

Name: Mowhosh, Abid

SSAN: NA

Date of Birth: 1947

Date/Time of Death: (b)(6) 2003

Date/Time of Autopsy: 2 Dec 2003

Date of Report: 18 Dec 2003

Autopsy No.: MII (b)(6)

AFIP No.: (b)(6)

Rank: (b)(6)

Place of Death: Al Qaim, Iraq

Place of Autopsy: BEAP Mortuary,
Baghdad, Iraq

Circumstances of Death: This Iraqi (b)(6) died while in U.S. custody. The details surrounding the circumstances at the time of death are classified.

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

Identification: Visual by 3rd Armored Cavalry Regiment, postmortem fingerprint and DNA obtained

CAUSE OF DEATH: Asphyxia due to smothering and chest compression

MANNER OF DEATH: Homicide

FINAL AUTOPSY DIAGNOSES:

- I. History of smothering and chest and abdominal compression
- II. Blunt force trauma
 - A. Contusions and abrasions of the skin and soft tissue of the chest and abdomen with patterned contusions
 1. Fractures of left ribs 3-7
 - B. Extensive contusions and abrasions of the extremities with patterned contusions
 - C. Minor contusion of the scalp
- III. Cardiomyopathy (650 grams)
 - A. Left ventricle hypertrophy (1.7cm)
 1. Myocyte hypertrophy and interstitial and perivascular fibrosis
 - B. Mild atherosclerosis of the aorta
 - C. Pulmonary edema (combined weight = 1350 grams)
- IV. Status post cholecystectomy
 - A. Perihepatic and pericolonc adhesions
- V. Hepatic steatosis (fatty change), microscopic
- VI. Hepatitis B positive (DNA)
- VII. Pleural and pulmonary adhesions
- VIII. Perisplenic adhesions
- IX. Nodular prostate
- X. Early decomposition
- XI. No displaced fractures or radiopaque projectiles on radiographs
- XII. Toxicology negative

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, obese, 71 1/2 inch tall, 250 pounds minimum (estimated) male whose appearance is consistent with the reported age of 56 years. Lividity is posterior and purple. There is facial suffusion and congestion of the conjunctival vessels but no petechiae of the eyes, face, or oral mucosa. Rigor is not apparent. There is early decomposition consisting of vascular marbling of the anterior chest.

The scalp is covered with gray-brown hair measuring 1 ¼ inch in length and in a normal distribution. There is a brown beard and mustache. The irides are brown and slightly obscured by corneal clouding. The ears and external auditory canals are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and adequate in repair. There are no injuries of the oral cavity.

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

The upper and lower extremities are symmetric and without clubbing or edema. Flexicuff wrist ties encircle each wrist but there are no associated abrasions or contusions.

Identifying marks and scars include an oblique 8 x ¼ inch scar and 2 adjacent oblique scars measuring ¾ x ½ inch each on the right upper quadrant of the abdomen (cholecystectomy). On the skin of the right patella is a 1 ¼ inch linear scar and on the skin of the left patella is a 1 ¼ inch linear scar. On the posterior right shoulder and arm are a 4 x 2 inch scar, a 1 ½ x 1 ½ inch scar, a 2 ¾ inch linear scar, a 3 ½ inch linear scar, and a 1 x ¼ inch scar.

Encircling the right wrist is a white plastic identification band with (b)(6)

CLOTHING AND PERSONAL EFFECTS

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

- Long black shirt
- White undershirt
- Tan boxer style underpants

MEDICAL INTERVENTION

- Intravenous puncture marks in the right groin and right antecubital fossa
- A 1 ½ x 7/8 inch dried orange abrasion overlying the sternum (CPR artifact)

RADIOGRAPHS

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

- No displaced fractures
- No radiopaque foreign objects (bullets or shrapnel)

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.

DESCRIPTION OF BLUNT FORCE INJURIES:

Head and Neck:

On the right parieto-occipital scalp is a 1 ½ x 1 ¼ inch purple contusion without fracture of the underlying skull. There is a ½ x ¼ inch area of discoloration of the superior belly of the right omohyoid muscle without injury of the remaining anterior strap muscles. Dissection of the posterior neck and spinal cord is free of injury.

Chest and Abdomen:

On the anterior right side of the chest superior to the nipple is a 5 x 1 ¼ inch crescentic purple contusion and on the left side of the anterior chest is a 2 ¾ x 1 ¼ inch purple contusion. On the midline of the anterior abdominal wall are a 5 x 3 ½ inch purple contusion, a triangular 5 ½ x 2 inch purple contusion, and a triangular 6 ½ x 2 inch purple contusion. On the left lower quadrant of the abdomen is a 4 x 3 ¼ inch purple contusion. Adjacent to and admixed with the above contusions are numerous circular to ovoid red-purple contusions ranging from ¼ to ½ inch. On the midline of the upper back is a 3 ¾ x 2 inch purple contusion. On the left costovertebral angle is a 7 ½ x 3 inch purple contusion. On the postero-lateral left rib cage is a faint 6 x 3 ½ inch purple contusion. On the right costovertebral angle and lower back are a 4 ½ x 2 inch purple contusion and a 7 ¾ x 1 ½ inch purple contusion.

Injuries within the chest include non-displaced fractures of the anterior aspect of the 5th-7th ribs on the left side and 3rd-6th ribs on the postero-lateral left side. Dissection of the parietal pleura from the rib cage reveals hemorrhage surrounding these fractures. There are no injuries of the lungs or remaining organs of the chest and abdominal cavities. Dissection of the skin of the back reveals scattered ¼ - ½ inch purple contusions of the soft tissue.

Pelvis and Buttocks:

On the right buttock and extending onto the anterior right hip is an irregularly shaped 13 ½ x 8 inch dark purple contusion with hemorrhage of the underlying subcutaneous tissue but without contusion or fracture of the underlying musculoskeletal system. Adjacent to this contusion is a patterned contusion consisting of two parallel oblique purple contusions measuring 3 ¾ x 1 inch and 4 x 1 ¾ inch with a ½ inch area of clearing

between these contusions. On the left buttock and extending onto the posterior thigh are an irregularly shaped $7\frac{1}{2} \times 4\frac{3}{4}$ inch purple contusion and two oblique parallel purple contusions measuring $5\frac{1}{2}$ inches and $6\frac{1}{2}$ inches.

Lower Extremities:

On the anterior right thigh is an oblique 9×6 inch red-purple contusion. On the mid anterior right thigh are two parallel purple contusions occupying an area 6×3 inches with a $\frac{3}{8}$ - $\frac{1}{2}$ inch area of central clearing. Adjacent to these contusions are multiple pinpoint red abrasions. On the skin overlying the right patella is a $2\frac{1}{2} \times 1\frac{1}{2}$ inch purple contusion. On the right anterior shin is a 4×3 inch purple contusion. On the skin overlying the right lateral malleolus is a $5\frac{1}{2} \times 2\frac{1}{4}$ inch purple contusion and on the skin overlying the right medial malleolus is an $8\frac{1}{4} \times 4$ inch purple contusion. On the plantar surface of the right foot is a $2 \times 1\frac{1}{4}$ inch purple contusion. In the right popliteal fossa is a $4 \times 4\frac{1}{2}$ inch purple contusion.

On the left inguinal area is a $1\frac{1}{2} \times 2\frac{1}{4}$ inch purple contusion. On the anterior left thigh are 2 purple contusions measuring $4\frac{1}{4} \times 3\frac{1}{2}$ inches and $\frac{3}{4} \times \frac{1}{2}$ inch, respectively. On the anterior and lateral left thigh is a patterned contusion consisting of three parallel oblique purple contusions occupying an area 6×4 inches with $\frac{1}{2}$ inch areas of clearing between contusions. On the skin overlying the left patella and anterior shin is a patterned contusion consisting of two parallel, horizontal purple contusions occupying an area 6×4 inches with $\frac{1}{2}$ inch area of clearing between contusions. On the anterior left shin is a patterned contusion occupying an area $6 \times 4\frac{1}{4}$ inches and consisting of an irregularly shaped contusion within which are two parallel purple contusions with a $\frac{3}{16}$ inch area of clearing. On the medial left shin is a $\frac{3}{4}$ inch purple contusion. On the skin overlying the left medial malleolus is a 3×2 inch purple contusion. On the posterior left thigh is a $5 \times 5\frac{1}{2}$ inch purple contusion. On the left calf is an oblique $10 \times 2\frac{3}{4}$ inch purple contusion with a $\frac{1}{2}$ inch area of central clearing.

Upper Extremities:

On the anterior and posterior left arm, elbow, and forearm is a $13\frac{1}{2} \times 9\frac{1}{4}$ inch area of diffuse purple contusion without an apparent pattern. There is no injury of the underlying bones. On the anterior left shoulder is a $2\frac{3}{4} \times 1\frac{1}{4}$ inch purple contusion. On the anterior right shoulder is a $3\frac{1}{2} \times \frac{3}{4}$ inch purple contusion. On the posterior right arm is a $2\frac{1}{2} \times 2$ inch purple contusion. On the posterior right elbow is a 10×9 inch purple contusion without injury of the underlying bones. There is no significant injury of either hand or wrist.

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp have the noted minor contusion. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1250 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate

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sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. There is a focal area of discoloration of the superior belly of the right omohyoid muscle. 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.

Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures or ligament injury. Sections of the cervical spinal cord are unremarkable.

BODY CAVITIES:

There are the noted rib fractures. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions with surgical absence of the gallbladder and perihepatic adhesions. There are bilateral fibrous pleural, perisplenic, and pericolonic adhesions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 650 and 700 gm, respectively. The external surfaces are deep red-purple and have the noted adhesions. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 650 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with extensive fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no significant atherosclerosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.7 and 0.6-cm thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1900 gm liver has an intact capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder is surgically absent.

SPLEEN:

The 275 gm spleen has the noted perisplenic adhesions. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

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Mowhosh, Abid MG**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 but autolysed. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 180 gm each. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder is empty. The prostate is normal in size, with lobular, yellow-tan parenchyma and nodular. 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 30 ml of brown liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and unremarkable.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by TSGT (b)(6)
- Special Agent (b)(6) of Army Criminal Investigative Division (CID) attended the autopsy
- Specimens retained for toxicologic testing and/or DNA identification are: blood, spleen, liver, lung, kidney, brain, gastric, and psoas
- The dissected organs are forwarded with body
- Personal effects are released to the appropriate mortuary operations representatives

MICROSCOPIC EXAMINATION

Heart: Sections show mild – moderate myocyte hypertrophy, perivascular and interstitial fibrosis, and fatty infiltration of the right ventricle. Postmortem overgrowth of bacteria without an inflammatory response is noted.

Lungs: Sections show intra-alveolar edema fluid, perivascular anthracosis, congestion, and postmortem overgrowth of bacteria without an inflammatory response. No polarizable foreign material is identified.

Kidney: Section shows vascular congestion and autolysis. No polarizable foreign material is identified.

Liver: Sections show moderate predominantly macrovesicular steatosis, mild periportal fibrosis, and no significant inflammation.

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Brain: Section shows no significant pathologic abnormality.

Right omohyoid muscle: Section shows no significant pathologic abnormality.

Contusion of the right buttock: Sections shows extravasation of erythrocytes without a significant inflammatory response and no significant hemosiderin deposition by H and E stain.

SEROLOGY

Postmortem serologic testing for antibodies to human immunodeficiency virus (HIV) and hepatitis C virus were non-reactive (negative).

Spleen was positive for hepatitis B DNA by PCR.

TOXICOLOGY

Toxicologic analysis of blood and liver was negative for carbon monoxide, cyanide, ethanol (alcohol), and illicit substances (drugs).

OPINION

This 56 year-old Iraqi detainee died of asphyxia due to smothering and chest compression. Significant findings of the autopsy included rib fractures and numerous contusions (bruises), some of which were patterned due to impacts with a blunt object(s). Another finding of the autopsy was an enlarged heart, the etiology of which is uncertain. Other findings included a fatty liver, which can be seen most commonly with obesity or alcohol abuse. The spleen was positive for hepatitis B DNA by polymerase chain reaction (PCR). There were scars in the chest cavity most likely due to an old infection. Scars were noted in the abdominal cavity due to prior surgical removal of the gallbladder.

Although an enlarged heart may result in sudden death, the history surrounding the death along with patterned contusions and broken ribs support a traumatic cause of death and therefore the manner of death is best classified as 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) BTB Mowhosh, Abid		GRADE Grade MG	BRANCH OF SERVICE Arme
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance
RACE Race		MARITAL STATUS État Civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasiqne	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divoré	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Nègre	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> JEWISH Juif	<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le tuteur	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only once cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort ¹			Asphyxia due to smothering and chest compression
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input 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			
<input checked="" type="checkbox"/> HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	DATE Date 02 Dec 2003	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (Hour, day, month, year) (Heure, le jour, le mois, l'année) (b)(6) 2003	PLACE OF DEATH Lieu de décès Al Qaim, Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme Medical Examiner	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902		
DATE Date 12 May 2004	(b)(6)		
¹ State disease, injury or complication which caused death. ² State conditions contributing to the death, but not the primary cause. ¹ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du cœur, etc. ² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec le maladie ou la condition qui a provoqué la mort.			

DD FORM 2064

REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 24 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0009

ACLU Detainee Death II ARMY MEDCOM 9



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FINAL AUTOPSY REPORT

Name: Al-Jamadi, Manadel
SSAN: N/A
Date of Birth: Unk
Date Found: (b)(6) 2003
Date of Autopsy: 09 NOV 2003
Date of Report: 09 JAN 2004

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Rank: CIV, Iraqi National
Place of Death: near Baghdad, Iraq
Place of Autopsy: Mortuary
 Affairs, Camp Sayther, Baghdad
 International Airport

Circumstances of Death: This Iraqi National male was captured by Navy Seal (b)(2) and died while detained at Abu Ghraib Prison in Iraq.

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

Identification: Visual Identification as per Investigating Agency

CAUSE OF DEATH: Blunt Force Injuries Complicated by Compromised Respiration

MANNER OF DEATH: Homicide

FINAL AUTOPSY DIAGNOSES:

I. Blunt Forces Injuries:

A. Head:

- i. Right periorbital contusion and subconjunctival hemorrhage**
- ii. Contusions of the right side of the face and nose**
- iii. Parietal subgaleal and temporalis muscle contusions**
- iv. Lower lip and buccal mucosa contusions**

B. Torso:

- i. Multiple cutaneous contusions and abrasions**
- ii. Anterior and posterior chest wall contusions**
- iii. Sternal contusion**
- iv. Fractures of right anterior ribs 5&6 and left anterior ribs 3-6**
- v. Left lung contusion**

C. Extremities:

- i. Multiple cutaneous abrasions and contusions**

II. Ligature marks of the wrists and ankles

III. Remote Gunshot Wound of Torso (projectile removed from spleen)

IV. No significant natural diseases identified, within limitations of examination

V. Toxicology: negative

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished 5ft 10-inch tall, 165-pound (estimated) Caucasian male. Lividity is fixed on the posterior aspect of the body. Rigor is present and symmetric on all extremities. The temperature is cold, that of the refrigeration unit.

The scalp is covered with brown hair with temporal graying and frontal balding. Facial hair consists of a close trimmed brown and grey beard and mustache. The irides are brown and the pupils are round and equal in diameter. Petechial hemorrhages of the sclera are not present. The external auditory canals are free of secretions and blood. The ears are unremarkable. The nares are patent. Injuries to the face will be described below in the "evidence of injury section". The nose and maxillae are palpably stable. The teeth are natural. Petechiae of the buccal mucosa are not present.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is flat. There is a well-healed 2 x 1/4-inch oblique scar on the left lower quadrant of the abdomen. There is a jagged irregular well-healed 6 x 2-inch horizontal scar extending from the lower left quadrant of the abdomen across the anterior lateral aspect of the left thigh. The genitalia are those of a normal adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. Ano-genital trauma is not present and the buttocks and anus are otherwise unremarkable

On the posterior torso there is a well-healed vertical 3 x 1/4-inch scar in the midline over the thoracic spine. There is a 3 x 2-inch vertical scar in the midline of the lumbar spine. A well-healed 3-x 1/4-inch irregularly shaped scar is on the left lower back. A vertical 3/4 x 1/4-inch scar is on the upper aspect of the right buttock. A 1 x 1/4-inch vertical scar is present on the left buttock. There is an oblique 3 x 1/4-inch scar on the lower aspect of the left buttock. Injuries to the torso will be described below in the "evidence of injuries" section.

The upper and lower extremities are symmetric without clubbing or edema. Injuries to the palms of the hands and soles of the feet are not noted. There is a vertical 6 x 1/4-inch scar on the medial aspect of the distal left thigh, which extends to the upper left leg. On the dorsum of the right foot is a 1x 1/2-inch scar. On the dorsal aspect of the left foot is a 1x 1/2-inch scar. Injuries to the extremities will be described below in the "evidence of injury section".

CLOTHING AND PERSONAL EFFECTS

The deceased in unclad and personal effects are not present with body at the time of autopsy.

MEDICAL INTERVENTION

None.

RADIOGRAPHS

Postmortem radiographs are obtained and support the clinical diagnoses.

EVIDENCE OF INJURY

I. BLUNT FORCE INJURIES:

A. Head and Neck:

Externally, a circumferential periorbital contusion surrounds the right eye with associated subconjunctival hemorrhage of the eyeball. A 1 ¼ x ¾-inch contusion is on the right side of the face, lateral to right eye. There is a ¼ x ¼-inch contusion on the left side of the nose, immediately adjacent to the left medial canthus. A ¼ x ¼-inch round contusion is on the right lower lip. There is a 1 x ½-inch contusion on the buccal mucosa of the lower lip. Reflection of the scalp reveals bilateral subgaleal hemorrhages of the parietal scalp with contusions of the right and left temporalis muscles. Injury to the skull is not identified. The brain and spinal cord are without injury. Incision and layerwise dissection of the anterior and posterior neck demonstrates no injury of the anterior neck and deep paracervical muscular tissues and no cervical spine fractures.

B. Torso:

On the upper lateral aspect of the left side of the chest is a 5 x 2-inch contusion. On the upper quadrant of the left side of the abdomen is an oblique 5 x 1-inch contusion. Just inferior to this contusion is an oval 3 x 2-inch contusion. On the posterior lateral aspect of the left buttock is a 3 x 1-inch linear contusion. On the mid aspect of the left buttock is an oval 3 x 2-inch contusion.

Internally, there are contusions of the muscles of the upper right and left chest walls. Posteriorly, there are muscle contusions of the right upper back. There are fractures of left anterior ribs three through six and right anterior ribs five and six. There are contusions over the mid aspect of the sternum. The left lung is involved by a 5 x 3-cm contusion of the anterior aspect of the upper lobe of the left lung.

C. Extremities:

On the posterior aspect of the right forearm is a linear 6 x 2-inch contusion with a 3 x ¼-inch abrasion in its center. On the dorsum of the right hand is a 3 x 2-inch contusion and smaller contusions overlay the dorsal aspect of the second and third right digits. On the anterior aspect of the left upper arm is a ¾ x ¾-inch contusion. This contusion is continuous with the previously described injury on the lateral aspect of the upper left chest. There is a 2 x 1-inch contusion on the medial aspect of the left elbow. On the posterior aspect of the left elbow is a 2 x 2-inch contusion. There are contusions

Al-Jamadi, Manadel

overlying the dorsum of the left hand centered over the fourth and fifth metacarpal joints. On the anterior aspect of the right thigh are three linear horizontal contusions. The most proximal contusion measures 3 x ½-inches. Immediately inferior to this is a 2 ½ x ½-inch contusion and the most inferior contusion, located at the mid anterior thigh, measures 4 x ½-inches. A vertical 6 x 3-inch contusion is located on the anterior-lateral aspect of the mid right thigh. A 4 x 3-inch contused-abrasion overlies the anterior aspect of the right knee. On the anterior mid left thigh is a 1 ½ x 1-inch contusion. The left knee is covered by a 3 x 1-inch vertical contused-abrasion. On the anterior aspect of the left leg is a 7 x 2 ½-inch irregularly shaped contusion. On the posterior aspect of the distal left thigh, in the midline, is a 2 x 2-inch oval contusion. On the dorsal aspect of the left foot are ½-inch oval contusions overlying the second, third, fourth, and fifth metacarpelphalangeal joints.

II. LIGATURE INJURIES:

The wrists and ankles show evidence of binding ligature injuries. On the anterior aspect of the right wrist is a 2 x ¼-inch linear horizontal contusion and on the back of the right wrist is 2 x ¼-inch linear horizontal contusion. Cut sections into these wounds show hemorrhage into the superficial subcutaneous tissue. On the front of the left wrist on the lateral aspect is a 1 x ¼-inch contusion, extending to the left thumb. On the back of the left wrist is a 2 ¼ x ½-inch contusion, which extends across the diameter of the wrist. Cut sections into these wrist wounds show hemorrhage into the superficial aspects of the subcutaneous tissue. On the lateral aspect of the anterior right ankle is a 3 x 3-inch contused-abrasion and on the posterior-lateral aspect of the right ankle is a 2 x 1-inch contused-abrasion. On the anterior aspect of the left ankle is 3 ½ x 1-inch linear contusion extending from the lateral to mid aspect of the left ankle. Incision into these ankle wounds show hemorrhage into the superficial subcutaneous tissue.

III. REMOTE GUNSHOT WOUND OF THE TORSO:

Dissection of the spleen reveals a minimally deformed medium caliber jacketed projectile within the splenic parenchyma. The projectile is surrounded by dense fibrous tissue.

INTERNAL EXAMINATION

HEAD:

Injuries to the subgaleal soft tissues of the scalp have been described. The remainder of the galeal and subgaleal soft tissues are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1400 gm brain, which has unremarkable gyri and sulci. 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

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injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

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

BODY CAVITIES:

Injuries to the chest have been described. The 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:

Injury to the left lung has been described. The right and left lungs weigh 650 and 485 gms, respectively. The uninjured 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 425 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no significant atherosclerosis. There is 30% stenosis of the proximal left anterior descending coronary artery. Otherwise, the remaining coronary arteries are widely patent. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.4 and 0.4-cm thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1500 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 10 cc of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

Recovery of a remote projectile has been discussed. The 130 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

Al-Jamadi, Manadel

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 yellow cortices and grey medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 115 and 120 gms, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 300 cc of yellow urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 200 cc of dark brown partially digested food. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by (b)(6) OAFME
- Attending the autopsy is Special Agent (b)(6) Army CID.
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, urine, spleen, liver, lung, brain, bile, gastric, and psoas muscle
- The dissected organs are forwarded with body

MICROSCOPIC EXAMINATION

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

TOXICOLOGY

AFIP Accession (b)(6) **dated 24 Nov 2003**

Volatiles: Blood-negative for ethanol

Cyanide: Blood- negative

Drugs of abuse: Blood-negative

OPINION

(b)(6) an Iraqi National, died while detained at the Abu Ghraib prison where he was held for interrogations by government agencies. According to an investigative report, (b)(6) was captured by Navy Seal (b)(2) and resisted apprehension. External injuries are consistent with injuries sustained during apprehension. Ligature injuries are present on the wrists and ankles. Fractures of the ribs and a contusion of the left lung imply significant blunt force injuries of the thorax and likely resulted in impaired respiration. According to investigating agents, interviews taken from individuals present at the prison during the interrogation indicate that a hood made of synthetic material was placed over the head and neck of the detainee. This likely resulted in further compromise of effective respiration. (b)(6) was not under the influence of drugs of abuse or ethanol at the time of death. The cause of death is blunt force injuries of the torso complicated by compromised respiration. The manner of death is homicide.

(b)(6)

Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Al-Jamadi, Manadel		GRADE Grade	BRANCH OF SERVICE Arme
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g. United States) Pays USA	DATE OF BIRTH Date de naissance
RACE Race		MARITAL STATUS État Civil	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Nègre	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> PROTESTANT Protestant
	<input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> CATHOLIC Catholique
			<input type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sué	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND 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 Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort ¹			Blunt force injuries complicated by compromised respiration
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input 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			
<input checked="" type="checkbox"/> HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	DATE Date 09 Nov 2003	AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (Hour, day, month, year) Date du décès (Heure, le jour, le mois, l'année) (b)(6) 2003	PLACE OF DEATH Lieu de décès Baghdad, Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunct je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme Medical Examiner	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB DE 19002 (b)(6)		
DATE Date 13 MAY 2004			
¹ State disease, injury or complication which caused death. ² State conditions contributing to the death, but not the primary cause. ¹ Préciser la nature de la maladie, de la blessure ou de la complication qui a causé la mort. ² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.			



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



AUTOPSY EXAMINATION REPORT

Name: BTB Taled Ehad Kazam

SSAN: NA

Date of Birth: Unknown

Date/Time of Death: (b)(6) 2003

Date/Time of Autopsy: 22 Aug 2003

Date of Report: 9 Oct 2003

Autopsy No.: (b)(6)

AFIP No: (b)(6)

Rank: NA

Place of Death: Abu Ghraib Prison,
Iraq

Place of Autopsy: Camp Sather, Iraq

Circumstances of Death: The decedent was a prisoner in Abu Ghraib prison in U.S. Custody. On or about (b)(6) 2003 he was noted to be pulseless and apneic. Cardiopulmonary resuscitation was unsuccessful. There was no prior complaint or trauma.

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

Identification: Tentative by Army Criminal Investigation Division (CID). Antemortem dental, fingerprint, and DNA profile not available.

CAUSE OF DEATH: Arteriosclerotic Cardiovascular Disease (ASCVD)

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

- I. Mild-moderate three vessel coronary arteriosclerosis
 - A. Ischemic cardiomyopathy (450 grams)
 - B. Left ventricle hypertrophy (1.8 cm)
 - C. Pulmonary edema and congestion (combined weight 1900 grams)
 - D. Chronic passive congestion of the liver
 - E. Congestive splenomegaly (350 grams)

- II. Hemangioma of the liver

- III. Mild decomposition

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, muscular 72inch tall 160 pounds (estimated) male with an estimated age of 40 years. Lividity is posterior, purple, and fixed. Rigor is absent.

There is early postmortem decomposition indicated by corneal clouding and early skin slippage.

Identifying marks include a ½ inch circular scar on the anterior left forearm and a vertical 3-½ inch scar on the posterior right hand.

The scalp is covered with gray-black hair in a normal distribution. Corneal clouding obscures the irides and pupils. The external auditory canals are unremarkable. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in good repair.

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

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

CLOTHING AND PERSONAL EFFECTS

None.

MEDICAL INTERVENTION

No attached medical devices or artifacts of therapy.

EVIDENCE OF INJURY

None.

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1500 gm brain, which has unremarkable gyri and sulci and vascular congestion. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem,

cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact 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 are edematous, congested and weigh 1000 and 900 gm, respectively. The external surfaces are smooth and deep red-purple. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 450 gm heart is globular in shape but 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 multifocal stenoses of the left anterior descending coronary artery. The right coronary artery has 50-75% multifocal stenoses of the proximal and mid segments. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.8 and 0.6-cm thick, respectively. The septum is hypertrophied measuring 2.0 cm in thickness. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1900 gm liver has an intact, smooth capsule with congested parenchyma. There is a 1 ¼ x 1 ½ inch subcapsular hemangioma. The gallbladder contains a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 350-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

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

ADRENALS:

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

GENITOURINARY SYSTEM:

The right and left kidneys weigh 350 gm, each. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder is devoid of 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 25 ml of yellow liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and unremarkable.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by (b)(6)
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, spleen, liver, brain, gastric contents, and psoas muscle
- The dissected organs are forwarded with body

MICROSCOPIC EXAMINATION

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

TOXICOLOGIC ANALYSIS

Toxicologic analysis of blood and vitreous fluid were negative for ethanol (alcohol) and illicit substances.

OPINION

This Iraqi male prisoner of war died of arteriosclerotic cardiovascular disease. Significant findings of the autopsy included an enlarged heart and significant narrowing of one of the arteries supplying blood to the heart. The lungs, liver, and spleen were congested most likely due to inadequate pumping of the heart. An unrelated finding was a hemangioma (a benign blood vessel tumor) of the liver that did not contribute to death. There was no internal or external trauma.

The manner of death is natural.

(b)(6)

(b)(6) Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du défunt (Nom et prénoms) BTB Taled, Ehad, Kazam		GRADE Grade	BRANCH OF SERVICE Arme
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance
RACE Race		MARITAL STATUS État Civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasiqne	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Négride	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> JEWISH Juif	<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du défunt avec le survivant	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only once cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort ¹			Arteriosclerotic Cardiovascular Disease
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitée par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide			
<input type="checkbox"/> HOMICIDE Homicide	NAME OF BATHING PARTY Nom du bathologiste (b)(6)	DATE Date 22 Aug 2003	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) 20 Aug 2003	PLACE OF DEATH Lieu de décès Abu Ghraib Prison, Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin assistant (b)(6)		TITLE OR DEGREE Titre ou diplôme Medical Examiner	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902		
DATE Date 12 May 2004	(b)(6)		
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc. ² State conditions contributing to the death, but not related to the disease or condition causing death. ¹ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du cœur, etc. ² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.			

DD FORM 1 APR 77 2064

REPLACES DA FORM 1345, 1 JAN 73 AND DA FORM 1345-R (P), 26 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0025

ACLU Detainee Death II ARMY MEDCOM 25



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1-800-944-7912



AUTOPSY EXAMINATION REPORT

Name: BTB Spah, Dham

SSAN: NA

Date of Birth: Unknown

Date/Time of Death: (b)(6) 2003

Date/Time of Autopsy: 25 Aug 2003

Date of Report: 24 Oct 2003

Autopsy No.: (b)(6)

AFIP No. (b)(6)

Rank: NA

Place of Death: Abu Ghraib

Prison, Iraq

Place of Autopsy: Camp Sather, Iraq

Circumstances of Death: This Iraqi enemy prisoner of war was an inmate of Abu Ghraib Prison. On or about (b)(6) 2003 (b)(6) was brought to the gate by other detainees and was noted to be pulseless and apneic.

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

Identification: Presumptive by US Army Criminal Investigative Division (CID).
Antemortem fingerprint, dental, and DNA records non-existent.

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease (ASCVD)

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

- I. 3 vessel moderate to severe coronary artery atherosclerotic stenoses
 - A. Ischemic cardiomyopathy (525 grams)
 - B. Left ventricular hypertrophy (1.8 cm)
 - C. Focal bridging of the left anterior descending coronary artery (LAD)
 - D. Pulmonary congestion (1600 grams)

- II. Mild decomposition
 - A. Postmortem freeze artifact
 - B. Postmortem bile toxicology consistent with decomposition

- III. Fibrous pleural adhesions

EXTERNAL EXAMINATION

The body is that of a well-developed, thin, muscular, 70 inch tall, 150 pounds (estimated) male whose appearance is consistent with an estimated age of 40-60 years. Lividity is posterior, purple, and fixed. Rigor is indeterminate secondary to postmortem freezing. There is mild decomposition consisting of clouding of the corneas, early skin slippage, and slight green discoloration of the right lower quadrant of the abdomen.

Identifying marks include a ¼ x ½ inch scar on the skin overlying the right patella.

The scalp is covered with straight black hair in a normal distribution. Corneal clouding obscures the irides and the pupils. The external auditory canals are unremarkable. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and adequate.

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

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

CLOTHING AND PERSONAL EFFECTS

None.

MEDICAL INTERVENTION

None.

EVIDENCE OF INJURY

None.

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 partially frozen 1450 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without 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. There are fibrous adhesions in both pleural cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 850 and 750 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 525 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show 50-75% multifocal stenoses of the proximal portion of the left anterior descending coronary artery with focal bridging, a focal proximal 90% stenosis with calcification and 75-90% multifocal stenoses of the mid portion of the right coronary artery. There is a focal 75% stenosis of the proximal left circumflex coronary artery. No acute changes (plaque hemorrhage, rupture, or thrombosis) are noted. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The wall of the left ventricle is hypertrophied measuring 1.8 cm in thickness. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

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

SPLEEN:

The 150 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles. There is an adjacent 10 gram accessory spleen near the hilum.

PANCREAS:

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

ADRENALS:

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

GENITOURINARY SYSTEM:

The right and left kidneys weigh 200 gm each. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder is empty. 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 10 ml of green liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and unremarkable.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by (b)(6)
- Specimens retained for toxicologic testing and/or DNA identification are: blood, vitreous, liver, kidney, brain, bile, and psoas muscle
- The dissected organs are forwarded with the body
- Personal effects are released to the appropriate mortuary operations representatives of the 54th Quartermaster Company.

MICROSCOPIC EXAMINATION

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

TOXICOLOGY

Toxicologic analysis of bile revealed an ethanol concentration of 47 mg/dL, acetaldehyde 8 mg/dL, and trace amounts of 2-propanol and 1-propanol all of which are consistent with decomposition. No illicit substances were detected.

OPINION

This Iraqi male prisoner of war died of arteriosclerotic coronary artery disease. Significant findings of the autopsy included severe narrowing of the blood vessels supplying blood to the heart and enlargement of the heart. No external or internal trauma was noted.

The manner of death is natural.

AUTOPSY REPORT AFIP (b)(6)
BTB Spah, Dham

(b)(6)

(b)(6)

Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Spah, Dham		GRADE Grade	BRANCH OF SERVICE Arme
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance
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"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Nègre	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sué	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only once cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort ¹			Arteriosclerotic Cardiovascular Disease
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée	<input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY. Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide	NAME OF BATHING FLUID Nom du bainéolite		
<input type="checkbox"/> HOMICIDE Homicide	(b)(6)		
DATE OF DEATH (Hour, day, month, year) Date du décès (Heure, le jour, le mois, l'année)	PLACE OF DEATH Lieu de décès		
(b)(6) 2003	Abu Ghraib, Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE J'ai examiné les restes mortels du défunct et conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin civil		TITLE OR DEGREE Titre ou diplôme	
(b)(6)		Medical Examiner	
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse		
(b)(6)	Dover AFB, DE 19902		
DATE Date	(b)(6)		
12 Aug 2003			
¹ State disease, injury or complication which ² State conditions contributing to the death, but not related to the disease or condition causing death. ³ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non le manière de mourir, telle qu'un arrêt du coeur, etc. ⁴ Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.			

DD FORM 2064

REPLACES DA FORM 1365, 1 JAN 72 AND DA FORM 1365-R(PAS), 24 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0032

ACLU Detainee Death II ARMY MEDCOM 32



ARMED FORCES INSTITUTE OF PATHOLOGY

Office of the Armed Forces Medical Examiner

1413 Research Blvd., Bldg. 102

Rockville, MD 20850

1-800-944-7912



FINAL AUTOPSY REPORT

Name: believed to be **Abed Mohamed Naiem**

SSAN: (b)(6)

Date of Birth: Unknown, appears to be 50+ yrs

Date of Death: (b)(6) 2003 (b)(6)

Date of Autopsy: 24 August 2003

Date of report: 29 September 2003

Autopsy No: (b)(6)

AFIP No.: (b)(6)

Rank: n/a

Place of Death: Abu Ghurayb Prison, Iraq

Place of Autopsy: 54th QM Co,

Baghdad Intl Airport, Iraq

Circumstances of Death: Other prisoners brought the decedent forward to the prison gate complaining of chest pain. He reportedly participated in a fast that day. Medics responded within 5 minutes and began CPR because there was no pulse or blood pressure. A physician arrived 30 minutes after patient presentation and he began intravenous glucagon and D50 solution because of a history of diabetes (taking oral Glibenese) as reported by (b)(6) a prisoner in the camp. By this time pupils were fixed and dilated, and the decedent remained pulseless throughout resuscitation attempts. No body temperature was recorded in the records available for review. The remains were ritually washed by prisoner (b)(6) prior to transport to the mortuary.

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

Identification: Positive identification not established because antemortem exemplars are unavailable. Postmortem dental exam and x-rays, DNA specimen and fingerprints obtained for possible future reference.

CAUSE OF DEATH: Atherosclerotic cardiovascular disease complicated by diabetes

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

- I. Atherosclerotic cardiovascular disease
 - 80% stenosis of the proximal left anterior descending coronary artery
 - Atheromatous aorta
- II. Diabetes
- III. Moderate decomposition
- IV. No evidence of trauma
- V. Toxicological examination (in mg/dL)

	<u>Acetaldehyde</u>	<u>ethanol</u>	<u>acetone</u>	<u>1-propanol</u>
• Cavity blood	6	36	Trace	Trace
• Bile		39	Trace	Trace
• Cavity blood	positive for lidocaine (drug used in resuscitation attempts.)			

ME (b)(6)

(b)(6)

believed to be **Abed Mohamed Najem**

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing 68 inch tall, 200 pounds (estimated), Middle Eastern male whose appearance is an estimated 50 plus years; date of birth is unknown. Decomposition is moderate, consisting of skin slippage, marbling, bloating, bloody purge, foul odor and green discoloration of the torso. Lividity is inapparent. Rigor is passed, and the temperature is cold.

The scalp is covered with black straight hair in a normal distribution, and the face has a full beard and mustache. The iris color is difficult to ascertain because of corneal clouding, but appeared to be brown, and the pupils are round and equal in diameter. The external auditory canals are free of blood or abnormal secretions. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxilla are palpably stable. The teeth appear natural and in poor repair.

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

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

CLOTHING AND PERSONAL EFFECTS

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

- None, the body is unclad.

MEDICAL INTERVENTION

- None.

RADIOGRAPHS

X-rays are unavailable at this location.

EVIDENCE OF INJURY

No injuries are seen following a complete postmortem examination.

INTERNAL EXAMINATION

HEAD:

The entire brain was too decomposed for adequate examination, being in a semi-liquid state. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

believed to be **Abed Mohamed Najem**

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. There is no soot staining of the larynx or the trachea.

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

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pericardial or peritoneal cavities. There is 100 mL of decomposition fluid in each hemithorax. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 320 gm and 250 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 250 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show 80% stenosis of the proximal left anterior descending coronary artery. The myocardium is homogenous, red-brown, and soft. The valve leaflets are thin and mobile. The wall thickness of the left and right ventricles are not measured due to decompositional changes. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels and has significant involvement with atheromatous plaques throughout its length, significantly worse in the distal abdominal aorta. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1240 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown with a slight yellow discoloration, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 90 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and diffuent, without discernible Malpighian corpuscles.

PANCREAS:

The pancreas is autolyzed 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 autolyzed grey medullae. No masses or areas of hemorrhage are identified.

ME (b)(6)

(b)(6)

believed to be **Abed Mohamed Najem**

GENITOURINARY SYSTEM:

The right and left kidneys weigh 70 gm and 90 gm, respectively. The external surfaces are intact and granular, with a pigskin texture. There are multiple small cysts in each kidney. 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 no urine. The prostate is normal in size, with nodular, 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 only scant, pasty, grey material. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and there are cecal adhesions.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by OAFME photographer (b)(6)
- No trace evidence is collected.
- Specimens retained for toxicologic testing and/or DNA identification are: cavity blood, liver, spleen, semiliquid brain, bile, and psoas muscles.
- The dissected organs are forwarded with body.

MICROSCOPIC EXAMINATION

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

OPINION

This Middle Eastern male, believed to be (b)(6) died as a result of atherosclerotic cardiovascular disease complicated by diabetes. The manner of death is natural.

(b)(6)

Armed Forces Medical Examiner System

(b)(6)

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) 3TB Abed, Mohamed, Najem		GRADE Grade	BRANCH OF SERVICE Arme
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance
RACE Race		MARRIAGE STATUS État civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasique	SINGLE Célibataire		RELIGION Culte
<input type="checkbox"/> NEGROID Nègre	MARRIED Marié		
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	WIDOWED Veuf		
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only once cause per line) Cause du décès (l'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort ¹			Atherosclerotic cardiovascular disease complicated by diabetes
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort associées 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			
<input type="checkbox"/> HOMICIDE Homicide			
DATE OF DEATH (Hour, day, month, year) Date (l'heure, le jour, le mois, l'année)	NAME OF PATHOLOGIST Nom du pathologiste	DATE Date	AVIATION ACCIDENT Accident à l'avion
(b)(6) 2003	(b)(6)	24 Aug 2003	<input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
PLACE OF DEATH Lieu de décès Abu Ghurayb Prison, Iraq			
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunct et conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire		TITLE OR DEGREE Titre ou diplôme	
(b)(6)			
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse		
(b)(6)	Dover AFB, DE 19902		
DATE Date	(b)(6)		
14 MAY 04			
¹ State disease, injury or complication which ² State conditions contributing to the death, but not reasons in one disease or condition causing death. ¹ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du cœur, etc. ² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.			

DD FORM 2064 1 APR 77

REPLACES DA FORM 1365, 1 JAN 72 AND DA FORM 1365-R (P&S), 26 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0037

ACLU Detainee Death II ARMY MEDCOM 37



ARMED FORCES INSTITUTE OF PATHOLOGY

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



FINAL AUTOPSY REPORT

Name: believed to be **Hamza Hassad Twfeek Najm Byaty Al-Zubydy**

SSAN: n/a, Enemy PW (b)(6)

Date of Birth: Unknown, appears middle aged

Date of Death: (b)(6) 2003 (b)(6)

Date of Autopsy: 24 August 2003

Date of report: 29 September 2003

Autopsy No: (b)(6)

AFIP No. (b)(6)

Rank: n/a

Place of Death: Diwania, Iraq

Place of Autopsy: 54th QM Co,
Baghdad Intl. Airport, Iraq

Circumstances of Death: The decedent was an enemy prisoner of war detainee at the Biap prison who was being transported in a bus when he became short of breath, hypotensive and tachycardic. A medic with the 115th MP Battalion administered an IV bolus, which briefly improved his symptoms and signs, but he soon arrested. When examined later in the day by a physician, rigor and lividity were established, but "no visible markings, wounds, lesions, deformity" were seen. No body temperature was recorded in the records available for review.

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

Identification: Positive identification is not established because of a lack of antemortem exemplars. Postmortem dental exam and x-rays, DNA specimen and fingerprints are obtained for possible future reference.

CAUSE OF DEATH: Undetermined atraumatic cause

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

- I. No evidence of significant natural disease, within the limitations of this autopsy.
- II. No evidence of trauma
- III. Toxicological examination
 - Blood and urine were negative for ethanol
 - Blood was negative for prescription and illicit drugs

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing 72 inch tall, 210 pounds (estimated), middle eastern male who appears middle aged. (Date of birth is unknown.). Lividity is inapparent due to postmortem changes. Rigor is passed, and the temperature is cold.

MI: (b)(6)

(b)(6)

believed to be Hamza Hassad Twfeek Najm Byaty Al-Zuhydy

The scalp is covered with black, straight, long hair in a normal distribution and there is a full beard and mustache. The irides are difficult to determine due to cloudy cornea, but appear brown, and the pupils are round and equal in diameter. The external auditory canals are free of blood and unusual secretions. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in fair repair.

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

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

CLOTHING AND PERSONAL EFFECTS

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

- Green knee-length shirt
- Buff colored boxer shorts

MEDICAL INTERVENTION

- A 500 mL bag of lactated Ringer's solution connected to an IV cannula that apparently fell out of the right antecubital fossa.

RADIOGRAPHS

Radiographs are unavailable at this location.

EVIDENCE OF INJURY

There is no evidence of injury following a complete postmortem examination.

Decompositional changes consist of skin slippage, marbling, foul odor and a green color to the anterior thorax and abdomen.

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 1400 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without 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. There is no soot staining of the larynx or the trachea.

ME: (b)(6)

(b)(6)

believed to be Hamza Hassad Twfeek Najm Byaty Al-Zubydy

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

BODY CAVITIES:

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

RESPIRATORY SYSTEM:

The right and left lungs weigh 950 gm and 1050 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 270 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no significant atherosclerotic cardiovascular disease. 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.

LIVER & BILIARY SYSTEM:

The 1250 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 15 mL of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 260 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and diffluent, with indistinct Malpighian corpuscles.

PANCREAS:

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

ADRENALS:

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

GENITOURINARY SYSTEM:

The right and left kidneys weigh 75 gm and 75 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 170 mL of hazy, pink urine. The prostate is normal in size, with nodular, yellow-tan parenchyma.

ME: (b)(6)

(b)(6)

believed to be Hamza Hassad Twfeek Najm Byaty Al-Zubydy

The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 100 mL of grey, pasty, partially digested, unrecognizable food. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by OAFME photographer (b)(6)
- No trace evidence is collected.
- Specimens retained for toxicologic testing and/or DNA identification are: cavity blood, liver, spleen, urine, gastric contents, brain, bile, and psoas muscles.
- The dissected organs are forwarded with the body.

MICROSCOPIC EXAMINATION

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

OPINION

This Middle Eastern male, believed to be (b)(6) died as a result of an unknown non-traumatic and nontoxic cause. The manner of death is natural.

(b)(6)

Armed Forces Medical Examiner System

(b)(6)

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) 3TBHamza Hassad, Twfæek Najm, Byaty Al-Zubydy		GRADE Grade	BRANCH OF SERVICE Arme
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance
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"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Nègre	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> JEWISH Juif	<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parents du décédé avec le décès	
STREET ADDRESS Domicile & (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal complet)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only once cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort ¹			Undetermined traumatic cause
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste		
<input type="checkbox"/> SUICIDE Suicide	(b)(6)		DATE Date 24 Aug 2003
<input type="checkbox"/> HOMICIDE Homicide			AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (Hour, day, month, year) Date du décès (Heure, le jour, le mois, l'année) (b)(6) 2003		PLACE OF DEATH Lieu du décès Diwania, Iraq	
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunct et conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme Armed Forces Medical Examiner	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902 (b)(6)		
DATE Date 14 MA 04			

DD FORM 1 APR 77 2064

REPLACES DA FORM 1365, 1 JAN 72 AND DA FORM 1365-RIPAS, 24 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0042

ACLU Detainee Death II ARMY MEDCOM 42



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



AUTOPSY EXAMINATION REPORT

Name: Dababa, Dilar
SSAN: n/a
Date of Birth: unknown
Date of Death: (b)(6) 2003
Date of Autopsy: 17 June 2003
Date of Report: 11 May 2004

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Rank: Civilian, Iraqi national
Place of Death: Iraq
Place of Autopsy: Baghdad
International Airport, Baghdad, Iraq

Circumstances of Death: This approximately 45 year-old civilian Iraq male detainee died in U.S. custody approximately 12 hours after a reported escape attempt by the decedent. Physical force was required to subdue the detainee, and during the restraining process, his forehead hit the ground.

Authorization for Autopsy: The Armed Forces Medical Examiner, IAW 10 USC 1471.

Identification: Visual; Fingerprints and DNA samples obtained

CAUSE OF DEATH: Closed Head Injury with a Cortical Brain Contusion and Subdural Hematoma

MANNER OF DEATH: Homicide

FINAL AUTOPSY DIAGNOSES:

- I. **Closed Head Injury**
 - a. Subarachnoid hemorrhage over brain
 - b. Cortical brain contusion, right occipital region, 4 x 4 x 3 cm
 - i. Intracortical hemorrhage with fresh erythrocytes, fibrin, and polymorphonuclear leukocytes
 - ii. Negative for fibroblasts, macrophages, capillary proliferation, hemosiderin or iron
 - c. Right subdural hematoma, 20 ml
 - i. Fresh erythrocytes, fibrin, and polymorphonuclear leukocytes
 - ii. Negative for fibroblasts, macrophages, capillary proliferation, hemosiderin or iron
 - d. No skull fractures
 - e. Left frontal subgaleal hemorrhage with scalp laceration
 - i. Status post suturing of laceration

- II. **Additional Injuries**
 - a. Fracture right lateral 8th rib with soft tissue hemorrhage
 - b. Multiple contusions, abrasions, and minor lacerations of head, torso, and extremities
 - c. Abrasions and contusions around wrists and ankles, consistent with restraint
 - d. Hemorrhage of right sternocleidomastoid muscle of neck
 - i. Hyoid bone intact without hemorrhage or fracture

- III. **No evidence of natural disease within the limitations of the examination**

- IV. **Toxicology: AFIP**
 - a. Volatiles: Blood and urine negative for ethanol
 - b. Drugs: Urine positive for lidocaine; negative for all other screened medications and drugs of abuse

EXTERNAL EXAMINATION

The body is that of a well developed, well nourished unclad adult male, received in a black body bag labeled with a tag "BTB: (b)(6)". The body weighs approximately 150 lbs, is 66" in height and appears compatible with the reported age of approximately 45 years. The body temperature is that of the refrigeration unit. Rigor is present to an equal degree in all extremities. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure.

The scalp is covered with black hair averaging 2 cm in length. There is a black mustache and black facial stubble. The irides are brown, and the cornea are clear. The sclerae and conjunctivae are pale and free of petechiae. The earlobes are not pierced. The external auditory canals and external nares are free of foreign material and abnormal secretions. The nasal skeleton is palpably intact. The lips are without evident injury. There is bloody fluid within the mouth, but no injuries are identified within the oral cavity. The teeth are natural and in good condition. Below the chin is a 1.5 cm well healed linear scar.

The neck is straight and the trachea is midline and mobile. The chest is symmetric and well developed. The abdomen is flat and soft. The extremities are well developed with normal range of motion. The fingernails are intact. No tattoos are evident. The external genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

CLOTHING AND PERSONAL EFFECTS

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

EVIDENCE OF THERAPY

There is an endotracheal tube appropriately placed. There is white tape with gauze in both antecubital fossae, overlying needle puncture marks and associated ecchymoses. There are needle puncture marks with associated ecchymoses on the upper anterior forearm. There are three EKG adhesive pads, two on the upper chest and one on the mid abdomen. There are three stitches placed in a laceration of the left forehead. In the left inguinal region, there is a 1 cm incised wound, consistent with a venous access attempt.

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.

Head and Neck:

On the upper midline of the forehead, just below the hairline is a horizontally oriented 4 x 2 cm abrasion. On the upper left aspect of the forehead, there is a 1.5 cm previously sutured incision with a surrounding 3 x 2 cm abrasion. On the upper right aspect of the

forehead, there is a 3 x 2 cm abrasion. At the right lateral edge of the right eye, extending up to the eyebrow and laterally along the orbital ridge, there is a 6 x 5 cm red contusion with focal abrasion along the bony prominence. On the right cheek, there is a central horizontally oriented 3 x 1 cm red contusion. On the upper lateral aspect of the left cheek, there is a horizontally oriented 3 x 1.5 cm abrasion. On the lower medial aspect of the right cheek, there are two 0.3 cm abrasions.

Above the left ear, at the crease between the pinna and the scalp, there is a 1 cm laceration. Behind the left ear, there is a 3 x 2 cm purple contusion. On the left lateral aspect of the neck, extending from behind the left ear anteriorly along the edge of the mandible, there is a 15 x 13 cm red contusion. Behind the right ear, there is diffuse erythema of the posterior aspect of the pinna and a 4 x 3 cm dark contusion. On the right lateral aspect of the neck, extending from behind the right ear anteriorly along the edge of the mandible, there is a 14 x 10 cm area with multiple small curvilinear abrasions and contusions, up to 0.5 cm in length. On the left anterior aspect of the neck, there is a diagonal 13 x 1.5 cm linear abrasion.

Across the back of the neck, there is a 25 x 10 cm area of diffuse erythema. Within this area, on the right lateral aspect of the neck, there are three horizontally oriented linear abrasions; a 2 x 2 cm superior abrasion, a mid 3 x 2 cm abrasion, and a 3 x 1 cm lower abrasion.

Upon reflection of the scalp, there is a 3 x 2 cm area of subgaleal hemorrhage of the left frontal region, surrounding the laceration. Upon removal of the calvarium, there is approximately 20 ml of clotted but soft and non-adherent subdural hemorrhage over the right side of the brain. There is diffuse subarachnoid hemorrhage over the brain. Serial sectioning of the brain reveals a 4 x 4 x 3 cm area of intracortical brain hemorrhage in the right occipital brain.

On internal examination of the neck, there is diffuse hemorrhage of the right sternocleidomastoid muscle. However, there is no hemorrhage of the anterior strap muscles of the neck, and the hyoid bone is intact and free of hemorrhage.

Chest and Abdomen:

On the anterior and lateral aspect of the right shoulder, there is a 10 x 13 cm irregular area of abrasion. Over the right clavicle, there are two diagonal 7 x 0.3 cm linear abrasions. Just below the left clavicle, there is a 4 x 2 cm irregular abrasion. On the anterior left shoulder, there is a 3 x 3 cm red contusion.

Over the mid chest, there is a 30 x 20 cm area of mottled erythema and red contusion. Within this area, over the sternum, there is a 7 x 5 cm red abrasion with focal linearity. On the lower left aspect of the chest, there is a diagonal 7 x 0.2 cm linear abrasion.

DABABA, Dilar

On the mid abdomen, just above the umbilicus, there is a healing 5 x 0.1 cm abrasion. On the lower abdomen, just to the right of midline, there is a 1.5 x 1 cm abrasion. On the lower left abdomen, there is a 1.5 x 1 cm abrasion.

On internal examination of the chest, there is a fracture of the lateral aspect of the right 8th rib with associated soft tissue hemorrhage.

Back:

Across the upper back, there is a horizontal 45 x 5 cm linear red contusion. At the left lateral edge of this band, there is a 4 x 2 cm abrasion on the posterior aspect of the shoulder. On the left lateral aspect of the upper back, there are two linear abrasions, 2 x 0.2 cm each.

Upper Extremities:

On the lower anterior aspect of the right upper arm, there are two linear abrasions, 2 x 0.2 cm each. On the back of the right elbow, there is a 9 x 4 cm red contusion.

Around the right wrist, there is a complex nearly circumferential abrasion. On the radial aspect (base of the thumb) of the wrist, there is a 4 x 8 cm abrasion. On the ulnar aspect (below the 5th finger) of the wrist, there is a 5 x 1.5 cm abrasion. Connecting these two abrasions and extending around the palmar aspect of the wrist are two linear bands of contusion with focal abrasion, 0.5 cm in width each. On the back of the right hand, below the 4th and 5th fingers, there is a diagonal 3 x 0.2 cm abrasion and a 3 x 0.1 cm abrasion.

On the lower anterior aspect of the left upper arm, there is a 1 x 1 cm abrasion. On the back of the left elbow, there is an 8 x 7 cm red purple contusion. On the anterior mid left forearm, there is a 1 x 1 cm abrasion.

Around the left wrist, there is nearly circumferential contusion. On the radial aspect (base of the thumb) of the wrist, there is a 3 x 4 cm abrasion. On the ulnar aspect (below the 5th finger) of the wrist, there is a 4 x 4 cm abrasion. Connecting these two abrasions, extending around the dorsal aspect of the wrist are two linear bands of contusion with focal abrasion, 0.3 cm in width each.

Lower Extremities:

On the anterior medial aspect of the mid right thigh, there is a 3 x 3 cm triangular shaped abrasion. On the anterior aspect of the lower right thigh, just above the knee, there is a 1 x 1 cm abrasion and a medial 7 x 5 cm red contusion. On the medial aspect of the knee there is a 1 x 1 cm abrasion. Just below the right knee, there is a 2 x 2 cm abrasion. Over the right popliteal fossa (back of the knee), there is a 15 x 10 cm red contusion.

Extending down the anterior aspect of the right lower leg, there is a vertically oriented 20 x 5 cm red contusion. Around the right ankle is a circumferential abrasion, ranging in width from 1 to 1.5 cm.

Just above the left knee, there is a 5 x 4 cm red contusion. On the lateral aspect of the left knee, there are three 1 cm abrasions, and on the lower mid aspect of the knee, there is a 3 x 2 cm abrasion. Just below the knee, there is a 2 x 1 cm abrasion. Over the left popliteal fossa (back of the knee), there is a 15 x 5 cm red contusion with a 3 x 4 cm abrasion at the lower edge.

Extending down the anterior aspect of the left lower leg, there is a vertically oriented 17 x 5 cm red contusion. Around the left ankle, there are two circumferential abrasions, 1 cm in width each and 1 cm apart. On the medial aspect of the left ankle, there is a 1 x 1.5 cm abrasion.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. No adhesions or abnormal collections of fluid are present in any of the body cavities. All body organs are present in the normal anatomical position. The vertebral bodies are visibly and palpably intact. The subcutaneous fat layer of the abdominal wall is 3 cm thick. There is no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

HEAD: (CENTRAL NERVOUS SYSTEM)

The head has the previously described injuries. The scalp is reflected, and there are no skull fractures found. 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. Coronal sections through the cerebral hemispheres reveal no evidence of infection or tumor. The ventricles are of normal size. Transverse sections through the brain stem and cerebellum are unremarkable. The dura is stripped from the basilar skull, and no fractures are found. The atlanto-occipital joint is stable. The brain weighs 1400 grams. (see "Neuropathology Report").

NECK:

The neck has the previously described hemorrhage of the right sternocleidomastoid muscle. Examination of the other soft tissues of the neck, including strap muscles, thyroid gland and large vessels, reveals no abnormalities. All other anterior strap muscles of the neck are homogeneous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa and is unobstructed. The thyroid gland is symmetric and red-brown, without cystic or nodular change. There is no evidence of infection or tumor, and the airway is patent. Incision and dissection of the posterior neck

demonstrates no deep paracervical muscular injury, hemorrhage, or fractures of the dorsal spinous processes.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces are smooth, glistening and unremarkable; the pericardial sac is free of significant fluid and adhesions. A moderate amount of epicardial fat is present. The coronary arteries arise normally, follow a right dominant distribution and are widely patent, without evidence of significant atherosclerosis or thrombosis. The chambers and valves exhibit the usual size-position relationship and are unremarkable. The myocardium is dark red-brown, firm and unremarkable; the atrial and ventricular septa are intact. The left ventricle is 1.5 cm in thickness and the right ventricle is 0.4 cm in thickness. The aorta and its major branches arise normally, follow the usual course and are widely patent, free of significant atherosclerosis and other abnormality. The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi. The heart weighs 375 grams.

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 red-purple, exuding a moderate amount of bloody fluid; no focal lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 650 grams; the left 600 grams.

LIVER & BILIARY SYSTEM:

The hepatic capsule is smooth, glistening and intact, 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. The liver weighs 2,000 grams.

ALIMENTARY TRACT:

The tongue is free of bite marks, hemorrhage, or other injuries. The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds, and the lumen contains approximately 20 ml of dark fluid. The small and large bowel are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present and is unremarkable.

GENITOURINARY SYSTEM:

The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The urinary bladder contains 50 ml. of dark 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. The right and left kidneys each weigh 175 grams.

RETICULOENDOTHELIAL SYSTEM:

The spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The spleen weighs 300 grams.

ENDOCRINE SYSTEM:

The pituitary, thyroid and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM:

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

MICROSCOPIC EXAMINATION

BRAIN: See "Neuropathology Report" below.

HEART: Sections of the myocardium reveal intact striated muscle fibers. There is no evidence of atrophy, hypertrophy, or recent or old myocardial infarction.

LUNGS: The alveolar spaces and small air passages are expanded and contain no significant inflammatory component or edema fluid. The alveolar walls are thin and not congested. The arterial and venous vascular systems are normal. The peribronchial lymphatics are unremarkable.

LIVER: The hepatic architecture is intact. The portal areas show no increased inflammatory component or fibrous tissue. The hepatic parenchymal cells are well-preserved with mild microvesicular and macrovesicular steatosis and focal cholestasis. There is focal benign nodule formation, and there are no sinusoidal abnormalities.

SPLEEN: The capsule and white pulp are unremarkable. There is minimal congestion of the red pulp.

KIDNEYS: The subcapsular zones are unremarkable. The glomeruli are mildly congested without cellular proliferation, mesangial prominence, or sclerosis. The tubules are well preserved. There is no interstitial fibrosis or significant inflammation. There is no thickening of the walls of the arterioles or small arterial channels. The transitional epithelium of the collecting system is normal.

Neuropathology Report (AFIP, Department of Neuropathology, Washington, D.C.)

"The principle neuropathologic findings are subarachnoid, subdural, and intracortical hemorrhage. The hemorrhages consist of fresh erythrocytes, fibrin, and polymorphonuclear leukocytes. We do not identify fibroblasts, macrophages, capillary proliferation, or hemosiderin on H&E. An iron stain is also negative for hemosiderin.

The histologic features in this case indicate a hemorrhage of less than 48 hours duration. It is not possible histologically to be more specific.

The gross description of a left frontal skull lesion combined with a right occipital cortical lesion is consistent with a contrecoup contusion; the intracortical hemorrhages are also indicative of a contusion. We identify no other significant neuropathological changes."

ADDITIONAL PROCEDURES

- Documentary photographs are taken by OAFME photographers
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous fluid, heart blood, urine, bile, and psoas muscle
- The dissected organs are forwarded with the body

OPINION

This approximately 45 year-old male civilian Iraqi detainee died of a closed head injury with a cortical brain contusion and a subdural hematoma while in U.S. custody. These injuries reportedly occurred when he hit his forehead while being subdued following an escape attempt, and the right occipital cortical brain hemorrhage is consistent with a recent contrecoup contusion.

The manner of death is homicide.

(b)(6)

(b)(6)

Medical Examiner



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

REPLY TO
ATTENTION OF

AFIP (b)(6)

TO:

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

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence
(b)(6)

Name
DABABA, DILAR

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

JULY 7, 2003

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS REPORT OF TOXICOLOGICAL EXAMINATION

Specimens Received: BLOOD, URINE, BILE AND VITREOUS FLUID

Condition of Specimens: GOOD

Date of Incident: (b)(6) 2003 Date Received: 6/24/2003

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

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

Positive Lidocaine: Lidocaine was detected in the urine by gas chromatography and confirmed by gas chromatography/mass spectrometry.

(b)(6)

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(b)(6)

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CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Dababa, Dilar		GRADE Grade	BRANCH OF SERVICE Arme
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance
RACE Race		MARITAL STATUS État Civil	
SEX Sexe		RELIGION Culte	
<input checked="" type="checkbox"/> MALE Masculin	<input type="checkbox"/> FEMALE Féminin	<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> SINGLE Célibataire
<input type="checkbox"/> NEGROID Négride	<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> PROTESTANT Protestant
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only once cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort. ¹			Closed Head Injury with a Cortical Brain Contusion and Subdural Hematoma
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
Symptômes précurseurs de la mort.	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
ACCIDENT Mort accidentelle			
SUICIDE Suicide			
HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	DATE Date 17 Jun 2003	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (Hour, day, month, year) Date de décès (Heure, le jour, le mois, l'année) (b)(6) 2003		PLACE OF DEATH Lieu de décès Iraq	
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme Medical Examiner	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902		
DATE Date 14 May 04	(b)(6)		

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
² State conditions contributing to the death, but not related to the disease or condition causing death.
¹ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.
² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.



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



AUTOPSY EXAMINATION REPORT

Name: BTB Mohamed Tariq Zaid

Autopsy No.: ME (b)(6)

SSAN: NA

(Mission# (b)(6)

Date of Birth: Unknown

AFIP No. (b)(6)

Date/Time of Death: (b)(6) 2003

Rank: NA

Date/Time of Autopsy: 25 Aug 2003

Place of Death: Iraq

Date of Report: 23 October 2003

Place of Autopsy: Camp Sather, Iraq

Circumstances of Death: (b)(6) was an enemy prisoner of war in US custody who on or about (b)(6) August was noted to be lying on the ground with shallow respiration and decreased sweating. Emergency medical services were summoned and (b)(6) was noted to have an axillary temperature of 102 degrees and decreased oxygen saturation. Attempts at intravenous access were unsuccessful and fluids were administered transrectally. He was transported to Kadamiya University Hospital where he was pronounced dead on arrival.

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

Identification: Presumptive by Army Criminal Investigative Division (CID).
 Antemortem fingerprint, dental, and DNA unavailable.

CAUSE OF DEATH: Heat related

MANNER OF DEATH: Accident

AUTOPSY REPORT AFIP# (b)(6)
Zaid, Mohamed (BTB)

(Mission # (b)(6)

2

FINAL AUTOPSY DIAGNOSES:

- I. Heat stroke
 - A. Antemortem axillary temperature 102 degrees, clinical
 - B. Intravascular volume depletion, clinical
 - C. Pulmonary congestion (1650 grams)
 1. Hypoxia, clinical
- II. Mild decomposition

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, muscular, 68 inch tall, 180-200 pounds (estimated) male whose appearance is consistent with an estimated age of greater than 40 years. Lividity is posterior, purple, and fixed. Rigor is absent.

There is early decomposition indicated by mild skin slippage, corneal and scleral drying, and decomposition fluid (30 and 20 mls) in the pleural cavities.

The scalp is covered with black hair in a normal distribution. Corneal clouding obscures the irides and the pupils. The external auditory canals are unremarkable. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and adequate in repair.

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

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

CLOTHING AND PERSONAL EFFECTS

None.

MEDICAL INTERVENTION

- Endotracheal tube
- Rectal catheter connected to normal saline
- Intravenous puncture marks of antecubital fossae

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.

INJURY: On the anterior forearm is a circular 0.3 cm red abrasion.

INTERNAL EXAMINATION

HEAD:

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

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

NECK:

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 are 30 ml and 20 ml of thin oily liquid in the right and left pleural cavities, respectively. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 850 and 800 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 300 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no stenosis or arteriosclerotic change. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.5 and 0.6 cm thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1150 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains approximately 20 ml of black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 150 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

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

ADRENALS:

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

GENITOURINARY SYSTEM:

The right and left kidneys weigh 150 gm, each. 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 20 ml of yellow-brown concentrated 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 is devoid of contents. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and is unremarkable.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by (b)(6)
- The autopsy is conducted in the presence of Special Agent (b)(6) of the (b)(2) (CID)
- Specimens retained for toxicologic testing and/or DNA identification are: blood, liver, kidney, brain, bile, and psoas
- The dissected organs are forwarded with body
- Personal effects are released to the appropriate mortuary operations representatives of the (b)(2)

MICROSCOPIC EXAMINATION

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

TOXICOLOGY

Toxicologic analysis of bile and liver was negative for ethanol (alcohol) and illicit substances.

OPINION

This Iraqi prisoner of war died of heat stroke. The clinical presentation of an axillary temperature of 102 degrees, dehydration, hypoxia, and obtundation, along with non-specific autopsy findings and the lack of significant natural disease or trauma are supportive of heat stroke. Temperatures in the area were reported to be greater than 110 degrees. No significant internal or external trauma was noted. No illicit substances or ethanol was detected.

The manner of death is accident.

(b)(6)

(b)(6) Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Mohamed, Tariq, Zaid		GRADE Grade	BRANCH OF SERVICE Arme
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance
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"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Nègre	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parents du décédé avec le statut	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only once cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort ¹			Heat related
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input checked="" type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide			
<input type="checkbox"/> HOMICIDE Homicide			
DATE OF DEATH (Hour, day, month, year) Date du décès (Heure, le jour, le mois, l'année) (b)(6) 2003	PLACE OF DEATH Lieu de décès Iraq	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	DATE Date 23 Oct 2003
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.			AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme Medical Examiner	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse (b)(6)		
DATE Date 12 May 2004			

DD FORM 2064

REPLACES DA FORM 1365, 1 JAN 72 AND DA FORM 1365-R (PAS), 24 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0060

ACLU Detainee Death II ARMY MEDCOM 60



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



AUTOPSY EXAMINATION REPORT

Name: Mihdy, Wathik
Prisoner#: (b)(6)
Date of Birth: unknown
Date of Death: (b)(6) 2003
Date of Autopsy: 23 Aug 2003
Date of Report: 19 May 2004

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Rank: NA
Place of Death: Abu Ghraib Prison, Iraq
Place of Autopsy: BIAP, Iraq

Circumstances of Death: According to reports, other detainees brought this Iraqi male detainee to the gate. He had apparently complained of chest pain during his detention. He appeared to have been dead for some time.

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

Identification: By prisoner number, DNA sample and fingerprints obtained

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

MANNER OF DEATH: Natural

Mihdy, Wathlk

FINAL AUTOPSY DIAGNOSES:

- I. Arteriosclerotic cardiovascular disease
 - A. Left anterior descending coronary artery
 1. Segmental 80% stenosis of the proximal segment
 2. 80% focal stenosis of the mid segment
 - B. Right coronary artery
 1. 50% multifocal stenoses of the proximal segment
 2. 50-75% multifocal stenoses of the distal segment
 - C. Mild to moderate atherosclerosis of the proximal aorta
 - D. Focal 90% stenosis of the basilar artery of the brain
- II. Cholelithiasis, incidental
- III. Early decomposition
- IV. No significant trauma
- V. Toxicology negative for ethanol and drugs of abuse

EXTERNAL EXAMINATION

The body is that of a 65 inches tall, 180 pounds (estimated) Iraqi male who appears to be older than 50 years. Lividity is posterior and fixed, and rigor is absent. The body is partially frozen.

The scalp is covered with gray-black hair in a normal distribution. There is a beard and mustache. Corneal clouding obscures the irides and pupils. There are no petechiae of the sclerae, conjunctival, or buccal mucosa. The external auditory canals are unremarkable. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and are in poor repair.

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

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

There is early decomposition consisting of corneal clouding, superficial skin slippage on the buttocks and right calf, and slight green discoloration of the skin.

CLOTHING AND PERSONAL EFFECTS

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

The body is received nude at the time of autopsy.

MEDICAL INTERVENTION

There are no attached medical devices at the time of autopsy.

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.

On the skin of the right knee is a 0.4 cm superficial red abrasion. On the anterior left ankle is a 0.3 cm crusted healing superficial wound.

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1300 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury.

Mihdy, Wathik

The ventricles are of normal size. The basal ganglia, brainstem, and cerebellum are free of injury or other abnormalities. There is a focal 90% stenosis of the basilar artery without plaque hemorrhage, rupture, or thrombosis. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

Layerwise neck dissection reveals 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.

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

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. Each pleural cavity contains approximately 10 ml of decomposition fluid. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 550 and 425 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 250 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show the left anterior descending coronary artery has approximate 80% segmental stenosis of the proximal segment and 80% focal stenosis of the mid segment. The right coronary artery has multi-focal 50% stenoses of the proximal segment and 50-75% multifocal stenoses of the distal segment. The myocardium is homogenous, red-purple, and soft. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.5 and 0.3-cm thick, respectively. The septum measures 1.5 cm in thickness. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. There is mild to moderate atherosclerosis of the proximal aorta. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1300 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains a minute amount of green-black bile and multi-faceted black stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 50 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

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

ADRENALS:

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

GENITOURINARY SYSTEM:

The right and left kidneys weigh 50 gm each and maintain fetal lobulation. 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, empty bladder. 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 autolyzed, grey-white mucosa. The stomach contains less than 10 ml of red straw-colored liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and unremarkable.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by (b)(6)
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, liver, brain, kidney, and psoas
- The dissected organs are forwarded with the body
- Personal effects are released to the appropriate mortuary operations representatives

MICROSCOPIC EXAMINATION

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

TOXICOLOGY

Toxicologic analysis of blood and liver was negative for ethanol and drugs of abuse.

OPINION

This Iraqi male detainee died of arteriosclerotic cardiovascular disease (ASCVD). Significant findings of the autopsy included blockages in the blood vessels supplying blood to the heart and the base of the brain. The reported history of complaining of chest pain prior to death is supportive of a cardiovascular death. There were no significant injuries.

The manner of death is natural.

(b)(6)

(b)(6)

Medical Examiner



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

REPLY TO
ATTENTION OF

AFIP (b)(6)

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence
(b)(6)

TO:

Name
MIDHY, WATHIK

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

SSAN Autopsy: EPW #1
Toxicology Accession # (b)(6)

SEPTEMBER 15, 2003

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS REPORT OF TOXICOLOGICAL EXAMINATION

Specimens Received: BLOOD, LIVER, KIDNEY, BRAIN, MUSCLE AND
VITREOUS FLUID

Condition of Specimens: GOOD

Date of Incident (b)(6) 2003 Date Received: 8/27/2003

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

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

None were found.

(b)(6)

Office of the Armed Forces Medical Examiner

(b)(6)

Office of the Armed Forces Medical Examiner



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Office of the Armed Forces Medical Examiner
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Rockville, MD 20850
1-800-944-7912



FINAL AUTOPSY REPORT

Name: HUSSEIN, BASIM MOHAMMED Autopsy No.: AFME (b)(6)
PW Number: (b)(6)
Date of Birth: (b)(6) 1977
Date/Time of Death: (b)(6) 2003/(b)(6)
Place of Death: EPW Camp, Baghdad International Airport, Baghdad, Iraq
Date/Time of Autopsy: 13 July 2003/1300
Place of Autopsy: Mortuary, Baghdad International Airport, Baghdad, Iraq

Circumstances of Death: The decedent was a 26 year-old Iraq detainee who was arrested upon suspicion of possession of a pipe bomb on (b)(6) 2003. He was brought to the detention center on the Baghdad International Airport Compound on (b)(6) 2003. He reportedly had a long history of pulmonary tuberculosis and was evaluated by a US military physician upon arrival and provided treatment. On (b)(6) 2003 at approximately 0500, he was found in the detention center with a profuse amount of blood emerging from the nose and mouth. Resuscitative efforts were to no avail and death was pronounced at approximately 0515 on (b)(6) 2003.

Authorization for Autopsy: Regional Armed Forces Medical Examiner

Identification: PW Bracelet and Tags

CLINICAL DIAGNOSES:

1. Hemoptysis
2. Death in Custody

PATHOLOGIC DIAGNOSES:

A. RESPIRATORY SYSTEM:

1. Hemoptysis secondary to Pulmonary Tuberculosis
 - a. Cavitory Lesion of Left Lung
 - b. Multiple Caseating Granulomata- Left Lung
 - c. Blood Within Tracheobronchial Tree
 - d. Focal Consolidation- Bilateral Lungs
 - e. Bilateral Pleural Adhesions

B. CARDIOVASCULAR SYSTEM

1. Pericardial Effusion- 30 cc.

AUTOPSY REPORT ME (b)(6)
HUSSEIN, BASIM MOHAMMED

2

C. GENITOURINARY SYSTEM
1. Absent Right Testicle

D. NO EVIDENCE OF SIGNIFICANT TRAUMA

**CAUSE OF DEATH: MASSIVE HEMOPTYSIS DUE TO CAVITARY
PULMONARY TUBERCULOSIS**

MANNER OF DEATH: NATURAL

EXTERNAL EXAMINATION

An autopsy was performed on the body of (b)(6) at the Baghdad International airport compound morgue, Baghdad Iraq, on the 13th day of July, 2003. The body was that of a well-developed, thin, Caucasoid male fully clad in gray pants and a tan shirt. The body was cold. Rigor was present to an equal degree in all extremities. Lividity was present and fixed on the posterior surfaces of the body, except in areas exposed to pressure. The scalp hair was back and straight. Facial hair consisted of a beard. The irides were brown. The corneae were clear. The conjunctivae were unremarkable without petechiae. The sclerae were white. The external auditory canals were free of foreign material and abnormal secretions. Blood emerged from the external nares and oral cavity. The nasal skeleton was palpably intact. The lips were without evident injury. The teeth were natural and in poor condition. Examination of the neck revealed no evidence of injury. The chest was unremarkable. No evidence of injury of the ribs or the sternum was evident externally. The abdomen was scaphoid. No healed surgical scars were noted. The extremities showed no evidence of fractures, lacerations or deformities. The fingernails were intact. No tattoos or needle tracks were observed. The external genitalia were those of a normal adult male. The posterior torso was without note. No evidence of medical therapy was noted.

EVIDENCE OF INJURY:

There is no evidence of significant recent injury.

INTERNAL EXAMINATION

BODY CAVITIES:

The body was opened by the usual thoraco-abdominal incision and the chest plate was removed. Extensive adhesions were noted within the hemithoraces bilaterally. Fluid was present within the pericardial sac as noted below. All body organs were present in the normal anatomical position. The subcutaneous fat layer of the abdominal wall was 1/2 inch thick. There was no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

HEAD: (Central Nervous System)

The scalp was reflected. The calvarium of the skull was removed. The dura mater and falx cerebri were intact. There was no epidural or subdural hemorrhage present. The leptomeninges were thin and delicate. The cerebral hemispheres were symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels were intact. Coronal sections through the cerebral hemispheres revealed no lesions. Transverse sections through the brain stem and cerebellum were unremarkable. The brain weighed 1800 grams.

NECK:

A separate layerwise dissection of the neck was performed. Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, revealed no abnormalities. The hyoid bone and larynx were intact.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces were smooth, glistening and unremarkable; the pericardial sac was free of adhesions. 30 cc of clear green fluid was present in the pericardial sac. The coronary arteries arose normally, followed the usual distribution and were widely patent, without evidence of significant atherosclerosis or thrombosis. The chambers and valves exhibited the usual size-position relationship and were unremarkable. The myocardium was dark red-brown, firm and unremarkable; the atrial and ventricular septa were intact. The heart weighed 250 grams. The aorta and its major branches arose normally, followed the usual course and were widely patent, free of significant atherosclerosis and other abnormality. The venae cavae and its major tributaries returned to the heart in the usual distribution and were free of thrombi.

RESPIRATORY SYSTEM:

The upper airway was clear of debris. Blood was noted within the tracheobronchial tree, but the mucosal surfaces were otherwise smooth and unremarkable. As noted above, extensive adhesions were present in the hemithoraces bilaterally. The right lung weighed 500 grams and was red-purple. No discrete lesions were noted. The left lung also weighed 500 grams. The lower lobe contained a 6 cm cavity with surrounding white, caseating nodules ranging in size from 2-5 mm. The left upper lobe contained a similar 4 cm cavity. These cavities had smooth walls and contained a small amount of blood. No discrete connection with any vascular structure was noted, but both cavities communicated with the tracheobronchial tree. The pulmonary parenchyma of the left lung was red-purple. The pulmonary arteries were normally developed, patent and without thrombus or embolus.

LIVER AND BILIARY SYSTEM:

The hepatic capsule was smooth, glistening and intact, covering dark red-brown, moderately congested parenchyma with no focal lesions noted. The liver weighed 1350 grams. The gallbladder contained 10 cc. of green-brown, mucoid bile; the mucosa was velvety and unremarkable. The extrahepatic biliary tree was patent, without evidence of calculi.

ALIMENTARY SYSTEM:

The tongue exhibited no evidence of recent injury. The esophagus was lined by gray-white, smooth mucosa. The gastric mucosa was arranged in the usual rugal folds and the lumen contained small amount of brown mucoid material. The small and large bowel were unremarkable. The pancreas had a normal pink-tan lobulated appearance and the ducts were clear. The appendix was not identified.

GENITOURINARY SYSTEM:

The renal capsules were smooth and thin, semi-transparent and stripped with ease from the underlying smooth, red-brown cortical surface. The cortex was sharply delineated from the medullary pyramids, which were red-purple to tan and unremarkable. The calyces, pelves and ureters were unremarkable. The right kidney weighed 140 grams; the left 140 grams. The urinary bladder contained approximately 10 cc of clear yellow urine; the mucosa was gray-tan and smooth. The prostate gland and seminal vesicles were without note. The right testicle was not identified. The left testicle was atraumatic.

RETICULOENDOTHELIAL SYSTEM:

The spleen had a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles were unremarkable. The spleen weighed 120 grams. The regional lymph nodes appeared normal.

ENDOCRINE SYSTEM:

The pituitary, thyroid and adrenal glands were unremarkable.

MUSCULOSKELETAL SYSTEM:

Muscle development was normal. No bone or joint abnormalities were noted other noted above. Incisions were made into the soft tissues of the back and lower extremities and no evidence of hemorrhage was noted.

OPINION:

This 26-year-old Iraqi male died as the result of massive hemoptysis (bleeding into the tracheobronchial tree) as a result of cavitory pulmonary tuberculosis. There is no evidence of significant trauma. The cause of death is **MASSIVE HEMOPTYSIS DUE TO CAVITARY PULMONARY TUBERCULOSIS**. The manner of death is **NATURAL**.

(b)(6)

Regional Armed Forces Medical Examiner

This was a case that I did while I was in Baghdad. NCIS took the tox samples for shipment back to the AFIP. However, when I called the Tox lab yesterday, they said that they never received the specimens. I do not think that tox is crucial to the case, but it would be helpful. Could someone check with tox one last time to confirm that it is, in fact, not there? If the specimens never made it, then the case is ready to go.

Dr. (b)(6)

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) :TB Basim, Mohammed, Hussain		GRADE Grade	BRANCH OF SERVICE Arme
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance
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"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Nègre	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> JEWISH Juif	<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le(s) (s)ci	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only once cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort. ¹			Massive hemoptysis due to tuberculosis
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	DATE Date 13 Jul 2003	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
<input type="checkbox"/> HOMICIDE Homicide			
DATE OF DEATH (Hour, Date de décès (Heure, le jour, le mois, l'année) (b)(6) 2003	PLACE OF DEATH (Lieu de décès) Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du dé funiel je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dwars AER DE 10002 (b)(6)		
DATE Date 14 MAY 04			

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.

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

¹ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.

² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

(b)(6)

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)					
NAME OF DECEASED (Last, First, Middle) Nom du défunt (Nom et prénoms)		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale	
BTB WAHID, ABDUL		CIV			
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe	
AFGHANISTAN CIVILIAN		AFGHANISTAN		<input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Femelle	
RACE Race		MARITAL STATUS État Civil		RELIGION Culte	
<input checked="" type="checkbox"/> CAUCASOID Caucasoïde		<input type="checkbox"/> SINGLE Célibataire		<input type="checkbox"/> PROTESTANT Protestant	
<input type="checkbox"/> NEGROID Négroïde		<input type="checkbox"/> MARRIED Marié		<input type="checkbox"/> CATHOLIC Catholique	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> DIVORCED Divorcé		<input checked="" type="checkbox"/> UNKNOWN	
<input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> SEPARATED Séparé		<input type="checkbox"/> JEWISH Juif	
NAME OF NEXT OF KIN Nom du plus proche parent			RELATIONSHIP TO DECEASED Parenté du défunt avec le susdit		
STREET ADDRESS Domicile à (Rue)			CITY OF TOWN AND STATE (include ZIP Code) Ville (Code postal compris)		
MEDICAL STATEMENT Déclaration médicale					
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)					INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort:					
MULTIPLE BLUNT FORCE INJURIES COMPLICATED BY PROBABLE RHABDOMYOLYSIS					
ANTECEDENT CAUSES Symptômes précurseurs de la mort:	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire				
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire				
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives:					
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				
<input checked="" type="checkbox"/> HOMICIDE Homicide	(b)(6)		DATE Date	AVIATION ACCIDENT Accident à Avion	
(b)(6)		13 NOV 2003		<input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	
DATE OF DEATH (Month, day, month, year) Date de décès (Mois, le jour, le mois, l'année)		PLACE OF DEATH Lieu de décès			
(b)(6) NOV 2003		HELMAND PROVINCE, AFGHANISTAN			
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.					
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire			TITLE OR GRADE Titre ou grade		
(b)(6)			ARMED FORCES REGIONAL MEDICAL EXAMINER		
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse				
(b)(6)	DAGDAM AID FIELD AFGHANISTAN				
DATE Date	(b)(6)				
13 NOV 2003					
¹ State attacks, injuries or complications which ² State conditions contributing to the death, ³ Precede the onset of the condition, or the condition or the circumstances which it encompasses, only when necessary to complete, clarify or explain the cause, etc. ⁴ Precede the condition which it contributes to the death, only when necessary to complete, clarify or explain the cause.					



Office of the Armed Forces Regional Medical Examiner
 Landstuhl Regional Medical Center
 Landstuhl, GE - APO AE 09180
 DSN (314) 486-6781/7492
 Comm 001 49 (0) 6371 86 6781/7492



FINAL AUTOPSY REPORT
 (Addendum)

Name: Hatab, Nadem Sadoon
SSAN: (b)(6)
Date of Birth: UNK
Date of Death: (b)(6) 03
Date of Autopsy: 10 JUN 03
Date of Report: 22 OCT 03

Autopsy No.: (b)(6)
Rank/SVC: CIV Detainee
Org: EPW
Place of Death: Nasiriyah, Iraq
Place of Autopsy: Talil, Iraq
Investigative Agency: NCIS

Circumstances of Death: Decedent is a reported 52 y/o Iraqi Male, Civilian Detainee, who was found unresponsive outside in isolation at Whitehorse detainment facility; Nasiriyah, Iraq. He was pronounced at 1230 hours.

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

Identification: Visual recognition; fingerprints and specimens for DNA obtained

Cause of Death: Strangulation

Manner of Death: Homicide

Autopsy Diagnoses:

Head, neck and torso injuries:

1. Right hyoid bone fracture with associated recent hemorrhage
2. Rib fractures; right anterior 4-7, left anterior 4-5
3. Contusions; mid abdomen, back and buttocks extending to the left flank
4. Abrasions, lateral buttocks

Extremity injuries:

1. Contusions, back of legs and knees
2. Abrasions; knees, left fingers and encircling left wrist
3. Lacerations and superficial cuts, right 4th and 5th fingers

Toxicology: Negative

(b)(6)

(b)(6)

Hatab, Nadem Sadoon

Opinion: Based on these autopsy findings and the investigative and historical information available to me, this believed to be 52 year old Male (b)(6) died as a result of asphyxia (lack of oxygen to the brain) due to strangulation as evidenced by the recently fractured hyoid bone in the neck with soft tissue hemorrhage extending downwards to the level of the right thyroid cartilage. Although the right superior horn of the thyroid cartilage was palpably intact prior to excision, an underlying hairline fracture cannot be entirely ruled out. Additional findings at autopsy include blunt force injuries, predominantly recent contusions (bruises), on the torso and lower extremities. The abrasions encircling the left wrist are consistent with the use of restraints. There is no evidence of defense injuries or natural disease. The alcohol detected on toxicologic analysis is most likely due to postmortem production. The manner of death in my opinion is homicide.

This is the second addendum report. The first addition has been made to reflect the presence of a second Forensic Pathologist at autopsy who concurs with the findings and opinions listed in this report. On the second addendum report, changes are made to clarify the descriptions of the larynx in the Internal Examination and Evidence of Injury Sections.

Original signed, on file

(b)(6)

ARMED FORCES REGIONAL MEDICAL EXAMINER

(b)(6)

HATAB, NADEM SADOON

I. POSTMORTEM EXAMINATION:

A. GENERAL: The postmortem examination is performed at Talil Air Base, Iraq. The autopsy is performed by Forensic Pathologist (b)(6) (b)(6) the Armed Forces Regional Medical Examiner (AFRME). Assisting in the autopsy procedures is (b)(6) Forensic Assistant.

The autopsy is witnessed by Special Agent (b)(6) Naval Criminal Investigation Service. Additional witnesses at autopsy include (b)(6) Forensic Pathologist.

The autopsy is started at approximately 0500 hours.

B. PHOTOGRAPHY: Photographs are taken by (b)(6) and (b)(6) (b)(6) and are on file in the Medical Photography Section, Landstuhl Regional Medical Center, Landstuhl, Germany.

C. AUTHORIZATION: The autopsy is authorized by the Armed Forces Medical Examiner under Title 10 U.S. Code, Section 1471, with an SF 523 signed by the Armed Forces Regional Medical Examiner, appointed representative.

D. IDENTIFICATION: The remains are presumptively identified visually by Naval Criminal Investigation Agents and authorities at the Whitehorse detainment facility. Specimens for DNA analysis are obtained.

E. MEDICAL RECORD REVIEW: Medical and dental records are not available for review.

II. GROSS AUTOPSY FINDINGS:

A. CLOTHING AND PERSONAL EFFECTS: The remains are presented for autopsy unclothed with no accompanying clothing or personal effects.

B. EXTERNAL EXAMINATION: The remains are those of a well developed, well nourished apparent middle eastern male of average build that appears compatible with the listed age of 52 years. Length is approximately 69 inches. The body shows signs of moderate decomposition as evidenced by greening and darkening of the skin, bloating, marbling, skin slippage and severe visceral autolysis. Injuries are described below in the Evidence of Injury Section.

RIGOR: Passed.

LIVIDITY: Fixed, faintly visible on the posterior dependent surfaces.

TEMPERATURE: That of the refrigeration unit.

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HATAB, NADEM SADOON

SKIN: Unremarkable except for decomposition changes and evidence of injury described below in the Evidence of Injury Section.

HAIR: Straight black-gray hair, up to ½ inches in length covers the head. Facial hair consists of a short gray beard. The remaining body hair, the color of the black head hair, is in a normal adult male distribution.

HEAD/SCALP/FACE: The head is normocephalic, and except for decomposition changes including slippage, the scalp is intact and the facial features are normally developed.

EARS: Unremarkable.

EYES: Brown irides surround 4 mm pupils. The globes are dried and flattened. The corneae are mildly clouded and the sclerae are predominantly white. The conjunctivae are unremarkable. There is no evidence of petechiae.

NOSE: Well formed and unremarkable except for postmortem artifact.

MOUTH/LIPS: Unremarkable.

TEETH: Dentition is in fair repair.

NECK/CHEST/ABDOMEN/BACK/ANUS: Except for injuries described below in the Evidence of Injury Section and decomposition changes, unremarkable. The abdomen is bloated and protuberant.

EXTERNAL GENITALIA: Normal adult circumcised male with bilaterally descended testes. There is prominent scrotal bloating.

ARMS/HANDS/FINGERNAILS: Unremarkable except for injuries described below in the Evidence of Injury Section and decomposition changes. The fingernails are short, irregular yet intact.

LEGS/FEET/TOENAILS: Unremarkable, except for injuries described below in the Evidence of Injury Section and decomposition changes.

HATAB, NADEM SADOON

C. INTERNAL EXAMINATION:

BODY CAVITIES: The body is opened by the usual Y-shaped incision. The pleural and peritoneal surfaces are smooth and dusky. The pericardium is unremarkable. There are no fibrovascular adhesions or abnormal collections of fluid except for a moderate amount of decomposition fluid. The mediastinum and retroperitoneum show no antemortem abnormalities. The leaves of the diaphragm are intact and the organs are normally disposed.

HEAD/CENTRAL NERVOUS SYSTEM: Reflection of the scalp shows the usual scattered reflection petechiae. The calvarium is intact. Removal of the calvarium shows the epidural space to be normal. No collections of subdural or subarachnoid blood are evident. The brain is removed in the usual manner. Marked softening and discoloration due to decomposition precludes definitive evaluation. No abnormalities are otherwise identified. The base of the skull is unremarkable.

NECK: Examination of the soft tissues of the neck and internal structures by a separate, bloodless layerwise dissection reveals the hyoid bone fracture and associated soft tissue hemorrhage described below in the Evidence of Injury Section. No non-traumatic abnormalities are identified.

CARDIOVASCULAR SYSTEM: The heart is of normal size and shape. The epicardium is intact and unremarkable. The chambers demonstrate the usual shape and configuration with no gross hypertrophy. The coronary arteries are normally disposed and there is no atherosclerosis. Marked autolytic changes preclude definitive evaluation. No evidence of natural disease or injury is identified. The aorta follows the usual course and exhibits no atherosclerosis. The origins of the major vessels are normally disposed and unremarkable. The great vessels of venous return are in the usual position and unremarkable.

RESPIRATORY SYSTEM: The larynx, trachea, and bronchi show no non-traumatic abnormalities. Injuries are described below in the Evidence of Injury Section. The right and left lungs are normally shaped with no evidence of natural disease on cut sections. Marked autolytic changes preclude definitive evaluation.

HEPATOBIILIARY SYSTEM: The liver is of normal size and shape. It has a smooth, dusky capsule. Cut surfaces show the usual anatomic landmarks with a dark brown-green parenchyma. Marked decomposition and autolytic changes preclude definitive evaluation. The gallbladder is empty. Except for decomposition changes no abnormalities are identified.

INTESTINAL TRACT: The pharynx and esophagus are unremarkable. The stomach lies in the normal position and contains approximately 20 ml of dark brown fluid without food particles, tablets, capsules or residues. Except for decomposition changes, the small bowel and large bowel are unremarkable. The appendix is unremarkable.

HATAB, NADEM SADOON

LYMPHORETICULAR SYSTEM: The spleen is of normal size and weight and is unremarkable except for decomposition changes. The thymus is not identified. Lymph nodes where visualized show no notable pathologic change.

URINARY SYSTEM: The right and left kidneys are of normal size and weight. The cortical surfaces are smooth and dull with marked decompositional changes precluding definitive evaluation of the parenchyma. The pelves and ureters are unremarkable. The bladder is empty.

INTERNAL GENITALIA: The prostate is palpably unremarkable. On cut sections, the testes show no abnormal masses or evidence of injury.

ENDOCRINE SYSTEM: Except for marked autolysis the pituitary, thyroid, adrenals, and pancreas show the usual anatomic features without evidence of natural disease or injury.

MUSCULOSKELETAL SYSTEM: Fractures are described below in the Evidence of Injury section. Except for autolysis, skeletal muscle demonstrates the normal appearance. The bone and bone marrow, where visualized, is unremarkable.

D. EVIDENCE OF MEDICAL TREATMENT: None.

E. EVIDENCE OF INJURY: Multiple blunt and sharp force injuries:

(1) HEAD AND NECK INJURIES:

a. On internal examination the distal right portion of the hyoid bone is palpably and visibly fractured with prominent associated recent hemorrhage extending downwards to the soft tissues of the right thyroid cartilage. The right superior horn of the thyroid cartilage is palpably intact.

(2) TORSO INJURIES:

a. External examination: An 8 x 6 inch irregular red-purple contusion is centered over the umbilicus on the mid lower abdomen. On the mid lower back is a 3 x ¼ inch elongated red-purple contusion. A 2 x 1 inch irregular abrasion is on the left flank. On the right lateral buttock, is a 4 x 4 inch irregular abrasion with the suggestion of a "brush burn" pattern. A 4 ¼ x 3 inch irregular red-purple contusion is on the left postero-lateral buttock. On the left lower posterior-lateral buttock is a ¼ inch greatest dimension abrasion.

b. On internal examination the ribs are fractured with associated hemorrhage as follows: Right anterior 4-7; left anterior 4-5.

(3) EXTREMITY INJURIES: A 2 x 1 inch red-blue irregular contusion is on the left anterior arm just above the elbow. On the left wrist, a discontinuous focally ½ inch thick abrasion encircles the wrist. Small ½ inch irregular abrasions are on the prominences of the distal left phalangeal joints of the first and second fingers.

(b)(6)

HATAB, NADEM SADOON

Superficial, predominantly linear cuts and irregular healing lacerations, ½ to 1" greatest dimension, are on the 4th and 5th fingers of the right hand. Multiple irregular abrasions in association with red-purple contusions cover both anterior knees. The back of the left knee has patchy, irregular blue-purple contusions in association with a 3" greatest dimension irregular dark blue-purple contusion. On the back of the left upper thigh is a 7 x 7 inch red-purple contusion with prominent subcutaneous and perimuscular hemorrhage. On the back of the mid thigh is a 3 x 1 inch irregular red-purple contusion with associated subcutaneous hemorrhage. The right upper thigh has a 6 inch greatest dimension irregular-purple contusion with associated subcutaneous hemorrhage extending to the perimuscular area. Beneath this just above the back of the right knee is a 3 x 2 inch irregular red-purple contusion. On the back of the right lateral ankle is a ½ inch irregular slightly crusted abrasion.

III. MICROSCOPIC EXAMINATION: Not performed due to damage resulting from decompositional gases and severe thermal artifact during transport.

IV. TOXICOLOGY: Samples of blood, urine and tissue samples of liver and kidneys are submitted for toxicologic analysis at the Armed Forces Medical Examiner's Forensic Toxicology Laboratory, Armed Forces Institute of Pathology (AFIP), Washington, DC:

AFIP Accession No.: (b)(6), (b)(6) August 2003.

See attached report.

V. OTHER PROCEDURES AND SPECIAL STUDIES: None performed.

VI. EVIDENCE: None collected.

(b)(6)

15 SEP 03

ARMED FORCES REGIONAL MEDICAL EXAMINER

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

NAME OF DECEASED (Last, First, Middle) / Nom du décédé (Nom et prénoms) HATAB, NAEM SAOON		GRADE / Grade	BRANCH OF SERVICE / Arms CIV DETAINEE	SOCIAL SECURITY NUMBER / Numéro de Sécurité Sociale (b)(6)
ORGANIZATION / Organisation		NATION (e.g., United States) / Pays IRAQ	DATE OF BIRTH / Date de naissance NA	SEX / Sexe <input checked="" type="checkbox"/> MALE / Masculin <input type="checkbox"/> FEMALE / Féminin
RACE / Race	MARITAL STATUS / État Civil		RELIGION / Culte	
<input type="checkbox"/> CAUCASOID / Caucasiens	<input type="checkbox"/> SINGLE / Célibataire	<input type="checkbox"/> DIVORCED / Divorcé	<input type="checkbox"/> PROTESTANT / Protestant	<input type="checkbox"/> OTHER (Specify) / Autre (Spécifier) IRAQI
<input type="checkbox"/> NEGROID / Nègres	<input type="checkbox"/> MARRIED / Marié	<input type="checkbox"/> SEPARATED / Séparé	<input checked="" type="checkbox"/> CATHOLIC / Catholique	
<input checked="" type="checkbox"/> OTHER (Specify) / Autre (Spécifier)	<input type="checkbox"/> WIDOWED / Veuf	<input type="checkbox"/> JEWISH / Juif		
NAME OF NEXT OF KIN / Nom du plus proche parent NA		RELATIONSHIP TO DECEASED / Parenté du décédé avec le défunt		
STREET ADDRESS / Domicile à (Rue)		CITY OF TOWN AND 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. PENDING FURTHER INVESTIGATION		
ANTECEDENT CAUSES / Symptômes / Précurseurs de la mort	MORIBUND CONDITION, IF ANY, LEADING TO PRIMARY CAUSE / Condition moribonde, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE / Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	
OTHER SIGNIFICANT CONDITIONS / Autres conditions significatives		

MODE OF DEATH / Condition de décès	AUTOPSY PERFORMED / Autopsie effectuée <input type="checkbox"/> YES / Oui <input type="checkbox"/> NO / Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES / Circonstances de la mort suscitées par ces causes extérieures
NATURAL / Mort naturelle	MAJOR FINDINGS OF AUTOPSY / Conclusions principales de l'autopsie MANNER OF DEATH: PENDING FURTHER INVESTIGATION	DECEDENT FOUND UNRESPONSIVE IN OUTSIDE ISOLATION; WHITEHORSE DETAINMENT FAC
ACCIDENT / Mort accidentelle		
SUICIDE / Suicide	NAME OF PATHOLOGIST / Nom du pathologiste (b)(6)	
HOMICIDE / Homicide	(b)(6)	DATE / Date 10 JUN 03
		AVIATION ACCIDENT / Accident à Avion <input type="checkbox"/> YES / Oui <input checked="" type="checkbox"/> NO / Non

DATE OF DEATH (Hour, Day, Month, Year) / Date du décès (Heure, Jour, Mois, Année) (b)(6) 03; (b)(6)	PLACE OF DEATH / Lieu de décès NASYRAH, IRAQ
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I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.

NAME OF MEDICAL OFFICER / Nom du médecin officier (b)(6)	TITLE OR DEGREE / Titre ou diplôme ARMED FORCES REGIONAL MEDICAL EXAMINER
GRADE / Grade (b)(6)	INSTALLATION OR ADDRESS / Installation ou adresse MEDICAL EXAMINER
DATE / Date 10 JUN 03	SIGNATURE / Signature (b)(6)

¹ State disease, injury, or complication which
² State conditions contributing to the death
³ Indicate the nature of the mutation, de la blessure, etc.



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



FINAL AUTOPSY REPORT

Name: Fahad, Mobass	ID number: (b)(6)
Alternate Reported Name: (b)(6)	Autopsy No.: (b)(6)
SSAN: n/a	AFIP No.: (b)(6)
Date of Birth: (b)(6) 1979 (per records)	Rank: Civilian
Date of Death: (b)(6) 2004	Place of Death: Iraq
Date of Autopsy: 28 November 2004	Place of Autopsy: Dover AFB,
Date of Report: 14 March 2005	Dover, DE

Circumstances of Death: This 25 year old male civilian, presumed Iraq national, died while in US custody in Iraq. By report, he was admitted to the hospital at the Baghdad Central Confinement Facility with seizures and asthma on 12 November 2004, requiring an emergent tracheostomy for airway stabilization. He was placed on seizure prophylaxis and stabilized for several days. During preparation for transfer back to the camp, he had a generalized tonic clonic seizure and went into cardiac arrest. CPR was unsuccessful, and he was pronounced dead. By report, he had been in a Fallujah hospital for previous seizures. For complete clinical details, please refer to the medical records.

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

Identification: Visual, per detention facility records; postmortem fingerprints and DNA profile obtained.

CAUSE OF DEATH: Acute Myocarditis

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

- I. Acute myocarditis (Cardiovascular Pathology consultation)
 - a. Microscopically, acute myocarditis
 - i. Focal myocyte necrosis and interstitial inflammatory infiltrate, right ventricle
 - b. 390 gm heart
 - i. Focal moderate coronary atherosclerosis, single vessel disease
 1. 60% luminal narrowing of proximal left anterior descending artery by pathologic intimal thickening
- II. Clinical history of "Seizures" (Neuropathology consultation)
 - a. Brain, 1400 gm (1385 gm fixed)
 - b. Microscopically, global hypoxic-ischemic injury (Non-specific findings)
 - i. Eosinophilic cytoplasm and nuclear hyperchromasia and pyknosis in basal ganglia, hippocampal formation, brain stem and cerebellum, and in a pseudolaminar distribution in the cerebral cortex
 - ii. Focal petechia hemorrhage in brainstem
 - iii. Meningeal congestion
- III. Clinical history of "Asthma" (Pulmonary Pathology consultation)
 - a. Vascular congestion of lungs; right lung 630 gm, left lung 520 gm
 - b. Microscopically, mild changes suggestive but not diagnostic of asthma (reactive airway disease)
 - i. Airway basement membrane thickening
 - ii. Focal goblet cell metaplasia and mucus plugging
 - iii. No significant eosinophilia or smooth muscle hyperplasia
- IV. No evidence of significant injury
 - a. Minor contusions of the right thigh
 - b. Healing pustules of right arm and left buttock
 - c. No internal evidence of trauma
- V. No evidence of restraint
- VI. Toxicology (AFIP)
 - a. Volatiles: Heart blood and bile negative for ethanol
 - b. Drugs: Blood negative for screened medications and drugs of abuse

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished Caucasian male clad in a cut yellow one-piece jumpsuit and a pair of blue paper shorts. The body weighs 220 pounds, is 68" in height and appears consistent with the reported age of 25 years. The body is initially received frozen and is thawed prior to autopsy. Rigor has dissipated, and the body is flaccid once thawed. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. There is early red marbling of the extremities.

The scalp is covered with dark brown hair averaging 3 cm in length. Facial hair consists of a dark mustache and dark beard. The irides are brown, and the corneae are slightly cloudy. The sclerae and conjunctivae are pale and free of petechiae. The earlobes are not pierced. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton is palpably intact. The lips are without evident injury. The teeth are natural with extensive decay and caries evident.

The neck is straight and the trachea is midline and mobile. The chest is symmetric and well developed. No injury of the ribs or sternum is evident externally. The abdomen is protuberant and soft, with numerous striae. Healed surgical scars of the abdomen are not noted. The extremities are well developed with normal range of motion. The fingernails are intact. The soles of the feet are calloused and hyperkeratotic. There is a 1 x 0.5 cm scar on the left knee. Tattoos are not noted, and needle tracks are not observed. The external genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. The pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

EVIDENCE OF THERAPY

There is a piece of white tape with gauze covering a tracheostomy incision on the lower anterior aspect of the neck. There is an endotracheal tube in place, protruding from the mouth. There are needle puncture marks with associated ecchymoses of the bilateral antecubital fossae and on the back of the left hand. There is a cluster of needle puncture marks in the left inguinal region. There is an intravenous catheter in the right inguinal region, secured with black sutures. There are five adhesive EKG tabs on the body, two on the upper right anterior aspect of the chest, one on the upper left anterior aspect of the chest, one on the lower right anterior aspect of the chest, and one on the lower left anterior aspect of the abdomen. There are two adhesive defibrillator pads on the body, one on the anterior left mid aspect of the chest and one on the mid left side of the back. There is no other evidence of medical intervention.

EVIDENCE OF INJURY

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

There is a 4 x 3 cm red contusion on the lower lateral aspect of the right thigh, and there is a 4 x 3 cm red contusion with central pallor on the lower medial aspect of the right thigh. Incision of the skin over these contusions reveals a small amount of hemorrhage within the subcutaneous adipose tissue, but no deep injury.

There is a 0.3 x 0.2 cm healing crust on the back of the right upper arm, and there is a 0.5 x 0.3 cm healing pustule on the lower lateral aspect of the left buttock.

On internal examination of the head, chest and abdomen, there is no evidence of injury.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. No adhesions or abnormal collections of fluid are present in any of the body cavities. All body organs are present in the normal anatomical position. The vertebral bodies are visibly and palpably intact. The subcutaneous fat layer of the abdominal wall is 8 cm thick. There is no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

HEAD: (CENTRAL NERVOUS SYSTEM)

The scalp is reflected, and there is no subgaleal hemorrhage or skull fractures found. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebrospinal fluid is clear. The brain is darkly discolored from decompositional changes. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. The brain is fixed in formalin prior to submission to Neuropathology for sectioning. The dura is stripped from the basilar skull, and no fractures are found. The atlanto-occipital joint is stable. The brain weighs 1400 grams. See "Neuropathology Report" below.

NECK:

Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, reveals no abnormalities. The anterior strap muscles of the neck are homogeneous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa and is unobstructed. The thyroid gland is symmetric and red-brown, without cystic or nodular change. There is no evidence of infection, tumor, or trauma, and the airway is patent. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury, hemorrhage, or fractures of the dorsal spinous processes.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces are smooth, glistening and unremarkable; the pericardial sac is free of significant fluid and adhesions. A moderate amount of epicardial fat is present. The heart is fixed in formalin prior to submission to Cardiovascular Pathology for sectioning. The aorta and its major branches arise normally, follow the usual course and are widely patent, free of significant atherosclerosis and other abnormality. The venae cavae and their major

tributaries return to the heart in the usual distribution and are free of thrombi. The heart weighs 390 grams. See "Cardiovascular Pathology Report" below.

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 red-purple, exuding a moderate amount of bloody fluid; no focal lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 630 grams; the left 520 grams.

LIVER & BILIARY SYSTEM:

The liver has an intact, smooth capsule and a sharp anterior border. The hepatic capsule is smooth, glistening and intact, covering dark red-brown, moderately congested and slightly firm 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. The liver weighs 1950 grams.

ALIMENTARY TRACT:

The tongue is free of bite marks, hemorrhage, or other injuries. The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 100 ml of semisolid digesting food, including rice and vegetables. The small and large bowel are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present and is unremarkable.

GENTOURINARY SYSTEM:

The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are otherwise unremarkable. White bladder mucosa overlies an intact bladder wall. The urinary bladder contains a film of cloudy 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. The right kidney weighs 140 grams; the left 160 grams.

RETICULOENDOTHELIAL SYSTEM:

The spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The spleen weighs 180 grams.

ENDOCRINE SYSTEM:

The pituitary, thyroid and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM:

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

MICROSCOPIC EXAMINATION

HEART: See "Cardiovascular Pathology Report" below.

LUNGS: See "Pulmonary Pathology Report" below.

LIVER: The hepatic architecture is intact. The portal areas show no increased inflammatory component or fibrous tissue. The hepatic parenchymal cells are well-preserved with no evidence of cholestasis, fatty metamorphosis, or sinusoidal abnormalities.

SPLEEN: The capsule and white pulp are unremarkable. There is minimal congestion of the red pulp.

ADRENALS: The cortical zones are distinctive, and the medullae are not remarkable.

KIDNEYS: The subcapsular zones are unremarkable. The glomeruli are mildly congested without cellular proliferation, mesangial prominence, or sclerosis. The tubules are well preserved. There is no interstitial fibrosis or significant inflammation. There is no thickening of the walls of the arterioles or small arterial channels. The transitional epithelium of the collecting system is normal.

BRAIN: See "Neuropathology Report" below.

CARDIOVASCULAR PATHOLOGY REPORT

CV Path, (b)(6)

" Diagnosis: (b)(6)

1. Acute myocarditis with focal myocyte necrosis and interstitial inflammatory infiltrate, right ventricle
2. Focal moderate coronary atherosclerosis, single vessel disease

History: Approximately 24 year old male Iraqi detainee who died in US custody; history of seizures prior to death.

Heart: 390 grams; normal epicardial fat; closed foramen ovale; normal cardiac chamber dimensions: left ventricular cavity diameter 40 mm, left ventricular free wall thickness 13 mm, ventricular septum thickness 13 mm; right ventricle thickness 4 mm, without gross scars or abnormal fat infiltrates; unremarkable valves; no gross myocardial fibrosis or necrosis; histologic sections show focal myocyte necrosis with interstitial infiltrates of lymphocytes and neutrophils in right ventricle, left ventricle is unremarkable.

Coronary arteries: Normal ostia; right dominance; focal moderate atherosclerosis: 60% luminal narrowing of proximal left anterior descending artery by pathologic intimal thickening; no other significant narrowing.

Comment: Although it is uncommon, we have seen cases of acute myocarditis limited to the right ventricle. It has also been suggested that this could represent an early phase of arrhythmogenic right ventricular dysplasia, as the etiology of this entity is not fully understood."

NEUROPATHOLOGY REPORT

Department of Neuropathology and Ophthalmic Pathology, AFIP:

"We examined the approximately 1385-gram formalin-fixed brain submitted in reference to this case. The dural fragment submitted for evaluation does not show significant pathologic findings. The brain is soft and friable and dusky in color and deformed with the right hemisphere appearing larger than the left. There is a 2 x 1.5 cm hyperemic area along the left middle frontal gyrus. The gyral pattern is normal. The brain stem and cerebellum are similarly deformed and dusky in color. Because of these extensive artefactual changes, the cranial nerves and blood vessels at the base of the brain cannot be evaluated. There is no evidence of subfalcine herniation; tonsillar and uncal herniation cannot be assessed because of the extensive artifact. Serial coronal sections of the cerebrum show overall dusky discoloration of the cortical ribbon with slight blurring of the gray-white junction. The ventricular system is distorted and difficult to evaluate. There is extensive distortion, softening and friability of the basal ganglia, hippocampal formations, thalamus, and hypothalamus. The substantia nigra and locus cereleus, and aqueduct cannot be accessed due to the artefactual changes. The spinal cord is not submitted, but the uppermost cervical cord and cervicomedullary junction are soft and distorted. The cerebellum and brainstem are dusky in color and macerated.

Summary of microscopic sections: 1. Superior/middle frontal gyrus, right. 2. Inferior parietal lobule, right. 3. Superior/middle temporal gyrus, right. 4. Cingulate gyrus, left. 5. Hippocampal formation, right. 6. Caudate/putamen/pallidum, right. 7. Thalamus/hypothalamus at mammillary bodies, right. 8. Substantia nigra/midbrain. 9. Pons. 10. Medulla. 11. Cerebellum.

All sections were stained with H&E.

Microscopic sections demonstrate extensive neuronal changes in the form of shrunken eosinophilic cytoplasm and nuclear hyperchromasia and pyknosis in sections of basal ganglia, hippocampal formation, brain stem and cerebellum, and in a pseudolaminar distribution in sections of cerebral cortex. These features are consistent with global hypoxic-ischemic injury. There is focal petechial hemorrhage noted on the sections of the brainstem. Microscopic sections of the left middle frontal gyrus confirms the meningeal congestion."

PULMONARY PATHOLOGY REPORT

Department of Pulmonary Pathology, AFIP:

"Lungs, autopsy material:

- Airway basement membrane thickening, focal goblet cell metaplasia and mucus plugging
- Vascular congestion

The sections of lung show focal mucus plugging associated with basement membrane thickening and goblet cell metaplasia (focal). We note the history of asthma, while the above changes are suggestive of asthmatic changes, they are not striking and the sections lack significant eosinophilia and muscle hyperplasia. The lungs additionally show vascular congestion. There is a mild to moderate amount of fibrin in the alveoli which may be secondary to vascular leak. Fibrin/platelet aggregates are seen in rare vessels in bronchovascular bundles as well as in the capillary bed. It is difficult to discern whether these are pre or postmortem."

ADDITIONAL PROCEDURES

- Documentary photographs are taken by OAFME photographers
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous fluid, femoral blood, heart blood, urine, bile, spleen, liver, kidney, lung, psoas muscle, gastric contents, and adipose tissue
- The dissected organs are forwarded with the body
- Personal effects are released to the appropriate mortuary operations representative

OPINION

This adult male Iraqi detainee died in US custody of acute myocarditis, inflammation of the heart involving the right ventricle. He had a clinical history of "seizures", however, no etiology for the seizures was found on examination of the brain, and the episodes may have been cardiac in origin rather than neurologic. He also had a clinical history of asthma, and while there were microscopic changes suggestive of asthma, these pulmonary findings were not diagnostic for asthma nor significant enough to have contributed to his death. Acute myocarditis may be caused by infectious agents (bacterial, viral, fungal), connective tissue diseases, or can be idiopathic (no recognized cause).

The manner of death is natural.

(b)(6)

(b)(6) Deputy Medical Examiner



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

REPLY TO
ATTENTION OF

AFIP- (b)(6)

TO:

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

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence
(b)(6)

Name
FAHAD, MOBASS

SSAN: Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: December 15, 2004

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: (b)(6) 2004

Date Received: 11/30/2004

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

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

None were found.

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Office of the Armed Forces Medical Examiner

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Office of the Armed Forces Medical Examiner



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



FINAL AUTOPSY EXAMINATION REPORT

Name: Al Zarjawi, Ahmed N. (BTB)

SSAN: Detainee Number (b)(6)

Date of Birth: Unknown

Date of Death: (b)(6) 2004

Date of Autopsy: 27 OCT 2004

Date of Report: 17 FEB 2005

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Detainee in U.S. Custody

Place of Death: Iraq

Place of Autopsy: BIAP Mortuary,
Baghdad, Iraq

Circumstances of Death: This Iraqi male was a detainee in U.S. custody at Camp Bucca Detention Facility in Umm Qasr, Iraq. The detainee was unconscious when four other detainees brought him to a common area and notified the guards. He received emergency medical care first at the scene and then was taken to a medical treatment facility. Resuscitation efforts were unsuccessful.

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

Identification: Circumstantial identity is established by paperwork accompanying the detainee and his designation as detainee number (b)(6)

CAUSE OF DEATH: Undetermined

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

- I. Hemoperitoneum, 150-milliliters and blood staining of the intraperitoneal organs
- II. Small bilateral pleural effusions and minimal serous pericardial effusion
- III. History of upper gastrointestinal hemorrhage (250-milliliters per medical records), with diffuse gastritis noted at autopsy
- IV. No evidence of external or internal trauma
- V. Early pulmonary emphysema
- VI. The autopsy was attended by (b)(6) medical Examiner (b)(6) (b)(6) and SA (b)(6) USACID
- VII. Toxicology is negative for ethanol, cyanide, and drugs of abuse. Atropine is present in blood.

EXTERNAL EXAMINATION

The remains are received unclad and without any accompanying clothing. The length is 72-inches and the estimated weight is 170-pounds. Lividity is posterior and fixed, except in areas exposed to pressure. Rigor is present but passing. The body temperature is that of the refrigeration unit. Paper bags cover both hands. A tag on the left great toe contains the writing (b)(6)

The scalp is covered with medium length, black hair in a normal distribution. The corneae are cloudy. The irides are brown and the pupils are round and equal in diameter. The head is atraumatic. The teeth are natural and in fair condition. Facial hair consists of a full beard and mustache.

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

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are intact. There is a 1/2-inch scar on the anterior left knee.

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(b)(6)	torso	(b)(6)
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(b)(6)		
(b)(6)	tattoo	(b)(6)

MEDICAL INTERVENTION

Evidence of medical intervention consists of venipuncture sites in both antecubital fossae, a padded cervical collar around the neck, and a vague mark on the lateral left chest that is consistent with either the prior placement of an electrocardiogram lead pad or an attempt at defibrillation

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and shows an absence of skeletal trauma and metallic foreign objects.

EVIDENCE OF INJURY

There is no evidence of injury on the body at the time of the autopsy.

INTERNAL EXAMINATION

HEAD:

The scalp and skull are free of injury. There is no epidural, subdural, or subarachnoid hemorrhage. The 1480-gram brain shows a normal pattern and appearance of gyri and

sulci. Serial sectioning reveals no evidence of injury or significant natural disease processes. The atlanto-occipital joint is intact.

NECK:

There is no evidence of injury to the strap muscles of the anterior neck. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The tongue is unremarkable.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. There are 50-milliliters of serosanguinous fluid in the right pleural cavity and 40-milliliters of serosanguinous fluid in the left pleural cavity. A minimal (20-milliliters) serous pericardial effusion is present. The peritoneal cavity contains 150-milliliters of blood, with a greater accumulation on the right side of the abdomen. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 540 and 450-grams, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is moderately congested. No mass lesions or areas of consolidation are present. The pulmonary arteries are unremarkable.

CARDIOVASCULAR SYSTEM:

The 480-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no significant atherosclerosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.4 and 0.5-centimeters thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1820-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is red-brown, firm, and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 15-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 260-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with prominent Malpighian corpuscles. A 1-centimeter accessory spleen is present.

PANCREAS:

The pancreas is irregularly hemorrhagic, with the usual lobular architecture. No mass lesions are seen. There is a small area that is grossly suspicious for a hemorrhage from a pancreatic vessel.

ADRENAL GLANDS:

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 each weigh 250-grams. 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 urinary bladder is empty. The prostate gland is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, gray-white mucosa. The stomach contains approximately 300-milliliters of green-black, fibrous food material but no gross blood. The gastric wall is intact with diffuse gastritis but no distinct ulceration or evidence of focal perforation. 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

Brain-representative sections are histologically unremarkable

Lung-sections of all lobes of both lungs demonstrate vascular congestion, scattered collections of intra-alveolar macrophages, moderate anthracotic pigment deposition, focal inspissated mucous, and early changes of pulmonary emphysema

Heart and Aorta- representative sections are histologically unremarkable

Liver-a representative section demonstrates passive congestion and mild microvesicular steatosis

Spleen- representative sections are histologically unremarkable

Kidneys-sections of both kidneys show postmortem changes

Stomach-representative sections show autolysis and exaggerated formalin pigment deposition

Pancreas-representative sections show marked autolysis, focal fat necrosis, and exaggerated formalin pigment deposition. A small focus of testes is also in one section.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by (b)(6) USAF
- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, vitreous fluid, spleen, liver, brain, lung, bile, gastric contents, kidney, and psoas muscle
- The dissected organs are forwarded with body
- Personal effects are released to the appropriate mortuary operations representatives

OPINION

This Iraqi male, believed to be (b)(6) a detainee in the custody of the U.S. military died as a result of undetermined causes. A complete medicolegal autopsy, including toxicology and microscopic slide review failed to demonstrate a clear cause of death. The autopsy findings included hemoperitoneum, but this may have been an artifact of resuscitative efforts as there was neither an inflammatory exudate nor food material in the peritoneal cavity and the bleeding appeared to have been recent. There was no evidence of trauma noted at autopsy and the clinical history included an upper gastrointestinal hemorrhage noted during resuscitative attempts. No source of bleeding could be identified at autopsy, nor was there evidence of a perforated viscus. The death may have been due to an acute cardiac event; the heart was heavy for the size of this individual, though there was no evidence of coronary artery disease at autopsy. Taking into account the history and investigative information available as well as the lack of an identifiable anatomic cause of death, this death is best classified as a natural death due to undetermined causes.

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