



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
1-800-774-8427



AUTOPSY EXAMINATION REPORT

Name: BTB Munthir, Awad Hasan

Internment Serial Number (b)(6)

Date of Birth: 1985

Date of Death: (b)(6) 2005

Date of Autopsy: 24 AUG 2005

Date of Report: 26 OCT 2005

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Detainee

Place of Death: Abu Ghraib Prison, Iraq

Place of Autopsy: Port Mortuary
Dover AFB, DE

Circumstances of Death: This believed to be 20 year old Iraqi National was found suspended by his neck (hanging) with his hands tied behind his back in a shower stall while being detained in Abu Ghraib Prison, Iraq. The investigation of the circumstances surrounding the decedent's death indicates that shortly after being accounted for in the morning head count the decedent made his way to the communal shower area. Shortly thereafter, the decedent was discovered hanging by other detainees who alerted the guards. The responding guards initiated CPR after cutting the decedent down and removing the ligature from the decedent's neck. Despite the CPR and rescue attempts in the prison medical facility, the decedent was pronounced deceased. Interviews of the fellow detainees indicate the decedent was depressed about his capture and was "self-treating" his depression by segregating himself from the other detainees and continuously reading the Quran. Some of the other detainees stated the decedent claimed to express a need to be nearer to his God. Scene investigation indicates there was no evidence of a struggle in or near the shower stall the decedent was found in.

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

Identification: Presumptive identification is established by the Internment Serial Number and prison records.

CAUSE OF DEATH: Asphyxia by Hanging

MANNER OF DEATH: Suicide

FINAL AUTOPSY DIAGNOSES:

I. Asphyxia by Hanging

A. Injuries of the Neck

1. A 30.5 cm long dried brown ligature mark (furrow) of the neck is 6 ¼ inches below the top of the head at its end on the right side of the neck, 9 ¼ inches below the top of the head in the anterior midline of the neck and 7 ¼ inches below the top of the head at its end on the left side of the neck. The furrow width ranges from 0.7 cm (tapered end behind the right ear) to 1.5 cm (right side of the neck). Along the right side of the furrow is a 6.5 x 1.5 cm area of abrasion that contains two vertical 1.5 x 0.2 cm abrasions. The furrow is 0.2 cm deep on the anterior surface of the neck.

Layer by layer neck examination of the neck demonstrates mild congestion of the anterior strap muscles of the neck immediately superior to the furrow and no fractures of the hyoid bone or thyroid cartilage. There are no petechiae of the sclera, eyelids, oral mucosa, tongue or legs. The frenula are intact.

2. A 4.5 x 3.5 cm area of multiple, superficial linear abrasions is in the posterior midline of the upper back, 11 ½ inches below the top of the head. The abrasions have a near vertical orientation.

II. Other Injuries

1. A 2.2 x 0.5 cm vertical abrasion is on the right flank
2. A 2.5 x 1.7 cm erythematous area is on the anterior surface of the left lower leg
3. A ecchymosis is on the parietal pleural surface of the left sixth rib and left seventh intercostal space

III. Other Findings

1. There are no gross injuries of the wrists or injuries of the underlying musculature

IV. Medical Intervention

1. Endotracheal intubation (in right mainstem bronchus)
2. Self adhesive electrocardiogram leads on the chest
3. Venipuncture sites on the right side of the neck (associated with underlying hematoma), right antecubital fossa, right forearm, and right femoral triangle.
4. Substernal puncture site associated with penetration of the posterior right ventricle, hemopericardium (50 ml), and hemoperitoneum (approximately 50 ml)

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

VI. Identifying Marks

1. A tattoo (b)(6)
2. A tattoo
3. A tattoo
(b)(6)
4. Three 1.2 cm in diameter circular scars are on the anterior surface of the left forearm
5. A 4.2 x 1.8 cm scar is on the anterior surface of the left lower leg and has palpable foreign bodies immediately below the skin (metallic fragments on x-ray)
6. Scattered scars on each knee
7. Linear scars on the chin and circular scar on the left cheek

VII. Toxicology is negative for ethanol and screened drugs of abuse.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, muscular, 65 inch long, 119 pounds Iraqi male civilian whose appearance is consistent with the reported age of 20 years. Lividity is fixed along the posterior surface of the body with pressure bearing area pallor. Rigor is minimal and easily broken. Brown paper bags cover the hands.

The scalp is covered with black hair in a normal distribution. The irides are brown and the pupils are round and equal in diameter. The conjunctivae and sclera are free of petechiae. The external auditory canals are free of abnormal secretions. The ears are unremarkable. The nares are patent and the lips are atraumatic. The frenula are intact. The nose and maxillae are palpably stable. The teeth appear natural and in fair repair. The upper right central incisor (#8) is broken and has decay present. A 0.7 x 0.2 cm scar and a 2.4 x 0.2 cm scar are on the chin. On the left cheek is a 0.5 x 0.3 cm circular scar.

The neck is straight, and the trachea is midline and mobile. Injuries of the neck are described below. The chest is symmetric. The abdomen is flat. The genitalia are those of a normal uncircumcised 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. The hands and fingers are free of injuries. The fingernails are roughly trimmed secondary to previous evidence collection by US Army CID. There is no gross evidence of ligature marks on the wrists. Areas of blue discoloration on the posterior surfaces of the left and right wrist range in size from 0.5 x 0.5 cm to 5.1 x 0.4 cm. Three-1.2 cm in diameter- circular scars are on the anterior surface of the left forearm. Incision examination of the these areas reveals the discoloration is confined to the skin. A 1.0 x 0.4 cm scar is on the proximal portion of the right knee and a 1.8 x 0.4 cm scar is on the lateral aspect of the right knee. On the left knee are scattered scars that range in size from 1.4 x 0.3 cm to 2.5 x 1.7 cm. A 4.2 x 1.8 cm scar is on the anterior aspect of the left lower leg and overlies a palpable bony deformity that corresponds to a healed remote fracture. The left leg is visibly shorter than the right leg. The hands, legs and feet are free of petechiae.

In addition to the scars noted above, identifying marks include a tattoo (b)(6)
(b)(6) tattoo (b)(6) tattoo (b)(6)
(b)(6)

CLOTHING AND PERSONAL EFFECTS

The decedent was received clad in a white t-shirt.

MEDICAL INTERVENTION

1. Endotracheal intubation (in right mainstem bronchus)
2. Self adhesive electrocardiogram leads on the chest
3. Venipuncture sites on the right side of the neck (associated with underlying hematoma), right antecubital fossa, right forearm, and right femoral triangle.

4. Substernal puncture site associated with penetration of the posterior right ventricle, hemopericardium (50 ml), and hemoperitoneum (approximately 50 ml)

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrate a remote, healed fracture of the left tibia and fibula with surrounding debris.

EVIDENCE OF INJURY

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

Injuries of the Neck:

A 30.5 cm long dried brown ligature mark (furrow) of the neck is 6 ¼ inches below the top of the head at its end on the right side of the neck, 9 ¼ inches below the top of the head in the anterior midline of the neck and 7 ¼ inches below the top of the head at its end on the left side of the neck. The furrow width ranges from 0.7 cm (tapered end behind the right ear) to 1.5 cm (right side of the neck). Along the right side of the furrow is a 6.5 x 1.5 cm area of abrasion that contains two vertical 1.5 x 0.2 cm abrasions. The furrow is 0.2 cm deep on the anterior surface of the neck.

Layer by layer neck examination of the neck demonstrates mild congestion of the anterior strap muscles of the neck immediately superior to the furrow and no fractures of the hyoid bone or thyroid cartilage. There are no petechiae of the sclera, eyelids, oral mucosa, tongue or legs. The frenula are intact.

A 4.5 x 3.5 cm area of multiple, superficial linear abrasions is in the posterior midline of the upper back, 11 ½ inches below the top of the head. The abrasions have a near vertical orientation.

Injuries of the Torso

A 2.2 x 0.5 cm vertical abrasion is on the right flank. An ecchymosis is on the parietal pleural surface of the left sixth rib and left seventh intercostal space

Injuries of the Extremities

A 2.5 x 1.7 cm erythematous area is on the anterior surface of the left lower leg

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 1350 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. The base of the brain is soft and minimally liquefied. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

The dissection of the neck is described above. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. Excess fluid in the pleural and peritoneal cavities is described above. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 410 and 460 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous, consistent with dependent livor. 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. A puncture of the right ventricle is described above. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no 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 1.0 and 0.2-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 a minute amount of green-black bile and no stones. The gallbladder mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 210 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 120 and 110 gm, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 30 ml of cloudy 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 10 ml of slightly red liquid. 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 an OAFME photographer.
- Trace evidence and foreign material (sexual assault kit without oral swabs) is collected and given to SA (b)(6) USACID. Fingernail clippings were taken by USACID prior to transport to Dover AFB.
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, urine, spleen, lung, liver, kidney, brain, bile, gastric contents, adipose tissue and psoas muscle
- The dissected organs are forwarded with 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.

OPINION

This believed to be 20 year Iraqi male civilian detainee died from mechanical asphyxia caused by hanging. Investigation information to date indicates the decedent was a young detainee that was depressed about his captivity and being separated from his new wife. He was a detainee for approximately 3 months prior to his death. An interview of an Iraqi associate of the decedent by USACID indicates the decedent was considered a "loner" and did not associate with other detainees. The decedent reportedly read the Quran and desired to be closer to his god. The responding MPs did not report any history of struggle or violence at the scene. Autopsy examination revealed only injuries related to the hanging. The decedent's hands were loosely tied behind his back when discovered. It is possible for the decedent to have tied his own hands behind his back to prevent escape from the neck rope. Based on the autopsy and investigation, the manner of death is best classified as suicide.

If additional information becomes available, this case can be re-examined and the cause and manner of death changed if appropriate to do so.

(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

MUNTHIR, AWAD HASAN

SSAN:

Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: September 1, 2005

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: (b)(6) 2005

Date Received: 8/29/2005

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 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.

(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 Munthir, Awad, Hasan		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
		DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Raca		MARITAL STATUS État Civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> NEGROID Négride		<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> JEWISH Juf
RELIGION Culte		OTHER (Specify) Autre (Spécifier)	
<input checked="" type="checkbox"/> PROTESTANT Protestant		<input checked="" type="checkbox"/> Muslim	
<input type="checkbox"/> CATHOLIC Catholique			
<input type="checkbox"/> JEWISH Juf			
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort. Asphyxia by hanging			Minutes
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures Mode of Death: Pending	
<input type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
<input type="checkbox"/> HOMICIDE Homicide	(b)(6)	DATE Date 24 August 2005	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) 2005	PLACE OF DEATH Lieu de décès Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunct et conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme Medical Examiner	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE		
DATE Date 16 SEP 05	(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 le mode de mort, telle qu'un arrêt du cœur, etc. 2 Préciser les conditions qui ont contribué à la mort, mais n'étant pas le résultat direct de la maladie ou à la condition qui a provoqué la mort.			

DD FORM 1 APR 77 2064

REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PA), 26 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0304

ACLU Detainee Death II ARMY MEDCOM 304

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

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

DD FORM 2064, APR 1977 (BACK)

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



FINAL AUTOPSY EXAMINATION REPORT

Name: Atawi-Al Alwani, Ahmed Ismail	Autopsy No.: (b)(6)
ISN: (b)(6)	AFIP No.: (b)(6)
Date of Birth: (b)(6) 1975	Rank: CIV
Date of Death: (b)(6) 2005	Place of Death: Iraq
Date of Autopsy: 04 August 2005	Place of Autopsy: Port Mortuary
Date of Report: 24 October 2005	Dover AFB, DE

Circumstances of Death: This 30 year old male civilian detainee was reportedly admitted to the Camp Bucca Security Hospital for complications of malaria.

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

Identification: Identification is established by identification tags present on the body.

CAUSE OF DEATH: Peritonitis due to small bowel perforation.

MANNER OF DEATH: Natural.

FINAL AUTOPSY DIAGNOSES

- I. Gastrointestinal system:
 - A. Small bowel perforation.
 - 1. Adjacent pseudocyst formation with rupture.
 - 2. Ascites (4000 ml of feculent tan fluid).
 - 3. Peritonitis.
 - B. Neoplastic mesenteric masses (2) adjacent to pseudocyst.
 - C. Moderate to severe hepatic steatosis.

- II. Respiratory system:
 - A. Bilateral pulmonary congestion (right 800 gm, left 750 gm).
 - 1. Bilateral pleural effusions (right 200 ml, left 100 ml).

- III. No evidence of trauma.

- IV. Toxicology: Lidocaine, mefloquine, chloroquine, metoclopramide, lorazepam, oxycodone and oxymorphone are present.

EXTERNAL EXAMINATION

The body is that of a well-developed male that weighs 177 pounds, is 68 inches in length and appears compatible with the reported age of 30 years. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure. Rigor has passed. The scalp hair is black. Facial hair consists of a black mustache and whisker stubble. The irides are dark. The corneae are cloudy. The conjunctivae are unremarkable. The sclerae are white. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The teeth are natural and in good condition. A ¼ inch scar is present on the right side of the chin. The neck is straight, and the trachea is midline and mobile. The chest is unremarkable. The abdomen is mildly protuberant. The fingernails are intact. The upper and lower extremities are symmetric. There are multiple scars on the anterior surface of the right knee. An identification tag is present on the left wrist, bearing the following information (b)(6) DOE(b)(6) 1975". The genitalia are those of a normal adult male. There is a 4 x 4 inch area of discoloration with early pressure ulceration present on the superior aspect of the gluteal cleft.

EVIDENCE OF MEDICAL THERAPY

1. An endotracheal tube.
2. Nasogastric tube.
3. Foley catheter with drainage bag.
4. Healing therapeutic needle puncture site in the left antecubital fossa.
5. Monitor lead pads on the upper and mid chest and flanks, bilaterally.
6. Defibrillator pad on the left chest and the left back.

EVIDENCE OF INJURY

None.

INTERNAL EXAMINATION

BODY CAVITIES:

The sternum is visibly and palpably intact. No excess fluid is present in the pericardium. Approximately 200 ml of amber fluid is present in the right chest cavity and 100 ml in the left. The abdominal cavity contains approximately 4000 ml of tan feculent fluid. Yellow-tan fibrinous material covers multiple loops of the small bowel, omentum and portions of the liver. The organs occupy their usual anatomic positions.

HEAD:

The scalp is reflected. The calvarium of the skull is removed. The leptomeninges are thin and delicate. Coronal sections demonstrate sharp demarcation between white and grey matter. The ventricles are of normal size. The brain weighs 1420 gm. The atlanto-occipital joint is stable.

ATAWI, Ahmed Ismail

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

RESPIRATORY SYSTEM:

The right and left lungs weigh 800 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 290 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally, follow the usual distribution and are widely patent without evidence of significant atherosclerosis or thrombosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The endocardium is smooth and glistening. The ascending aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 2010 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 contains approximately 10 ml of green-black bile. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 290 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

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

ADRENAL GLANDS:

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

GENITOURINARY SYSTEM:

The right kidney weighs 180 gm and the left 150 gm. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course.

and caliber. Tan bladder mucosa overlies an intact bladder wall. The bladder is empty. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are palpably free of mass lesions.

GASTROINTESTINAL TRACT:

The esophagus is lined by smooth, grey-white mucosa. The stomach is empty. The gastric wall is intact. The serosal surfaces of the small and large bowel are covered by tan-yellow fibrinous material. A fluid and fecal filled pseudocyst measuring 7 inches in greatest diameter is present just inferior and posterior to the stomach and adjacent to a portion of the duodenum. Reflection of the stomach reveals an area of rupture on the anterior surface of the pseudocyst. Dissection and further reflection show the pseudocyst to be in continuity with a perforation of the adjacent duodenum. Two solid mass lesions measuring 3 ½ x 2 inches and 2 ½ x 1 inch are present and appear to be arising from the region of the mesenteric root. The larger lesion is firmly adherent to the duodenum in the region of the perforation. The appendix is unremarkable.

MICROSCOPIC EXAMINATION

1. Heart (slide 1): No significant microscopic abnormalities.
2. Spleen (slide 2): No microscopic abnormality noted.
3. Kidneys (slide 4): Moderate arteriolosclerosis.
4. Liver (slide 2): Moderate to severe steatosis.
5. Brain (slide 5): No microscopic abnormality noted.
6. Lungs (slide 3): Pulmonary alveolar congestion.
7. Omentum: (slide 6): Acute serositis.
8. Abdominal masses (slides 7-10): Confluent areas of necrosis with intervening areas composed of atypical dyshesive cells with coarse nuclear chromatin and frequent plasmacytoid features. Occasional mitoses are present.
9. Region of perforation of the pseudocyst (slides 11,12): Fibroadipose tissue with fibrin deposition, acute inflammatory infiltration and granulation tissue formation.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by the OAFME staff photographer.
- Specimens retained for toxicologic testing and/or DNA identification are: blood, vitreous, bile, gastric contents, kidney, lung, brain, spleen, liver, adipose and psoas muscle.
- Full body radiographs are obtained.
- The dissected organs are forwarded with the body.
- Personal effects are released to the attending investigative agency and appropriate mortuary operations representatives.

OPINION

This reported 30 year-old male civilian detainee died of peritonitis due to small bowel perforation. According to reports, the decedent was admitted to the hospital with a diagnosis of hepatic failure. Further workup showed an advanced stage of malaria. His clinical course was complicated by multi-system organ failure and he ultimately succumbed to septic shock on his (b)(6) hospital day.

AUTOPSY REPORT (b)(6)
ATAWI, Ahmed Ismail

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Autopsy examination showed 4 liters of feculent ascites and mesenteric mass lesions with adjacent small bowel perforation. It appears that initially the area of perforation was walled off forming a "pseudocystic" structure that ultimately ruptured. Initial microscopic examination of the mesenteric masses showed them to be neoplastic, however their exact etiology is pending specialty consultation. An addendum report will be issued upon its completion.

Postmortem toxicologic analysis revealed the presence of the therapeutic agents lidocaine, mefloquine, chloroquine, metoclopramide, oxycodone and oxymorphone in the urine. Lorazepam was present in the blood at a therapeutic level (0.26 mg/L).

The manner of death is natural.

(b)(6)

(b)(6)

Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS)

Acte de décès (D'Outre-Mer)

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

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

NAME OF NEXT OF KIN Nom du plus proche parent	RELATIONSHIP TO DECEASED Parenté du décédé avec le sus
STREET ADDRESS Domicile à (Rue)	CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)

MEDICAL STATEMENT Déclaration médicale

CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort.		Days
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
OTHER SIGNIFICANT CONDITIONS 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	(b)(6)	
<input type="checkbox"/> HOMICIDE Homicide	(b)(6)	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)	PLACE OF DEATH Lieu de décès	

DATE OF DEATH: (b)(6) 2005 PLACE OF DEATH: Iraq

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du dé funt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.

NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire	TITLE OR DEGREE Titre ou diplôme
(b)(6)	Medical Examiner

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

DATE Date	(b)(6)
15 Sep 05	

¹ State disease, injury or complication which caused death.
² State conditions contributing to the death, but not related to the disease or compound cause of death.
³ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.
⁴ Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.

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

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

DD FORM 2064, APR 1977 (BACK)

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



FINAL AUTOPSY EXAMINATION REPORT

Name: BTB Adama, Kareem Maktoof
SSAN: (b)(6)
Date of Birth: (b)(6) 1959
Date of Death: (b)(6) 2005
Date of Autopsy: 5 AUG 2005
Date of Report: 12 SEP 2005

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

Circumstances of Death: This 46-year-old male was an Iraqi detainee in U.S. custody who was found unresponsive in his prison cell on (b)(6) 2005. The man had been complaining of abdominal discomfort and refused to eat on the day he died.

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

Identification: Circumstantial identification is by accompanying paperwork and an identification bracelet on the right wrist that displays a photo of the deceased as well as demographic information. A sample of DNA is retained as a matter of record.

CAUSE OF DEATH: Anomalous Right Coronary Artery Complicated by
Atherosclerotic Cardiovascular Disease

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

- I. Anomalous right coronary artery**
- II. Atherosclerotic Cardiovascular Disease, with up to 70% luminal narrowing of the left anterior descending coronary artery, 25-30% luminal narrowing of the left circumflex coronary artery, up to 60% luminal narrowing of the right coronary artery, and mild intimal thickening of the left main coronary artery**
- III. Cardiomegaly (Heart weight 480-grams); dilatation of the right atrium and right ventricle of the heart**
- IV. Abrasion of the medial right wrist. Contusion of the posterior left hand and left wrist. No other external or internal evidence of significant recent injury**
- V. Evidence of a healed fracture of the right femur, consistent with the history of injuries in a motor vehicle crash in 1983**
- VI. Early decomposition changes, including vascular marbling and green discoloration of soft tissue**
- VII. Toxicology is negative for ethanol and screened drugs of abuse. Blood carboxyhemoglobin and cyanide concentrations are not elevated. Blood and bile have small amounts of acetone and 2-propanol present.**

BTB Adama, Kareem Maktoof

EXTERNAL EXAMINATION

The remains are received clad in white undershorts and a partially cut away white overgarment. They consist of a well-developed, well-nourished, male. Early to moderate decomposition changes are present, including green discoloration of soft tissue and marbling of the vasculature. Livor is posterior and fixed, except in areas exposed to pressure. Rigor is present but passing. The body temperature is that of the refrigeration unit.

The scalp is covered with medium length, black hair in a normal distribution. The corneae are cloudy and the eyes have lost considerable turgor. The sclerae are unremarkable. The irides are brown and the pupils are round and equal in diameter. The teeth are natural and in fair condition. Facial hair consists of a black beard and mustache. There is marked suffusion of the soft tissue of the face and neck. A 1/8-inch pigmented nevis is on the posterior neck.

The neck is mobile and the trachea is midline. The chest is symmetric and unremarkable. The abdomen is protuberant but free of evidence of injury. A 1/8-inch nevis is on the right upper back. 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 remarkable only for a 1/4-inch skin tag on the superior-medial right buttock. The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are intact. A 16 x 1-inch scar is on the lateral right thigh. There is a scar on the lateral, proximal left arm that is consistent with a remote vaccination.

An identification band on the right wrist has a picture of the decedent and (b)(6)
(b)(6) No tattoos or other identifying body marks are noted.

MEDICAL INTERVENTION

Evidence of medical intervention includes an endotracheal tube that enters the right mainstem bronchus via the mouth, a Foley catheter in the urethra, and vascular access cut-down attempts on the medial aspect of both ankles.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates an absence of acute skeletal trauma and metallic foreign bodies. There is evidence of a remote fracture of the right femur that is now healed.

EVIDENCE OF INJURY

On the posterior aspect of the right hand and right wrist is a 1 1/2 x 1-inch area of ecchymosis. A 1/2 x 1/4-inch abrasion is on the medial aspect of the right wrist. There is no other evidence of significant acute injury.

INTERNAL EXAMINATION

HEAD:

The scalp, skull, and brain have no evidence of acute injury. There is some softening of the brain present, due to decomposition. The brain weighs 1350-grams and sectioning reveals no parenchymal injuries and no evidence of significant natural disease processes.

NECK:

The strap muscles of the anterior neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are without injury. The tongue is unremarkable. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. Both pleural cavities contain 20-milliliters of decomposition fluid. There is no excess accumulation of fluid in the peritoneal cavity. There are 10-milliliters of decomposition fluid in the pericardial sac. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 800 and 670-grams, respectively, and are markedly congested. The external surfaces are red-purple, with moderate anthracotic pigment deposition. The pulmonary parenchyma is diffusely congested, without mass lesions or areas of consolidation. The pulmonary arteries are unremarkable.

CARDIOVASCULAR SYSTEM:

The 480-gram heart is contained in an intact pericardial sac. A formal Cardiovascular Pathology consultation is available as a separate document. In summary, the consultant demonstrated an anomalous right coronary artery with a high takeoff and a course that runs between the aortic and pulmonic roots. The coronary circulation is right dominant and there is moderate luminal narrowing by atherosclerosis, with the most severely affected vessel being the left anterior descending coronary artery per the consultant's report. Decomposition changes and myocyte hypertrophy are described on examination of histologic sections of myocardium as performed by the consultant. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1470-gram liver has an intact capsule and a sharp anterior border. The parenchyma is tan-brown and congested. No mass lesions or other abnormalities are noted. The gallbladder contains 25-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 40-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon, soft, congested, and exhibits early decomposition changes. A 1-centimeter accessory spleen is noted.

PANCREAS:

The pancreas is soft and exhibits changes of decomposition. The usual lobular architecture is present. No mass lesions or other abnormalities are seen.

ADRENAL GLANDS:

The right and left adrenal glands are symmetric, with yellow cortices and gray medullae. Decomposition changes are prominent. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 100 and 130-grams, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and distinct 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 gastric wall is intact and lined by unremarkable mucosa. The stomach contains 20-milliliters of brown fluid. 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

Select portions of major organs are retained in formalin, with preparation of microscopic slides only for the examination of the heart (see Cardiovascular Pathology consultation).

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by OAFME staff photographers
- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, bile, brain, lung, kidney, liver, spleen, adipose tissue, and psoas muscle
- The dissected organs are forwarded with the body

OPINION

This male Iraqi detainee died as a result of an anomalous right coronary artery complicated by atherosclerotic cardiovascular disease. The abnormal anatomic course of the right coronary artery would be sufficient to account for death due to a fatal cardiac arrhythmia. The atherosclerosis noted at autopsy as well as the presence of an enlarged heart would make an arrhythmia even more likely. The only evidence of injury noted at autopsy was small abrasions and contusions that are consistent with the application of wrist restraints. The volatiles present on toxicologic studies are consistent with postmortem production due to decomposition. Test for exposure to cyanide and carbon monoxide were negative as was a drug screen. The manner of death is natural.

(b)(6)

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

PATIENT IDENTIFICATION

(b)(6)

BTB ADAMA, Kareem Maktoof

(b)(6)

September 2, 2005

(b)(6)

1413 Research Blvd.
Bldg. 102
Rockville, MD 20850

FINAL DIAGNOSIS

DIAGNOSIS: (b)(6)

- 1. Anomalous right coronary artery with high takeoff above commissure between left and right coronary cusps and proximal course between aortic and pulmonic roots**
- 2. Moderate coronary atherosclerosis**

History: 46 year old Male Iraqi detainee found unresponsive in jail cell; recent complaints of abdominal discomfort

Heart: 480 grams, per autopsy protocol; dusky purple-gray discoloration of epicardial surface, predominantly right atrium and right ventricle; closed foramen ovale; normal left ventricular chamber dimensions: left ventricular cavity diameter 35 mm, left ventricular free wall thickness 9 mm, ventricular septum thickness 11 mm; dilatation of right atrium and right ventricle: right ventricle thickness 3 mm; unremarkable valves and endocardium; induration and transmural dark purple discoloration of right atrium and right ventricle; histologic sections show early post-mortem decomposition, mild left ventricular myocyte hypertrophy with patchy subendocardial interstitial fibrosis and fat deposition; sections of right ventricle show intracellular granular brown pigment consistent with formalin pigment, but no myocardial necrosis is seen

Coronary arteries: Right dominant circulation; anomalous right coronary artery with ostium located 15 mm above commissure between left and right coronary cusps, ostial ridge and proximal course between aortic and pulmonic roots;

Left main coronary artery: Mild intimal thickening

Left anterior descending artery (LAD): 40% luminal narrowing of proximal LAD by neointimal thickening; 70% narrowing of mid LAD by healed plaque erosion with smooth muscle rich neointimal thickening and focal intimal organizing fibrin deposition

Left circumflex artery (LCA): 25 to 30% narrowing of proximal and mid LCA by fibroatheroma

Right coronary artery (RCA): 50% narrowing of proximal RCA by healed erosion with organized and recanalized thrombus; 60% narrowing of mid RCA by fibroatheroma

Comment: The cause of death is attributed to the anomalous right coronary artery in conjunction with moderate atherosclerosis. The mechanism of death is likely arrhythmic.

(b)(6)

ADAMA, Kareem Maktoof



Anomalous right coronary artery

(b)(6)

Cardiovascular Pathologist

Slide: 18 (10 heart, 8 coronary arteries)
Slide: 26 (18 H&E, 8 Movat)

(b)(6)

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Adama, Kareem, Maktoof		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation Iraqi Detainee		NATION (e.g. United States) Pays Iraq	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)
RACE Race		MARITAL STATUS État Civil	RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Négride	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> PROTESTANT Protestant
	<input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> CATHOLIC Catholique
			<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort.			Anomalous Right Coronary Artery Complicated by Atherosclerotic Cardiovascular Disease
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	<input checked="" type="checkbox"/> YES OUI		
<input type="checkbox"/> ACCIDENT Mort accidentelle	<input type="checkbox"/> NO NON		
<input type="checkbox"/> SUICIDE Suicide	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste		
	(b)(6)	DATE Date	AVIATION ACCIDENT Accident à Avion
	(b)(6)	4 August 2005	<input type="checkbox"/> YES OUI <input checked="" type="checkbox"/> NO NON
DATE OF DEATH Date de décès	PLACE OF DEATH Lieu de décès		
(b)(6) 2005	Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du dé funt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire		TITLE OR DEGREE Titre ou diplôme	
(b)(6)		Medical Examiner	
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse		
(b)(6)	Dover AFB, Dover DE		
DATE Date	(b)(6)		
21 Sep 2005			
<small>1. State disease, injury or complication which caused death 2. State conditions contributory to the death, but not cause 3. Preciser la nature de la maladie, de la blessure ou de la condition qui a contribué à la mort, mais n'en</small>			

DD FORM 1 APR 77 2064

MEDCOM 0321

ACLU Detainee Death II ARMY MEDCOM 321

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

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

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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: Unknown
SSAN: Not Applicable
Date of Birth: Unknown
Date of Death: (b)(6) 2005
Date of Autopsy: 09 JUL 2005
Date of Report: 31 AUG 2005

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Rank: Not Applicable
Place of Death: Haqlaniyah, Iraq
Place of Autopsy: Port Mortuary,
Dover Air Force Base, Dover, DE

Circumstances of Death: Iraqi Armed Forces and United States Marines detained this unknown individual for suspicious activity. He attempted to flee and, after verbal commands to stop were ignored, he was engaged with deadly force.

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

Identification: Positive identification is pending.

CAUSE OF DEATH: Multiple gunshot wounds

MANNER OF DEATH: Homicide

FINAL AUTOPSY DIAGNOSES:

I. Multiple gunshot wounds

A. Gunshot wound to the back (#1)

1. Entrance on the center of the back
2. No soot or stippling present
3. Injury to the skin; subcutaneous tissue; muscle; posterior aspect of the left 9th interspace; left lung; and antero-lateral aspects of the left 3rd, 4th, and 5th ribs
4. Exit on the left side of the chest
5. No bullet or fragments recovered
6. Direction: back to front, right to left, and upward
7. Associated injuries: penetrating injury of the left lung, fracture of the left 3rd, 4th, and 5th ribs

B. Gunshot wound to the back (#2)

1. Entrance on the left side of the back
2. No soot or stippling present
3. Injury to the skin, subcutaneous tissue, muscle, posterior-lateral aspect of the left 9th rib, left lung, heart, the anterior aspect of the left 1st interspace, and the left clavicle
4. Exit above the left clavicle
5. No bullet or fragments recovered
6. Direction: back to front, left to right, and upward
7. Associated injuries: fracture of the left 9th rib, penetrating injury of the left lung, pulpification of the heart, and fracture of the left clavicle

II. No natural disease identified within the limitations of the examination

III. No evidence of medical treatment

IV. Moderate decomposition

V. Toxicology

A. Alcohol

1. Kidney: trace acetaldehyde, 91 mg/dl ethanol, 6 mg/dl 1-propanol
2. Liver: 5 mg/dl acetaldehyde, 56 mg/dl ethanol, trace 1-propanol

B. Screened drugs of abuse and medications: none

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, muscular, 67 inch tall, 131 pounds Caucasoid male. Lividity is faint on the back and rigor is absent. Decomposition changes consist of diffuse skin slippage, marbling of the upper and lower extremities, diffuse putrefaction, and mummification of the fingers and toes.

The scalp is covered with short, straight brown hair in a normal distribution. Facial hair consists of a moustache and beard. An accumulation of insect eggs is present around the left eye. The irides are brown and the pupils are round and equal in diameter. The external auditory canals are clear. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in good condition.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric; injuries of the chest are described below. The abdomen is flat. Injuries of the back are described below. 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 previously removed and submitted in a red plastic bag at the time of autopsy:

- two gray socks
- brown leather belt
- green briefs
- white long underwear pants
- black slacks
- tan tank top
- plaid shirt

Defects of the tank top and shirt are consistent with the underlying wounds.

MEDICAL INTERVENTION

There is no evidence of medical intervention.

RADIOGRAPHS

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

- fracture of the left clavicle
- fractures of the left ribs 3 to 5

EVIDENCE OF INJURY

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

I. Multiple gunshot wounds

A. Gunshot wound to the back (#1)

A gunshot entrance wound is on the center of the back, located 17" below the top of the head and 1/2" left of the posterior midline. The circular wound measures 1/8" in diameter with a 1/4" eccentric marginal abrasion on the 3 o'clock border. Soot and stippling are not present on the skin surrounding the wound. The wound path injures the skin, subcutaneous tissue, muscle, the posterior aspect of the left 9th interspace, the lower and upper lobes of the left lung, and the anterior aspects of the left 3rd, 4th, and 5th ribs. The bullet exits via a 3" x 2" irregular wound, located 13-1/2" below the top of the head and 3" left of the anterior midline. No bullet or fragments are recovered from the wound path. The wound path is directed back to front, right to left, and upward. Associated injuries include a penetrating injury of the left lung and fracture of the left 3rd, 4th, and 5th ribs.

B. Gunshot wound to the back (#2)

A gunshot entrance wound is on the left side of the back, located 20-1/2" below the top of the head and 5-1/2" left of the posterior midline. The circular wound measures 1/8" in diameter with a 1/4" eccentric marginal abrasion on the 5 to 6 o'clock border. Soot and stippling are not present on the skin surrounding the wound. The wound path injures skin, subcutaneous tissue, muscle, the posterior-lateral aspect of the left 9th rib, the lower lobe of the lung, the heart, the anterior aspect of the right 1st interspace, and the left clavicle. The bullet exits via a 3/4" x 1/2" irregular wound, located 7-1/2" below the top of the head and 4-1/2" left of the anterior midline. No bullet or fragments are recovered from the wound path. The wound path is directed back to front, left to right, and upward. Associated injuries include fracture of the left 9th rib, penetrating injury of the left lung, pulpification of the heart, and fracture of the left clavicle

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. The brain weighs 1130 gm. The surface of the brain has mild to moderate putrefactive changes, however the gyri and sulci are otherwise unremarkable. Coronal sections demonstrate sharp demarcation between white and gray matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

AUTOPSY REPORT (b)(6)
UNKNOWN

5

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 of the ribs have been described. The uninjured 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:

Injuries of the left lung have been described. The right and left lungs weigh 250 and 170 gm, respectively. The intact external surfaces are smooth with mild to moderate putrefaction. Putrefactive changes are also present on the cut surfaces of the lungs.

CARDIOVASCULAR SYSTEM:

Injury of the heart has been described. The heart weighs 180 gm. The epicardium is smooth with minimal fat investment. The myocardium has severe putrefactive changes and is soft. Injuries of the heart prevent further evaluation of the coronary arteries, heart valves, and chamber walls. The uninjured endocardium has putrefactive changes. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 720 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 no bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 110 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

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

ADRENALS:

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

GENITOURINARY SYSTEM:

The right and left kidneys weigh 70 and 60 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 no urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

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

ADDITIONAL PROCEDURES

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

MICROSCOPIC EXAMINATION

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

AUTOPSY REPORT
UNKNOWN

(b)(6)

OPINION

This unknown individual died of multiple gunshot wounds. Severe wounds to the left lung and heart were sustained from two gunshot wounds to the back. No evidence of close range fire was present around the two wounds and no bullets or fragments were recovered from either wound path. Toxicology tests for alcohol suggest decomposition changes; tests for screened drugs of abuse and medications are negative. The manner of death is homicide. Since positive identification is pending, this report may be amended should this information become available.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) (b)(6)		GRADE Grade	BRANCH OF SERVICE Arme Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
CAUCASOID Caucasique		SINGLE Célibataire		PROTESTANT Protestant
NEGROID Négre		MARRIED Marié		CATHOLIC Catholique
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf		JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le rus		
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)		

MEDICAL STATEMENT Déclaration médicale

CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort.		Seconds to Minutes
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
OTHER SIGNIFICANT CONDITIONS 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
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
ACCIDENT Mort accidentelle		
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	
<input checked="" type="checkbox"/> HOMICIDE Homicide	DATE Date 9 July 2005	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non

DATE OF DEATH (Month, day, month, year) Date du décès (Mois, jour, mois, année) (b)(6) 2005	PLACE OF DEATH Lieu de décès 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 défunct et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.

NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)	TITLE OR DEGREE Titre ou diplôme Medical Examiner
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GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE (b)(6)
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DATE Date 04 Oct 05

1 State disease, injury or complication which caused death
2 State morbidity condition(s) to the death, but not retarding the onset or causing the death
3 Indicate the nature of the morbid, de la blessure ou de la complication qui a conduit à la mort, mais non la manière de mourir, telle qu'un arrêt du cœur, etc
4 Préciser la condition qui a contribué à la mort, mais n'évitez aucun rapport avec la maladie ou à la manière qui a provoqué la mort

DD FORM 1 APR 77 2064

REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.



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: Sweidan, Adnan Mukhlef Swedan

Autopsy No.: (b)(6)

ISN: (b)(6)

AFIP No.: (b)(6)

Date of Birth: Unknown

Rank: Not Applicable

Date of Death: (b)(6) 2005

Place of Death: Theater Internment Facility,
Camp Bucca, Iraq

Date of Autopsy: 22 MAY 2005

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

Date of Report: 14 JUL 2005

Circumstances of Death: This Iraqi detainee presented with difficulty breathing 6 weeks after a sub-total thyroidectomy.

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

Identification: Identification made through the use of his assigned Internment Serial Number.

CAUSE OF DEATH: Complications of Thyroid Surgery

MANNER OF DEATH: Accident

FINAL AUTOPSY DIAGNOSES:

- I. Complications of thyroid surgery**
 - A. Status post left hemithyroidectomy**
 - B. Retained foreign body within the surgical site**
 - C. Penetration of the trachea**
 - D. Occlusion of the trachea from portion of retained foreign body**

- II. Evidence of medical intervention present, including needle puncture marks in both ante-cubital fossae, gauze bandage around the left ante-cubital fossa, and a 1/4" incision on the anterior midline of the neck.**

- III. Mild postmortem changes present**

- IV. Toxicology tests for alcohol and screened drugs of abuse and medications are negative**

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, muscular, 68 inch tall, 141 pounds dark-skinned, Caucasoid male whose appearance is consistent with the reported age range of 30 to 40 years. Lividity is present and fixed on the posterior aspects of the body. Rigor is not present. The body is cold.

The scalp is covered with brown, straight hair of medium length in a normal distribution. The irides are brown, the corneae are hazy, the sclerae are white, and the pupils are round and equal in diameter. The external auditory canals are clear. The ears are unremarkable. Blood is present in the external nares and oral cavity. The lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in good condition.

The neck is straight and the trachea is midline and mobile; an anterior midline 1/4" incision exudes pus when manipulated and an anterior midline 2-1/2" healed scar is below this incision. 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 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 and blood-soaked towel wrapped around the waist

MEDICAL INTERVENTION

- Gauze bandage wrapped around the left arm
- Needle puncture marks in the right and left ante-cubital fossae
- 1/4" incision of the anterior midline of the neck

RADIOGRAPHS

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

EVIDENCE OF INJURY

No significant traumatic injury is identified in the external and internal examinations.

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 1640 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, with mild edema of the strap muscles of the left side. The left lobe of the thyroid is absent and a blood-soaked surgical gauze is present in the area previously occupied by the thyroid lobe. The gauze penetrates into the lumen of the trachea through a 1.5 cm in diameter fistula involving the left lateral aspect of the cricoid cartilage. The gauze occludes the airway. The right thyroid lobe is present and unremarkable. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

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

RESPIRATORY SYSTEM:

The right and left lungs weigh 610 and 590 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 350 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no significant atherosclerosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.1 and 0.4-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 1510 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. On sectioning, there is a 2 cm in diameter smooth-walled cyst with thin, cloudy fluid. The

SWEIDAN, Adnan M.S.

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 190 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 90 and 100 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 10 cc of clear 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 250 ml of mixed solids and fluids. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff.
2. Trace evidence and foreign material are collected and given to investigating authorities.
3. Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, bile, brain, lung, liver, spleen, kidney, adipose, psoas, and gastric contents.
4. The dissected organs are forwarded with body.
5. Personal effects are released to the appropriate mortuary operations representatives.
6. Identifying marks include: scars on the anterior midline of the neck, left shoulder blade (3), and left arm; hyperpigmentation of the left side of the chest; and hypopigmentation of the palm of the left hand.

MICROSCOPIC EXAMINATION

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

OPINION

This Iraqi detainee (b)(6) died of complications from thyroid surgery. He developed hyperthyroidism from a goiter and had a partial thyroidectomy for treatment. A retained surgical sponge penetrated into the lumen of the trachea preventing adequate air exchange and leading to asphyxia. Toxicology tests for alcohol and screened drugs of abuse and medications are negative. The manner of death is accident.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Noms et prénoms) BTB Sweidan, Al Habosi,		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
		DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS État Civil	
CAUCASOID Caucasique		SINGLE Célibataire	
NEGROID Négre		MARRIED Marié	
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf	
		DIVORCED Divorcé	
		SEPARATED Séparé	
		PROTESTANT Protestant	
		CATHOLIC Catholique	
		JEWISH Juif	
		OTHER (Specify) Autre (Spécifier)	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort		Complications from surgery	Days
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitée par des causes extérieures	
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input checked="" type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
SUICIDE Suicide	(b)(6)	DATE Date 22 May 2005	AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
HOMICIDE Homicide	(b)(6)		
DATE OF DEATH (Hour, day, month, year) Date du décès (l'heure, le jour, le mois, l'année) (b)(6) 2005	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 funt 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, Dover DE		
DATE Date 04 OCT 05	(b)(6)		
<small>1 State disease, injury or complication which caused death 2 State conditions contributing to the death, if any noted 3 Proposer la nature de la maladie, de la blessure ou de l'accident 4 Préciser les conditions qui ont contribué à la mort, s'il y a lieu</small>			

FORM DD1 APR 77 2064

REPLACES DA FORM 3566, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0337

ACLU Detainee Death II ARMY MEDCOM 337

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

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

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00



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



AUTOPSY EXAMINATION REPORT

Name: BTR Hachim, Ibrahim M.	Autopsy No.: (b)(6)
Detainee #: (b)(6)	AFIP No.: (b)(6)
Date of Birth: RTR 1950	Rank: Civilian
Date of Death: (b)(6) 2005	Place of Death: Camp Bucca, Iraq
Date of Autopsy: 3 May 2005	Place of Autopsy: Port Mortuary, Dover AFB, DE

Date of Report: 26 May 2005

Circumstances of Death: By report, this approximately 55 year-old civilian detainee at Camp Bucca, Iraq suddenly collapsed while eating breakfast. Medical personnel noticed eggs in the upper airway, which they removed during resuscitation attempts. (b)(6) reported during a medical screening that he was diabetic but by report there was no medical testing to confirm this and he had not received medication. He had apparently not eaten for three days prior to his collapse.

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

Identification: Tentative identification by CID, postmortem fingerprint and dental examinations performed. Sample obtained for DNA analysis.

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

- I. Severe coronary arteriosclerosis
 - A. Left main coronary artery with focal 75% stenosis
 - B. Left anterior descending coronary artery with 80-90% proximal stenosis, 50-75% mid stenoses, and 80% stenosis of the proximal first diagonal branch
 - C. Left circumflex coronary artery with 50% proximal stenosis and focal 75% mid stenosis
 - D. Right coronary artery with 50-80% proximal stenoses, and 50-75% mid and distal stenoses
 - E. Mild atherosclerosis of the coronary ostia
 - F. Moderate-severe atherosclerotic plaque formation of the distal aorta, just proximal to the iliac bifurcation
 - G. Mild cardiomegaly for weight (heart=400 grams, predicted=306 grams)
 - 1. Left ventricle=15 mm in thickness
 - H. Pulmonary edema and congestion (combined weight=1250 grams)
- II. No foreign body within the airway
 - A. Less than 5 ml of granular liquid within the trachea
 - B. Poor dentition
- III. Mild atrophy of the brain
 - A. Brain weight=1260 grams
 - B. Mild ventricular enlargement
- IV. Simple cortical cyst of the right kidney
- V. Multi-nodular thyroid
- VI. Anterior neck dissection negative for trauma
- VII. Posterior thoracic and cervical dissection negative for trauma (bifid spinous processes of the cervical vertebrae)

AUTOPSY REPORT
Hachim, Ibrahim

(b)(6)

3

- VIII. Minor healing abrasions of the anterior right leg and right cheek
- IX. Mild decomposition consisting of cloudy corneae and early green discoloration of the cecum
- X. History of diabetes by self report
 - A. No report of medication administration
 - B. Incomplete medical records
- XI. Toxicology negative

EXTERNAL EXAMINATION

The body is that of a thin, 69 inch, 150 pound elderly male whose appearance is consistent with the reported age of 55 years. Lividity is red-purple, posterior, and fixed. Rigor is easily broken.

The scalp is covered with short, gray-black hair in a normal distribution. Corneal clouding obscures the irides. The conjunctivae and sclera are markedly injected, however, there are no petechiae. There are bilateral earlobe creases (Frank's sign). The external auditory canals are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear in severe disrepair with absence of the majority of the upper dentition. There are no foreign bodies within the oropharynx.

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 body is received nude at the time of autopsy.

MEDICAL INTERVENTION

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

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates no fractures or radiopaque foreign bodies.

EVIDENCE OF INJURY

On the right cheek is a small red abrasion and on the lower right leg near the ankle are several small healing red abrasions.

Dissection of the back and buttocks reveal no contusions.

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 1260 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 mildly enlarged. 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.

Hachim, Ibrahim**NECK:**

Layer-wise dissection of the neck 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 nodular and red-brown without cystic 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 posterior cervical spine fractures. There is no hemorrhage or laxity of the spinal ligaments. The cervical spinous processes are bifid.

BODY CAVITIES:

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

RESPIRATORY SYSTEM:

The right and left lungs weigh 670 and 580 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present. The mainstem bronchi and branches are free of obstruction.

CARDIOVASCULAR SYSTEM:

The 400 gm heart (predicted=306 grams for weight) 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 mild atherosclerosis of the coronary ostia. The left main coronary artery has a focal 75% stenosis. The left anterior descending coronary artery has an 80-90% proximal stenosis, 50-75% mid stenoses, and an 80% stenosis of the proximal portion of the first diagonal branch. The left circumflex coronary artery has a 50% proximal stenosis and a focal 75% mid stenosis. The right coronary artery has 50-80% proximal stenoses and 50-75% mid and distal stenoses. 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 0.5-cm thick, respectively. The septum measures 1.8-cm in thickness. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. There is severe calcific plaque formation of the distal aorta slightly proximal to the iliac bifurcation. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1530 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

Hachim, Ibrahim

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.

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.

GENTOURINARY SYSTEM:

The right and left kidneys weigh 190 and 220 gm, respectively. There is a simple cortical cyst of the right kidney. Otherwise, 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 10 ml of cloudy yellow urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 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 AFMES photographers
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, urine, spleen, liver, lung, kidney, brain, bile, gastric, adipose and psoas
- The dissected organs are forwarded with the body
- Personal effects are released to the appropriate mortuary operations representatives

AUTOPSY REPORT (b)(6)

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Hachim, Ibrahim

MICROSCOPIC EXAMINATION

Coronary arteries: Sections show atheromatous stenoses corresponding with the gross impression.

Myocardium: Sections show a mild increase in perivascular and interstitial fibrosis. No acute ischemic changes are noted microscopically.

Lungs: Sections show vascular congestion and atelectasis.

Liver: Section shows mild increase in periportal fibrosis and focal periportal chronic inflammation

Kidney: Nodular Kimmelstiel-Wilson lesions are not noted. There is no inflammatory infiltrate.

TOXICOLOGY

Toxicologic analysis of blood was negative for carbon monoxide, cyanide, ethanol, and drugs of abuse.

VITREOUS

Glucose was reported as less than 10 mg/dL.

OPINION

This elderly male civilian detainee died of severe arteriosclerotic coronary artery disease (hardening and blockage of the blood vessels supplying blood to the heart).

Microscopic sections of the heart showed the blockages of the arteries and evidence of chronic myocardial ischemia. Toxicology was negative for ethanol and drugs of abuse. Carbon monoxide and cyanide were not detected.

Vitreous glucose was reported as less than 10 mg/dL, consistent with a long interval from death to time of testing.

Detailed examination of the internal organs as well as dissection of the back, anterior neck, and posterior neck did not reveal occult trauma.

Sudden collapse due to arteriosclerotic coronary artery disease is common and is frequently the initial presentation of underlying heart disease. The finding of food within the mouth at the time of the collapse is felt to be secondary to the collapse and not causal. There were no food particles impacted within the airway at the time of autopsy. Severe coronary artery disease and chronic ischemic changes of the heart were noted by visual and microscopic examination.

The manner of death is natural.

(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
HACHIM, IBRAHIM MOHAMAD (b)(6)

SSAN: Autopsy: (b)(6)

Toxicology Accession #: (b)(6)
Date Report Generated: May 12, 2005

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: Date Received: 5/10/2005

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

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

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 **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.

(b)(6)

Office of the Armed Forces Medical Examiner

(b)(6)

Office of the Armed Forces Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Hachim, Ibrahim, Mohamad		GRADE Grade	BRANCH OF SERVICE Armée Civilian
ORGANIZATION Organisation		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1950
RACE Race		MARITAL STATUS État Civil	RELIGION Confession
<input checked="" type="checkbox"/> CAUCASOID Causasique	<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
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 complet)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only once cause par ligne) 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			Arteriosclerotic Cardiovascular Disease (ASCVD)
ANTECEDENT CAUSES Symptômes précurseurs de la mort.			MORBIID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition mortelle, 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)		
<input type="checkbox"/> HOMICIDE Homicide	(b)(6)		DATE Date 03 May 2005
DATE OF DEATH (Hour, day, month, year) Date du décès (l'heure, le jour, le mois, l'année) (b)(6) 2005		PLACE OF DEATH Lieu de décès Iraq	
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunct et conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin		DEGREE Titre ou diplôme Medical Examiner	
GRADE Grade (b)(6)		INSTALLATION OR ADDRESS Installation ou adresse DOWRY AFB DE 10002 (b)(6)	
DATE Date 3 MAY 2005			
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, mais n'ayant aucun rapport avec la maladie ou la blessure qui a provoqué la mort. ² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la blessure qui a provoqué la mort.			

DD FORM 2064
1 APR 77

REPLACES DA FORM 2064, 1 JAN 73 AND DA FORM 2064-R(PAS), 24 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0348

ACLU Detainee Death II ARMY MEDCOM 348



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: BTB Kadr, Mohammed M.

Detainee Number: (b)(6)

Date of Birth: (b)(6) 1976

Date of Death: (b)(6) 2005

Date of Autopsy: 3 MAY 2005

Date of Report: 24 MAY 2005

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Civilian/Detainee

Place of Death: Iraq

Place of Autopsy: Port Mortuary,
Dover AFB, DE

Circumstances of Death: This 29-year-old Iraqi male was killed during an altercation at the Camp Bucca, Iraq detainee facility. According to the investigative information available, a fight had broken out between two groups of inmates.

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

Identification: Presumptive identification is accomplished via accompanying paperwork and the detainee identification number provided. A postmortem dental examination and fingerprinting is performed and a DNA sample is taken during the autopsy, but antemortem specimens are not available for comparison.

CAUSE OF DEATH: Blunt Force Injuries of the Head and Sharp Force Injuries of the Neck

MANNER OF DEATH: Homicide

FINAL AUTOPSY DIAGNOSES:

I. Blunt Force Injuries

A. Injuries of the Head

1. Deep stellate laceration of the scalp, with underlying comminuted fracture of the calvarium
2. Two linear lacerations of the scalp that extend to the skull
3. Multiple lacerations of the face
4. Comminuted fractures of the basilar skull, with lacerations of the inferior aspect of the brain and subarachnoid hemorrhage
5. Laceration over the left eye, associated with fractures of the left orbit and left zygomatic bone
6. Comminuted fracture of the left maxilla; lacerations of the alveolar tissue above teeth 9 and 10
7. Fracture of the mandible, associated with separation between teeth 24 and 25
8. Laceration/avulsion of the helix and lobe of the left ear

B. Injuries of the Torso

1. Large, horizontal abraded-contusions across the lower chest and upper abdomen
2. Multiple large contusions and abraded-contusions of the right upper chest, back, right flank, and right buttock
3. Multiple small contusions, abrasions, and contused-abrasions of the torso

C. Injuries of the Extremities

1. Multiple abrasions, contusions, and contused-abrasions of the upper extremities, becoming confluent in some locations
2. Multiple abrasions, contusions, and contused-abrasions of the lower extremities, becoming confluent in some locations

II. Sharp Force Injuries

- A. Penetrating wound (stab wound) of the upper, lateral, left side of the neck through skin, subcutaneous tissue, and muscle (situated 7 ¼-inches below the top of the head and 6-inches left of the anterior midline; irregular 5/16-inch puncture wound)
- B. Penetrating wound (stab wound) of the lower, anterior-lateral, left side of the neck through skin, subcutaneous tissue, and muscle, with transection of the external jugular vein (situated 10-inches below the top of the head and 1 ¼-inches left of the anterior midline; ¼-inch puncture wound)

- C. Penetrating wound (stab wound) of the chin, through skin, subcutaneous tissue and muscle (situated 9 ½-inches below the top of the head and 1 ½-inches left of the anterior midline; 15/16 x ¼-inch curvilinear avulsion of skin and soft tissue)
 - D. Superficial cutting wound (1-inch in length) of the palm of the right hand
- II. Atherosclerotic cardiovascular disease, focally moderate
 - III. Prominent steatosis of the liver
 - IV. Toxicology is negative for screened drugs of abuse, ethanol, and cyanide. The carboxyhemoglobin level is 4 percent.

EXTERNAL EXAMINATION

The remains are received clad only in blue shorts. A ball cap accompanies the body. The body is that of a well-developed, well-nourished appearing, 66-inches, 170-pounds male, whose appearance is consistent with the reported age of 29 years. Lividity is fixed on the posterior surface of the body, except in areas exposed to pressure. Rigor is present but passing and there are signs of early decomposition changes, including patchy blue-green discoloration of soft tissue and marbling. The body temperature is that of the refrigeration unit.

The scalp is covered by long (averages 7-inches), black hair. The corneae are cloudy. The sclerae are unremarkable, without petechial hemorrhages. The irides are brown and the pupils are round and equal in diameter. The head and face are remarkable for injuries that will be described. The teeth are natural and in fair condition, with injuries that will be described. Facial hair consists of a black mustache and beard stubble.

The neck is mobile and the trachea is midline. The chest is symmetric. The abdomen is scaphoid. 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 remarkable only for injuries that will be described.

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are intact. Identifying body marks include two circular areas of atrophic skin, each averaging 1 ¼-inches in diameter, on the posterior left leg and on the right lower back/flank. (b)(6) tattoo (b)(6)
(b)(6)

MEDICAL INTERVENTION

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

RADIOGRAPHS

Total body postmortem radiographs are obtained and demonstrate the injuries as described and no recoverable metallic foreign objects.

EVIDENCE OF INJURY

I. Multiple Blunt Force Injuries

A. Injuries of the Head and Neck

There is a 1 ¼-inch laceration on the left side of the forehead, above the left eye, that extends to underlying skull. A ½-inch laceration is over the right eye and inferior to the eyebrow. There is marked periorbital ecchymosis. A 1 ¼ x ½-inch abrasion is on the lower left side of the face with a small, irregular laceration of the adjacent upper lip and an additional ¼-inch laceration lateral to the abrasion. The skin above the upper lip is abraded. Three lacerations are on the occiput and top of the head. The largest is a 4 ¼ x 2 ½-inch stellate wound. The other wounds are two linear lacerations, 3-inches and 1 ½-inches in length. A 1 ½-inch jagged laceration has resulted in avulsive loss of part of the helix of the left ear. There is a 1 ¼-inch laceration involving the lower left ear that extends through the earlobe. Fractures of

the left orbit and left zygomatic bone are noted. Comminuted fractures of the left maxilla are associated with lacerations of alveolar tissue above teeth 9 and 10. There is a displaced fracture of the mandible associated with separation between teeth 24 and 25. Reflection of the scalp reveals a 2 ½ x 2-inch area of subgaleal hemorrhage over the right temporal area and subgaleal hemorrhage covering the entire left temporal-parietal area. There is a ¼-inch laceration of the buccal aspect of the lower lip. Comminuted fractures involve both anterior fossae of the basilar skull, particularly on the left. There are fractures involving the right sphenoid wing and the left petrous ridge along with disruption of the sella area.

B. Injuries of the Torso

There is a 8 x 1 ½-inch pattern contusion on the right upper chest. A ¼-inch abrasion is on the mid upper chest/lower neck. There is a 3 x 1/8-inch abrasion on the left side of the chest. Inferior to that is a large area consisting of multiple punctate, superficial penetrating wounds and small abrasions. Three horizontally oriented, pattern contused-abrasions, each 8 x 1 ¼-inches, are on lower chest and abdomen. A 6 x 3-inch contused-abrasion is on the left upper back. There is a 1 ½ x 1/8-inch abrasion on the posterior right shoulder. A 1 ½ x 1-inch abrasion is on the right upper back. There is a 4 ½ x 4-inch contusion on the mid back, left of the posterior midline. A 7 ½ x 5-inch purple-red contusion is on the right mid back. There is a 6 x 4-inch contusion on the right lower back. A 3 ½ x 2-inch abraded-contusion is on the lower back, left of the posterior midline. Three contusions, up to 3 x ¾-inches in greatest dimensions, are on the right buttock. A 2 x 1-inch contusion is on the lateral left hip.

C. Injuries of the Extremities

There is a 3 ½ x 2-inch area of purple ecchymosis over the anterior right wrist. Multiple linear abraded-contusions, up to 2 ¼ x ½-inches in greatest dimensions, are on the posterior-lateral right arm. A 4 ½ x 2-inch abraded-contusion covers the posterior aspect of the right elbow. Two 1-inch contusions are on the posterior aspect of the right forearm. There is a 2 x 2 ½-inch contusion on the dorsal right hand. Nearly the entire anterior-lateral aspect of the left upper extremity is covered by ecchymosis. A 5 x 3-inch contusion is on the proximal, lateral left arm. Multiple small abrasions, up to ½-inch in greatest dimension, are on the posterior right upper extremity. Two abrasions, 1 ½ x ½-inches and ½ x ¼-inch, are on the posterior aspect of the right forearm.

Two abrasions and one abraded-contusion, up to 3 x 3-inches in greatest dimensions, are on the anterior aspect of the right lower extremity, beginning just above the knee. A 5 x 2-inch area of ecchymosis is on the lateral right thigh. There is a 3 x 2-inch contusion on the medial aspect of the left knee. Scattered small abrasions are on the anterior left leg. There is a 5 x 1 ½-inch contused-abrasion on that covers the left medial malleolus and adjacent areas of the left foot. A 3 x ½-inch abrasion is on the posterior-lateral left knee. There is a 2 x ½-inch abrasion on the proximal, posterior-lateral left leg.

II. Sharp Force Injuries

A. Stab Wound of the Upper, Lateral Left Side of the Neck

There is an irregular stab wound to the upper, lateral, left side of the neck, situated 7 ¼-inches below the top of the head and 6-inches left of the anterior midline. The 5/16-inch puncture wound goes through skin, subcutaneous tissue, and muscle to a depth of approximately ¼-inch, without a distinct sharp or dull margin. The wound path is directed left to right and slightly front to back.

B. Stab Wound of the Lower, Anterior-Lateral, Left Side of the Neck

There is an irregular stab wound to the lower, anterior-lateral, left side of the neck, situated 10-inches below the top of the head and 1 ¾-inches left of the anterior midline. The ¼-inch puncture wound goes through skin, subcutaneous tissue, and muscle to a depth of approximately 1-inch, with transection of the external jugular vein. There is associated hemorrhage into the adjacent strap muscles of the left side of the neck. No sharp or dull margin can be appreciated. The wound path is directed left to right and slightly front to back.

C. Stab Wound of the Chin,

There is an irregular stab wound to the chin, situated 9 ½-inches below the top of the head and 1 ½-inches left of the anterior midline. The wound is a 15/16 x ¼-inch curvilinear avulsion of skin and subcutaneous tissue only.

D. Cutting Wound of the Right Hand

There is a superficial cutting wound on the palm of the right hand that is 1-inch in length and goes through skin and superficial subcutaneous tissue only

INTERNAL EXAMINATION

HEAD:

The scalp, skull and brain have the previously described injuries. The brain weighs 1340-grams. No non-traumatic abnormalities are noted. The atlanto-occipital joint is stable.

NECK:

The strap muscles of the anterior neck are homogenous and red-brown, with the previously described area of hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The tongue has no contusions or other injuries.

BODY CAVITIES:

The sternum, and vertebral bodies are visibly and palpably intact. The rib injuries have been previously described. There is no excess accumulation of fluid in the left pleural or pericardial cavities. The organs occupy their usual anatomic positions.

BTB Kadr, Mohammed M.

RESPIRATORY SYSTEM:

The right and left lungs weigh 570 and 410-grams, respectively, and are diffusely congested. The external surfaces are deep red-purple, with moderate anthracotic mottling. Sectioning reveals no mass lesions or areas of consolidation present. The pulmonary arteries are unremarkable.

CARDIOVASCULAR SYSTEM:

The 340-gram heart is contained in an intact pericardial sac. The epicardial surface has minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. There is 50% luminal narrowing of the proximal left anterior descending coronary artery and 40% luminal narrowing of the left circumflex coronary artery. The right coronary artery is free of significant atherosclerosis. The thicknesses of the left ventricle, septum, and right ventricle are 1.2, 1.1, and 0.4-centimeters, respectively. Sectioning of the heart reveals normal appearing myocardium, chambers, and heart valves. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 2510-gram liver is intact. The parenchyma is yellow-tan, greasy, and congested with the usual lobular architecture. No mass lesions or other non-traumatic abnormalities are noted. The gallbladder contains 2-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 90-gram spleen is uninjured. The parenchyma is maroon, firm, and slightly congested.

PANCREAS:

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

ADRENAL GLANDS:

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

GENITOURINARY SYSTEM:

The right and left kidneys weigh 120 and 130-grams, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and slightly congested, with uniformly thick cortices and distinct corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The urinary bladder contains 80-milliliters of light 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.

Autopsy (b)(6)

BTB Kadr, Mohammed M.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, gray-white mucosa. The gastric wall is intact. The stomach lumen contains 550-milliliters of partially digested food. 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.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by OAFME staff photographers
- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, spleen, liver, brain, lung, bile, kidney, urine, adipose tissue, gastric contents, and psoas muscle
- Full body radiographs are obtained and demonstrate the injuries as described
- Selected portions of organs are retained in formalin, without preparation of histologic slides
- The dissected organs are forwarded with the body
- Personal effects are released to the mortuary affairs representative

OPINION

This Iraqi male detainee died as a result of blunt force injuries of the head and sharp force injuries of the neck sustained in a fight with other detainees at Camp Bucca. In addition to the lethal injuries, he sustained multiple blunt force injuries of the torso and extremities. Toxicology was negative for screened drugs of abuse, ethanol, and cyanide. Carboxyhemoglobin levels were not elevated. The manner of death is homicide.

(b)(6)

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



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

REPLY TO
ATTENTION OF

AFIP- (b)(6)

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

KADR, MOHAMMED (b)(6)

SSAN:

Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: May 12, 2005

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident (b)(6) 2005

Date Received: 5/10/2005

CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was 4% as determined by spectrophotometry with a limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.

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

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 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.

(b)(6)

Office of the Armed Forces Medical Examiner

(b)(6)

Office of the Armed Forces Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)					
NAME OF DECEASED (Last, First, Middle) <i>Nom du défunt (Nom et prénoms)</i> BTB Kadr, Mohammed		GRADE <i>Grade</i>	BRANCH OF SERVICE <i>Armée</i> Civilian	SOCIAL SECURITY NUMBER <i>Numéro de Sécurité Sociale</i> (b)(6)	
ORGANIZATION <i>Organisation</i> Iraqi Detainee		NATION (e.g., United States) <i>Pays</i> Iraq	DATE OF BIRTH <i>Date de naissance</i> (b)(6) 1976	SEX <i>Sexe</i> <input checked="" type="checkbox"/> MALE <i>Mâle</i> <input type="checkbox"/> FEMALE <i>Femelle</i>	
RACE <i>Race</i>		MARITAL STATUS <i>État Civil</i>		RELIGION <i>Culte</i>	
<input checked="" type="checkbox"/> CAUCASIAN <i>Caucasien</i>		<input type="checkbox"/> SINGLE <i>Célibataire</i>		<input type="checkbox"/> PROTESTANT <i>Protestant</i>	
<input type="checkbox"/> NEGROID <i>NégrOide</i>		<input type="checkbox"/> DIVORCED <i>Divorcé</i>			<input type="checkbox"/> CATHOLIC <i>Catholique</i>
<input type="checkbox"/> OTHER (Specify) <i>Autre (Spécifier)</i>		<input type="checkbox"/> MARRIED <i>Marié</i>			<input type="checkbox"/> JEWISH <i>Juif</i>
<input type="checkbox"/> WINDOWED <i>Veuf</i>		<input type="checkbox"/> SEPARATED <i>Divorcé</i>			
NAME OF NEXT OF KIN <i>Nom du plus proche parent</i>		RELATIONSHIP TO DECEASED <i>Parenté du défunt avec le défunt</i>			
STREET ADDRESS <i>Rue/adresse (Rue)</i>		CITY OR TOWN AND STATE (Include ZIP Code) <i>Ville (Code postal complet)</i>			
MEDICAL STATEMENT <i>Déclaration médicale</i>					
CAUSE OF DEATH <i>Raison principale de la mort</i> <i>Cause du décès (N'oubliez pas d'être précis)</i>			INTERVIEW, BETWEEN, DECEASED AND DEATH <i>Entretien entre le défunt et le décès</i>		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ <i>Maladie ou condition directement responsable de la mort¹</i>		Blunt force injuries of the head & sharp force injuries of the neck		Seconds	
ANTECEDENT CAUSES <i>Symptômes précédant la mort</i>	ACUTE CONDITION, IF ANY, LEADING TO PRIMARY CAUSE <i>Condition aiguë, s'il y a lieu, menant à la cause principale</i>				
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE <i>Raison fondamentale, s'il y a lieu, ayant suscité la cause principale</i>				
OTHER SIGNIFICANT CONTRIBUTORS ² <i>Autres conditions significatives²</i>					
MODE OF DEATH <i>Condition de décès</i>	AUTOPSY PERFORMED <i>Autopsie effectuée</i> <input checked="" type="checkbox"/> YES <i>Oui</i> <input type="checkbox"/> NO <i>Non</i>	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES <i>Circstances de la mort associées aux causes externes</i>			
NATURAL <i>Mort naturelle</i>	MAJOR FINDINGS OF AUTOPSY <i>Conclusions principales de l'autopsie</i>				
ACCIDENT <i>Mort accidentelle</i>					
SUICIDE <i>Meurtre</i>	NAME OF FATHER OF SUICIDE <i>Nom du père du suicidé</i> (b)(6)				
<input checked="" type="checkbox"/> HOMICIDE <i>Meurtre</i>	(b)(6)	DATE <i>Date</i> 03 May 2005	AVIATION ACCIDENT <i>Accident d'Aviation</i> <input type="checkbox"/> YES <i>Oui</i> <input checked="" type="checkbox"/> NO <i>Non</i>		
DATE OF DEATH <i>Heure, jour, mois, année</i> <i>Date du décès (Heure, jour, mois, année)</i> (b)(6) 2005		PLACE OF DEATH <i>Lieu de décès</i> Iraq			
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE <i>J'ai examiné les restes mortels du défunt et constaté que le décès est survenu à l'heure indiquée et à, et suite aux causes énumérées ci-dessus.</i>					
NAME OF MEDICAL OFFICER <i>Nom du médecin militaire ou du médecin militaire</i> (b)(6)		TITLE OR DEGREE <i>Titre ou diplôme</i> Medical Examiner			
GRADE <i>Grade</i> (b)(6)	INSTALLATION OR ADDRESS <i>Installation ou adresse</i> Dover AFB, DE 19002				
DATE <i>Date</i> 3 MAY 2005	(b)(6)				
¹ State disease, injury or complication which ² State conditions contributing to the death, if present in nature or in nature, or in age ³ Indicate if condition is a contributor to the death <i>Indiquer les conditions qui contribuent à la mort</i>					

DD FORM 1 APR 77 2064

REPLACES DA FORM 1365, 1 JAN 72 AND DA FORM 2648-R (PAS), 26 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0358

ACLU Detainee Death II ARMY MEDCOM 358

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

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE 5/3/2005	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and County)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

MEDCOM 0359

ACLU Detainee Death II ARMY MEDCOM 359



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
1-800-774-8427



AUTOPSY EXAMINATION REPORT

Name: BTB Ahmed, Raad Hikmet
Capture Tag No. (b)(6)
Date of Birth: Unknown
Date of Death: (b)(6) 2005
Date of Autopsy: 26 MAR 2005
Date of Report: 24 OCT 2005

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

Circumstances of Death: This male Iraqi civilian was reportedly detained by Iraqi Police after coming to the police to report he and another detainee had been kidnapped and beaten up by a rival clan. The surviving detainee stated the Iraqi police physically assaulted the pair. The decedent and his associate were taken by US forces to Camp Charlie, which is controlled by Polish forces. The decedent was under Polish medical care receiving treatment for his injuries when he was pronounced deceased on (b)(6) 2005. The treatment for the injuries reportedly included intravenous fluids and antibiotics. The circumstances immediately preceding the decedent's death are still uncertain but may have included the removal of the intravenous catheters by the decedent. Polish authorities are not providing any additional information to US investigators.

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

Identification: Identification is presumptive based on capture tag number.

CAUSE OF DEATH: Undetermined

MANNER OF DEATH: Undetermined

FINAL AUTOPSY DIAGNOSES:

I. Blunt Force Injuries

A. Injuries of the Head

1. A 1.3 x 0.4 cm laceration on the vertex of the scalp.
2. A 6.0 x 2.3 cm subgaleal ecchymosis of the midline of the superior posterior parietal scalp
3. Patchy ecchymoses of the frontal scalp
4. Bilateral ecchymoses of the anterior strap muscles of the neck to the depth of the thyroid gland
5. Superficial ecchymosis of the thymus

B. Injuries of the Torso

1. A 4.5 x 3.5 cm ecchymosis over the anterior surface of the right acromion
2. Contusions of the left fifth and sixth intercostal spaces
3. A 8.0 x 7.0 cm contusion of the left lower quadrant of the abdomen that overlies a 10.0 x 8.0 cm contusion of the oblique muscles of the left lower quadrant of the abdomen
4. A 11.5 x 7.0 cm contusion of the right lower quadrant of the abdomen within an area of skin slippage
5. A 7.0 x 6.0 cm superficial contusion of the anterior surface of the upper lobe of the left lung
6. A 5.0 x 4.0 cm contusion of the lateral surface of the lower lobe of the right lung with yellow central portion.
7. Bilateral hemothorax (right 600 ml and left 50 ml)
8. An approximately 9.0 x 6.0 cm contusion of the right scapular area at the posterior surface of the ribs and a 7.0 x 6.0 cm area of contusion on the left scapular area at the posterior surface of the ribs
9. A 2.1 x 1.0 cm crusted area on the left flank

C. Injuries of the Extremities

1. A 5.0 x 2.5 cm area of abrasions on the lateral surface of the left forearm
2. A 3.8 x 0.4 cm crusted abrasion on the left knee

II. Other Injuries

1. A 23.7 x 19.8 cm area of discolored denuded skin with erythematous base and crust formation on the right scapula, consistent with healing burns of varying severity
2. A 22.1 x 9.6 cm area of discolored denuded skin with erythematous base and crust formation on the left scapula, consistent with healing burns of varying severity
3. A 15.1 x 1.5 cm linear area of denuded skin on the left scapula

immediately inferior and lateral the above area, consistent with a patterned burn

4. A 15 x 5 cm area of scattered crusted abrasions on the central mid back
5. Crusted abrasions on the medial and lateral surfaces of the left wrist
6. Crusted abrasions of the medial, lateral and posterior surfaces of the right wrist
7. Superficial patterned abrasion of the medial right ankle
8. Two- 0.2 x 0.2 cm round abrasions with erythematous base that are 1.9 cm apart on the right palm, possible patterned injury
9. Ecchymoses of the posterior surface of the right upper arm, the right lower leg, the left lower leg and the right ankle are areas of purple discoloration that range in size from 2.5 x 1.5 cm to 7.0 x 3.0 cm.

III. Medical Intervention (possible resuscitation artifacts)

1. A 23.4 x 17.1 cm area of red/purple discolorations with multiple superimposed rectangular abrasions on the left chest.
2. A 9.5 x 8.5 cm rectangular abrasion on the right chest
3. Separation of the right 3rd-5th ribs from the costal cartilage, no associated ecchymoses
4. Separation of the left 3rd and 4th ribs from the costal cartilage, no associated ecchymoses
5. Fracture of the anterior aspect of the right and left second ribs, immediately lateral to the insertion into the costal cartilage
6. Puncture marks in the antecubital fossae (two in right, one in left)

IV. Identifying marks

- | | | | |
|----|-------------------------------------|---------|--------|
| 1. | (b)(6) | tattoo | (b)(6) |
| 2. | | tattoo | |
| 3. | | tattoo | |
| | (b)(6) | | |
| 4. | (b)(6) | tattoos | (b)(6) |
| | (b)(6) | | |
| 5. | (b)(6) | tattoos | (b)(6) |
| | (b)(6) | | |
| 6. | A horizontal scar on the right knee | | |

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

VI. Mild decomposition

- VII. Cardiovascular pathology consultation
"Diagnosis: (b)(6) ; Heart: Focal subendocardial contraction band necrosis and myocyte necrosis with associated mixed chronic inflammatory infiltrate consisting of macrophages and lymphocytes"
- VIII. Neuropathology consultation
"Diagnosis: (b)(6) Brain, postmortem: Patchy acute neuronal injury. Autolysis with focal bacterial overgrowth"
- IX. Toxicology is negative for ethanol and screened drugs of abuse.
- X. Vitreous electrolytes are consistent with decomposition.

EXTERNAL EXAMINATION

The body is that of a well-developed well-nourished appearing 70 ½ inch long, 208 pound Iraqi male civilian. His age appears to be 30-40 years. Lividity is fixed posteriorly with pressure bearing area pallor. Rigor is waning and easily broken in the extremities. There is mild decomposition changes of the remains that include discoloration of the skin of the face, chest and back, marbling of the arms and areas of skin slippage on the neck, right shoulder, right abdominal wall and left thigh.

The scalp is covered with dark brown to black hair in a normal distribution. The irides are brown and the pupils are round and equal in diameter. The conjunctivae are congested but free of any petechiae. The external auditory canals are free of abnormal secretions. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The frenula of the lips are intact. The teeth appear natural and in fair repair. The facial hair consists of a black beard and mustache.

An approximately 24 x 17 cm area of skin slippage and vesicle formation is on the right side of the neck and a 16 x 8 cm area of skin slippage and vesicle formation is on the left and anterior surface of the neck. A 21 x 16 cm area of skin slippage and vesicle formation is on the upper right chest. Each of these areas are consistent with decomposition.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is flat. The genitalia are those of a normal circumcised adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The right buttock has a 14 x 6 cm area of small-cratered scars and the left buttock has a 10 x 10 cm area of small-cratered scars. A pilonidal cyst is at the proximal tip of the natal cleft. The anus is unremarkable.

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

Identifying marks include (b)(6) tattoo (b)(6)
(b)(6) tattoo (b)(6)

(b)(6)			
(b)(6)	tattoos	(b)(6)	tattoo (b)(6)
(b)(6)	A horizontal scar is on the right knee.		

CLOTHING AND PERSONAL EFFECTS

The body is received with a pair of navy blue shorts with the label "G-AMMA" on the right front pocket. The right buttock of the shorts is mud covered.

MEDICAL INTERVENTION

1. A 23.4 x 17.1 cm area of red/purple discolorations with multiple superimposed rectangular abrasions on the left chest.
2. A 9.5 x 8.5 cm rectangular abrasion on the right chest
3. Separation of the right 3rd through 5th ribs from the costal cartilage, no associated ecchymoses
4. Separation of the left 3rd and 4th ribs from the costal cartilage, no associated ecchymoses
5. Fracture of the anterior aspect of the right and left second ribs, immediately lateral to the insertion into the costal cartilage
6. Puncture marks in the antecubital fossae (two in right, one in left)

The above described injuries are consistent with attempted cardiopulmonary resuscitation including electrical defibrillation.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates neither long bone fractures nor any foreign bodies.

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.

Injuries of the Head:

On the vertex (top) of the head is a 1.3 x 0.4 cm laceration. A 6.0 x 2.3 cm subgaleal ecchymosis is in the midline of the superior posterior parietal scalp and there are scattered ecchymoses of the frontal scalp.

Anterior neck dissection reveals bilateral ecchymoses of the anterior strap muscles that penetrate down to the level of the thyroid gland. There are superficial ecchymoses of the thymus gland. Posterior neck dissection reveals congestion of the muscles consistent with livor mortis and no ecchymoses.

Injuries of the Torso:

On the left abdominal wall is an 8 x 7 cm red-green contusion that overlies a 10 x 8 cm contusion of the oblique muscles of the left lower quadrant of the abdomen. In the right lower quadrant of the abdomen is an 11.5 x 7.0 cm contusion that is within a 23 x 17 cm

area of skin slippage. On the medial aspect of this contusion and outside the skin slippage is a 12 x 7 cm geometric shaped blue-black area.

A 23.7 x 19.8 cm area of discolored denuded skin with erythematous base and crust formation is on the right scapular area and a 22.1 x 9.6 cm area of discolored denuded skin with erythematous base and crust formation is on the left scapular area. Within the left scapular area is a 3.8 x 1.5 cm crusted patterned injury (rectangle). Immediately inferior and lateral to the area on the left scapula is a 15.1 x 1.5 cm linear area of denuded skin. These injuries are consistent with burns of varying severity in various stages of healing.

A 15 x 5 cm area of crusted abrasions is on the central back and a 2.1 x 1.0 cm crusted area of abrasion is on the left flank.

Internal examination reveals a 4.5 x 3.5 cm ecchymosis over the anterior surface of the right acromion and contusions of the left fifth and sixth ribs. A 7.0 x 6.0 cm superficial contusion is on the upper lobe of the left lung and a resolving 5.0 x 4.0 cm contusion is on the lateral surface of the lower lobe of the right lung. There is a 600 ml hemothorax on the right side and 50 ml on the left. Lateral to the large skin burns of the scapular areas are a 9.0 x 6.0 cm contusion of the right side that extends to the posterior surfaces of the ribs and a 7.0 x 6.0 cm contusion on the left side that also extends to posterior surfaces of the ribs.

Injuries of the Extremities

A 5.0 x 2.5 cm area of brush abrasions is on the lateral surface of the left forearm. Multiple crusted linear abrasions are on the medial and lateral surfaces of the left wrist and the medial, lateral and posterior surfaces of the right wrist. On the right palm are two 0.2 x 0.2 cm round abrasions that have erythematous bases and are 1.9 cm apart, representing a possible patterned injury. A 3.8 x 0.4 cm crusted abrasion is on the left knee and there is a superficial patterned abrasion on the medial right ankle.

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 1550 gm brain, which has unremarkable gyri and sulci. The brain is submitted for Neuropathology consultation (see report below). There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown. The posterior neck muscles are congested and there are no cervical spine fractures. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

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

RESPIRATORY SYSTEM:

The right and left lungs weigh 720 and 690 gm, respectively. Except where noted above, the external surfaces are smooth and deep red-purple. The pulmonary parenchyma is congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 420 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 atherosclerosis. The myocardium is homogenous, red-brown, and firm. The heart is submitted for Cardiovascular Pathology consultation (see report below).

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

LIVER & BILIARY SYSTEM:

The 2160 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is soft, 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 gallbladder mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

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

PANCREAS:

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

ADRENALS:

The right and left adrenal glands are autolyzed. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 250 and 280 gm, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and edematous, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains scant 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 30 ml of brown liquid. 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 an OAFME photographer.
- Trace evidence and foreign material is not collected
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood (cardiac), kidney, spleen, lung, liver, bile, gastric contents, adipose tissue and psoas muscle
- The dissected organs are forwarded with body
- Personal effects are released to the appropriate mortuary operations representatives

Cardiovascular Pathology Consultation (Department of Cardiovascular Pathology, AFIP, Washington DC):

“DIAGNOSIS: (b)(6) **Heart: Focal subendocardial contraction band necrosis and myocyte necrosis with associated mixed chronic inflammatory infiltrate consisting of macrophages and lymphocytes.**”

Clinical History: This male Iraqi civilian, age estimated at 25-40 years, was taken into US custody at Camp Charlie, Iraq on 3/19/05; he was pronounced deceased on (b)(6) 05; the circumstances of his death are under investigation.

Heart: 397 grams; normal epicardial fat; closed foramen ovale; left ventricular cavity diameter 2.8 cm, left ventricular free wall thickness 1.6 cm; ventricular septum thickness 1.5 cm; right ventricle thickness 0.4 cm, without gross scars or abnormal fat infiltrates; grossly unremarkable valves and endocardium; no gross myocardial fibrosis or necrosis; histologic sections show focal contraction band necrosis and myocyte necrosis with associated macrophage and lymphocytic infiltrates, predominantly in the subendocardium and interstitium.

Coronary arteries; normal ostia; right dominance; no gross coronary atherosclerosis

Comment: The cause and circumstances of the patient's initial collapse are unclear. The submitted clinical history indicates that the decedent may have received antemortem application of electrical current. We cannot rule out the possibility that electrical injury may have led to a ventricular arrhythmia if the clinical history is substantiated. There is no coronary disease to suggest an ischemic event. The subendocardial contraction band necrosis and mixed chronic inflammatory cell infiltrates are suggestive of catecholamine-induced injury that may be seen in the setting of resuscitation”.

BTB Ahmed, Raad Hikmet

Signed by (b)(6) Cardiovascular Pathologist on May 4, 2005 (original signature on file)

Neuropathology Consultation (Department of Neuropathology and Ophthalmic Pathology, AFIP, Washington DC):

(b)(6) Brain, postmortem: Patchy acute neuronal injury. Autolysis with focal bacterial overgrowth.

We examined the 1535-gram formalin fixed brain submitted in reference to this case. A small piece of the falx cerebri is included with the brain. This dura is without hematoma, thrombus or neoplasm. There is some opacification of the basal leptomeninges. No leptomeningeal hemorrhage is noted. The gyral pattern is normal; the gyri are swollen and compressed. No hemorrhage or contusion is identified. The cranial nerve stumps identified are unremarkable. The circle of Willis shows a normal configuration, with no aneurysm or malformation seen. No uncus, tonsillar, or subfalcine herniation is identified. The cerebellum, brainstem and uppermost cervical spinal cord are moderately swollen but normal in shape. Coronal sections of the cerebrum show no abnormalities of the cortex, white matter or deep gray matter nuclei. No focal lesions and no hemorrhages are identified. The ventricles are compressed and without hemorrhage. The substantia nigra and locus coeruleus are normally pigmented for patient age. Cut surfaces of the cerebellum, midbrain, pons, medulla and uppermost cervical spinal cord show no focal lesions and no hemorrhage. The aqueduct and IVth ventricle are patent and without hemorrhage. Gross photographs are taken (CD enclosed).

Summary of tissue sections: 1. Right superior/middle frontal gyrus. 2. Right inferior parietal lobe. 3. Right superior/middle temporal gyrus. 4. Right cingulate gyrus. 5. Right hippocampus. 6. Right caudate/putamen. 7. Left putamen/pallidum. 8. Right thalamus/hypothalamus at the mamillary bodies. 9. Substantia nigra/midbrain. 10. Pons. 11. Medulla. 12. Right cerebellum/dentate. 13. Uppermost cervical spinal cord. Tissue was processed in paraffin for histology; slides were stained with H&E. The material was reviewed in conference by staff of the Dept. of Neuropathology and Ophthalmic Pathology.

Scattered neurons throughout the cerebrum show pale eosinophilic discoloration consistent with acute neuronal injury. There are autolytic changes with scattered foci of bacterial overgrowth, associated mostly with small blood vessels. Features diagnostic for infection or neoplasm are not observed. No pathological hemorrhage is identified".

Signed by (b)(6) Staff Pathologist, Dept. of Neuropathology and Ophthalmic Pathology on April 22, 2005 (original signature on file).

MICROSCOPIC EXAMINATION

Skin of Back- Consistent with burns, first through third degree.

Abrupt transition from normal skin to an area with absence of the epidermis, subepidermal splitting, extensive coagulative necrosis of the papillary and reticular

BTB Ahmed, Raad Hikmet

dermis, extensive nuclear debris and scattered inflammatory response, focal subepidermal abscesses destruction of some of the dermal appendages associated with mild vacuolization of the appendage glands. Bacterial colonization without inflammatory response.

Lung- Consistent with resolving contusion

An area of necrotic lung parenchyma with the presence of hemosiderin laden macrophages outlined by border of dilated blood-filled vessels with occasional microthrombi. Bacterial colonization without inflammatory response.

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

OPINION

This Iraqi civilian male died while being treated for blunt force trauma injuries and burns of the back while detained in Polish custody. The events immediately preceding the death of the decedent are not provided and a specific mechanism of death was not determined from autopsy examination.

The current available information suggests the decedent was physically injured by a rival clan of Iraqis (decedent's account) or by Iraqi Police (decedent's associate's account). Autopsy examination indicates the presence of contusions (bruises), abrasions and internal injuries, as well as burns of the back that are of varying severity. The features of the injuries are consistent with the injuries occurring prior to the decedent's death.

Specific injuries further indicate the possible manner in which the decedent obtained these injuries. The ecchymoses of the neck muscles is suggestive of the decedent being restrained by the neck. Abrasions of the wrist and ankles are consistent with the decedent's hands and feet being previously restrained with unspecified instruments.

The minimal information available regarding the decedent's medical treatment in Polish custody suggests the decedent was in stable condition and receiving intravenous fluids and antibiotics. The decedent's death was sudden and apparently unexpected because there is evidence the Polish medical team tried vigorously to resuscitate the decedent. Expert consultation examinations of the heart and brain reveal no contributing factors to the death and only changes that can be attributed to resuscitation efforts.

It is possible the decedent died of complications of his injuries and thus homicide would be the manner of death, but without a complete history of the events immediately preceding his death, the apparent "stable" condition of the decedent prior to death and no specific mechanism determined by autopsy examination, an intervening mechanism of death cannot be ruled out. Therefore, the cause and manner of death is assigned as Undetermined.

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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Ahmed, Raad Hikmet		GRADE Grade Arme	BRANCH OF SERVICE Arme Iraqi Detainee	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)
ORGANIZATION Organisation Detainee in Iraq (Camp Charlie)		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Négride	<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> SINGLE Célibataire <input type="checkbox"/> MARRIED Marié <input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> DIVORCED Divorcé <input type="checkbox"/> SEPARATED Séparé
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le suédis		
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 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. Pending investigation		
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
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	Mode of Death: Pending
ACCIDENT Mort accidentelle		
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	
HOMICIDE Homicide	DATE Date 26 Mar 2005	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) (b)(6) 2005	PLACE OF DEATH Lieu de décès Camp Charlie, 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 29 MAR 05	(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 à la condition qui a provoqué la mort.

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

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

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00



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



FINAL AUTOPSY EXAMINATION REPORT

Name: BTR Al Khalaf, Majamey
ISN (b)(6)
Date of Birth: Unknown
Date of Death: (b)(6) 2005
Date of Autopsy: 15 MAR 2005
Date of Report: 09 JUN 2005

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Rank: Civilian
Place of Death: 82nd CSH, Tallil, Iraq
Place of Autopsy: Port Mortuary
Dover AFB, DE

Circumstances of Death: This Iraqi National male detainee of the US Forces suffered a myocardial infarction on 27 January 2005 while being held at Camp Bucca, Iraq. The decedent reported having chest pain and when evaluated at the clinic at Camp Bucca was found to have EKG changes consistent with an acute myocardial infarction. He was transferred to the 82nd Combat Support Hospital (CSH) in Tallil, Iraq, where according to the medical records provided, the infarction was confirmed and treatment for the infarction was initiated. Thrombolysis was not performed because of traumatic attempts at placing a foley catheter at Camp Bucca, which resulted in an actively bleeding site. The decedent had a chest x-ray consistent with heart failure pattern, which required intubation. During the decedent's hospitalization there were multiple trials of weaning him from the ventilator but all were unsuccessful. The decedent's blood pressure remained labile throughout his hospitalization. He received a tracheostomy and gastrostomy for extended care. On (b)(6) 2005, he possibly suffered another myocardial infarction and died despite emergent life saving efforts. The medical records of the last days of his hospitalization are not available for review. The decedent also has a reported history of poorly controlled adult onset diabetes mellitus.

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

Identification: Presumptive identification is established by the ISN (Internment Serial Number). Fingerprints and a DNA sample were taken for identification purposes should an exemplar become available.

CAUSE OF DEATH: Atherosclerotic Cardiovascular Disease

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

I. Atherosclerotic Cardiovascular Disease

A. Atherosclerotic Cardiovascular Disease

1. Per Cardiovascular Pathology Consultation: "1) Cardiomegaly (582 grams) with left ventricular hypertrophy. 2) Severe coronary atherosclerosis with calcification, two vessel disease; occlusive organizing thrombus, mid left anterior descending artery. 3) Healing transmural myocardial infarction, left posterolateral wall. 4) Healed transmural myocardial infarction, apex, left anterior ventricular wall and septum." (See full consultation report below)
2. Moderate atherosclerosis of the aorta.
3. Moderate to severe atherosclerosis of the basilar artery and the Circle of Willis (cerebral arteries).
4. Finely granular cortical surfaces of the kidneys.

II. Other Autopsy Findings

1. Severe pulmonary edema with right pleural effusion (1500 ml of serosanguineous fluid).
2. Cholestasis with gallbladder wall thickening.
3. Bilateral renal cortical cysts (no greater than 0.4 cm in diameter)
4. Hemorrhagic mucosa of the trigone and lower urinary bladder
5. Anasarca associated with bilateral conjunctival edema, pitting edema of the extremities and digits and massive scrotal distention.
6. Crusted abrasions on the left chest, superior portion of the abdomen, left anterior costal margin, right thigh and right shoulder.
7. A 8 x 7 cm area of erythema on the inferior central abdominal wall
8. A 9.2 x 7.0 cm decubitus ulcer of the sacral area

III. Medical Intervention

1. Tracheostomy
2. Left chest tube (6th intercostal space) associated with dense but easily broken adhesions of the left parietal pleura to the left lung and thickening of the pleura
3. Prior left chest tube site (sutured skin incision and perforation of the 4th intercostal space)
4. Triple lumen catheter in left subclavian vein
5. Arterial catheter right radial artery

6. Status post gastrostomy tube placement with stapled skin incision and associated with easily broken adhesions of the liver, stomach and transverse colon.
 7. Foley catheterization of the urinary bladder
 8. Status post cardiopulmonary resuscitation associated with fractures of the right fifth rib and left fourth and fifth ribs.
 9. Self adhesive electrocardiogram lead on the left abdominal wall
 10. Needle puncture site in the left antecubital fossa
 11. Bio-occlusive dressing on posterior left thigh
- IV. Mild decomposition with areas of vesicle formation and skin slippage on the scalp, face, left and right upper extremities, left abdomen, upper back, left thigh, and bilateral lower legs
- V. **Identifying Marks**
1. (b)(6) tattoo (b)(6)
 2. Hyperpigmented scar on the posterior surface of the right hand
 3. Hyperpigmented areas of skin on the right lower abdominal quadrant
- VI. Toxicology is negative for ethanol and drugs of abuse. Midazolam (a benzodiazepine) is in the blood (0.10 mg/L).

EXTERNAL EXAMINATION

The unclad body is that of a well-developed, well-nourished appearing, 69 inch long, 243 pound Iraqi national male whose appearance is consistent with an age range of 40-50 years. Lividity is faint and fixed along the back. Rigor mortis is absent. There is mild anasarca. Early decomposition changes, which include vesicle formation and skin slippage, are on the scalp, the left side of the face and neck, the upper extremities, the left side of the abdomen, the upper back, the left thigh and lower legs.

The scalp is covered with curly black hair in a normal distribution. The irides are brown, and the pupils are round and equal in diameter. The conjunctivae are edematous and there is bilateral peri-orbital edema. The external auditory canals are free of abnormal excretions. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The decedent is edentulous. The facial hair consists of a black and gray mustache and beard.

The neck is straight, and the trachea is midline and mobile. A tracheostomy tube is in place in the central anterior neck. The chest is symmetric. A 2.4 x 0.8 cm crusted abrasion is on the left chest. A 1.2 x 0.2 cm crusted abrasion is immediately below the left costal margin. On the upper central abdomen are four areas of abrasions with early skin slippage. The areas range from 1.2 x 0.3 cm to 2.0 x 0.3cm. The abdomen is globoid and without masses. An 8 x 7 cm area of erythema is on the skin of the inferior central abdomen. In the right lower quadrant of the abdomen are two areas of hyperpigmented skin (10 x 3 cm and 4 x 4 cm). The genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. On the right upper back is a 2.4 x 0.7 cm crusted abrasion. Overlying the sacrum is a 9.2 x 7.0 cm decubitus ulcer. The buttocks and anus are unremarkable. A bio-occlusive dressing is attached to the posterior proximal left thigh.

The upper and lower extremities are symmetric and free of obvious deformities. On the anterior surface of the right thigh are a 5.3 x 2.5 cm area of scattered abrasions and a 3.8 x 1.5 cm area of crusted skin slippage.

CLOTHING AND PERSONAL EFFECTS

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

A white "Cartier Paris" t-shirt, green scrub pants, "Madaen" sandals, green socks, an Iraqi garment and brown jacket.

MEDICAL INTERVENTION

1. Tracheostomy
2. Left chest tube (6th intercostal space) associated with dense but easily broken adhesions of the left parietal pleura to the left lung and thickening of the pleura
3. Prior left chest tube site (sutured skin incision and perforation of the 4th intercostal space)
4. Triple lumen catheter in left subclavian vein

5. Arterial catheter right radial artery
6. Status post gastrostomy tube placement with stapled skin incision and associated with easily broken adhesions of the liver, stomach and transverse colon.
7. Foley catheterization of the urinary bladder
8. Status post cardiopulmonary resuscitation associated with fractures of the right fifth rib and left fourth and fifth ribs.
9. Self adhesive electrocardiogram lead on the left abdominal wall
10. Needle puncture site in the left antecubital fossa
11. Bio-occlusive dressing on posterior left thigh

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates no long bone fractures or masses. There are no foreign bodies except for the medical devices described above.

EVIDENCE OF INJURY

There are no acute injuries.

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 1490 gm brain, which has a dusky appearance and generalized softening of the parenchyma. The gyri and sulci are unremarkable. 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, and cerebellum are free of injury or other abnormalities. There is moderate to severe atherosclerosis of the basilar artery and Circle of Willis (cerebral arteries). 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 bone are intact and calcified. A tracheostomy is in the crico-thyroid membrane and is associated with a laceration of the isthmus of the thyroid gland. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The edematous tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

The ribs (except where noted above), sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pericardial cavity. The right hemithorax contains 1500 ml of bloody serous fluid. The left hemithorax has dense but easily broken adhesions between the left lung and the parietal pleura. The peritoneal cavity contains approximately 200 ml of brown and bilious fluid. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 1130 and 1060 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is severely congested and edematous. There are no areas of frank purulence. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 610 gm heart is soft and contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The epicardial surface of the left ventricle has a dark speckled appearance. The coronary arteries are present in a normal distribution. Cross sections of the left coronary artery show severe atherosclerosis of the left anterior descending branch of the left coronary artery. See full Cardiac Pathology Consultation Report below.

The aorta gives rise to three intact and patent arch vessels. There is moderate ulcerated atherosclerosis throughout the course of the aorta. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 2260 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 20-30 ml of viscous green-black bile and no stones. The gallbladder wall thickened and the mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 330 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is soft and liquified.

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 autolyzed medullae.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 230 gm each. The external surfaces are intact and are finely granular. Each kidney has several small cortical cysts, none of which are greater than 0.4 cm in diameter. 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 that has area of hemorrhage surrounding and including the trigone. The bladder contains no urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal

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

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 120 ml of brown fluid. A gastrostomy tube perforates the gastric wall. The tube is patent. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and unremarkable.

ADDITIONAL PROCEDURES

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

CONSULTATIONS

Cardiac Pathology Consultation (Department of Cardiovascular Pathology, AFIP, Washington D.C.):

“Diagnosis: (b)(6): Heart:

1. **Cardiomegaly with left ventricular hypertrophy**
2. **Severe coronary atherosclerosis with calcification, two vessel disease; occlusive organizing thrombus, mid left anterior descending artery**
3. **Healing transmural myocardial infarction, left posterolateral ventricular**
4. **Healed transmural myocardial infarction, apex, left anterior ventricular wall and septum**

Clinical history: This Iraqi National male detainee of the US Force suffered a myocardial infarction or (b)(6) 05 and was transferred to the hospital where he reportedly suffered another myocardial infarction or (b)(6) 05 and died despite emergent live saving efforts.

Heart: 582 grams; normal epicardial fat; probe patent foramen ovale; left ventricular cavity diameter 5.5 cm, left ventricular free wall thickness 1.6 cm; ventricular septum thickness 1.7 cm; right ventricle thickness 0.3 cm, without gross scars or abnormal fat infiltrates; grossly unremarkable valves and endocardium; scarring of the left anterior ventricular wall and septum; circumferential scarring of the apex; posterolateral wall shows tan-gray softened areas; dilated aortic root; histologic sections show transmural replacement fibrosis of the left anterior ventricular wall and septum and the a transmural healing infarction of several weeks duration seen in the left posterolateral wall characterized by extensive granulation tissue formation with infiltration of numerous macrophages and lymphocytes

Coronary arteries; normal ostia; left dominance; severe coronary atherosclerosis with calcification

Left main coronary (LM): 40% luminal narrowing by fibroatheromatous plaque

Left anterior descending artery (LAD): Partial wrap around LAD with up to 75% luminal narrowing by calcified fibroatheroma; occlusive organizing thrombus mid LAD; total occlusion of diagonal branch by calcified fibroatheroma
Left circumflex artery (LCA): 75% luminal narrowing of the distal LCA by calcified fibroatheroma
Right coronary artery (RCA): 30% luminal narrowing by fibroatheromatous plaque"

Signed by Renu Virmani, M.D. Cardiovascular Pathologist (Original signature of file in the OAFME).

MICROSCOPIC EXAMINATION

Except where noted above, selected portions of organs are retained in formalin, without preparation of histologic slides.

OPINION

This Iraqi National male detainee of the US Forces suffered a myocardial infarction on (b)(6) (b)(6) 2005 while being held at Camp Bucca, Iraq. His hospital course was complicated by continued blood pressure fluctuations and respiratory difficulties. Based on the examination of his heart there was extensive damage and scarring from two large infarctions (heart attacks), which resulted from severe atherosclerosis. The mechanism of death is most commonly an arrhythmia (irregular heart beat) arising in the damaged areas of the heart. The manner of death is natural.

(b)(6)

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

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Majamey, Al Khalaf		GRADE Grade Arme	BRANCH OF SERVICE Iraqi detainee
ORGANIZATION Organisation Iraqi Detainee at Camp Bucca		NATION (e.g., United States) Pays Iraq	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)
RACE Race		MARITAL STATUS État Civil	RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID 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 checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) Muslim
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			Weeks
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE 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)		
<input type="checkbox"/> HOMICIDE Homicide	(b)(6)	DATE Date 15 Mar 2005	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) (b)(6) 2005		PLACE OF DEATH Lieu de décès 82nd CSH, Tallil, Iraq	
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du dé funt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme Medical Examiner	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902		
DATE Date 16 MAR 05	(b)(6)		

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

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE 3/15/2005	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

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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: BTB Tawfeek, Salmany

ISN (b)(6)

Date of Birth: (b)(6) 1977

Date of Death: (b)(6) 2005

Date of Autopsy: 5 February 2005

Date of Report: 05 April 2005

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Civilian

Place of Death: Iraq

Place of Autopsy: Army Mortuary
Camp Victory, Iraq

Circumstances of Death: This 27-year-old male was a civilian detainee who was shot during a prison disturbance.

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

Identification: Identification is established by means of the attached identification tags.

CAUSE OF DEATH: Gunshot wound of the head.

MANNER OF DEATH: Homicide.

FINAL AUTOPSY DIAGNOSES

- I. Perforating gunshot wound of the head:
 - A. Entry: right posterior parietal region of head
 - B. No evidence of soot or gunpowder stippling is present on the skin around the entrance wound.
 - C. Path: skin of right posterior parietal scalp, right posterior parietal region of the skull, right cerebral hemisphere of the brain, right parietal region of the skull.
 - D. Projectile: yellow metal fragment recovered.
 - E. Exit: right parietal region of the head.
 - F. Direction: back to front and upwards.
 - G. Associated injuries:
 1. Multiple linear fractures of the right parietal and vertex regions of the calvarium.
 2. Perforating laceration of the right cerebral hemisphere.
 3. Subgaleal hemorrhage in the biparietal and occipital regions.

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- II. **Additional injuries:**
 - A. **Circular abrasions on left lateral chest, left upper arm, right forearm and the left thigh.**

- III. **Toxicology: Negative.**

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male that weighs approximately 182 pounds, is 67 inches in length and appears compatible with the reported age of 27 years. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure. Rigor is complete. The scalp hair is black. Facial hair consists of a black beard and mustache. The irides are dark. The corneae are cloudy. The conjunctivae are unremarkable. The sclerae are white. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The teeth are natural and in good condition. The neck is straight and the trachea is midline and mobile. The chest is unremarkable. The abdomen is flat. The upper and lower extremities are symmetric. The numeral "2" is written on the dorsum of the right hand. The fingernails are intact. A 2 ½ x ½ inch band-like hyperkeratotic area is present on the dorsal surface of both feet. An identification tag is present on the right 1st toe bearing "BTB (b)(6)". The genitalia are those of a normal adult male. The buttocks and anus are unremarkable.

CLOTHING AND PERSONAL EFFECTS

The following personal effects accompany the body:

1. A 5000 Dinar bank note.
2. A band with (b)(6) a photo and demographic information.

EVIDENCE OF MEDICAL THERAPY

1. An endotracheal tube.
2. A nasogastric tube.
3. Intravascular catheters are present in the left antecubital fossa and right inguinal region.
4. A therapeutic needle puncture site in the right antecubital fossa.
5. A Foley catheter.
6. Defibrillator pads on the right upper and left lateral chest.

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.

Perforating gunshot wound of the head:

There is an atypical gunshot wound of entrance situated in the right posterior parietal region of the head located 1 ½ inches below the top of the head and 2 ¼ inches right of the posterior midline. The wound measures ¾ x 1/8 inch. There is eccentric marginal abrasion located infero-medially having an average width of 1/8 inch. No evidence of

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soot or gunpowder stippling is present on the skin around the entrance wound. The adjacent internally beveled skull defect measures $\frac{1}{2} \times \frac{1}{4}$ inch. The wound path passes through the skin of the right posterior parietal scalp, right posterior parietal region of the skull, right cerebral hemisphere of the brain, right parietal region of the skull and the right parietal scalp. A stellate exit wound is present in the right parietal region of the head located on the top of the head, centered $2 \frac{1}{2}$ inches right of the anterior midline. The exit wound measures $4 \frac{1}{2} \times 2 \frac{1}{2}$ inches. The trajectory of the gunshot wound is back to front and upward. A 1 mm yellow metal fragment is recovered from the right parietal subgaleal region. Associated with the gunshot wound are multiple linear fractures of the right parietal and vertex regions of the calvarium, perforating laceration of the right cerebral hemisphere and subgaleal hemorrhage in the biparietal and occipital regions.

Additional injury:

There are multiple circular abrasions averaging $\frac{1}{4}$ inch in diameter distributed as follows:

1. Left mandibular region of the face.
2. Left lateral surface of the chest (2).
3. Posterior surface of the right forearm.
4. Anterior surface of the left upper arm.
5. Posterior lateral surface of the left thigh.

INTERNAL EXAMINATION**HEAD:**

(See above "Evidence of Injury").

The scalp is reflected. The calvarium of the skull is removed. The leptomeninges are thin and delicate. Coronal sections demonstrate sharp demarcation between the uninjured white and grey matter. The ventricles are of normal size. The brain weighs 1550 gm. 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. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

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

RESPIRATORY SYSTEM:

The right and left lungs weigh 385 and 291 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 324 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally, follow the usual distribution and are widely patent without evidence of significant atherosclerosis or thrombosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The endocardium is smooth and glistening. The ascending aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1184 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 less than 5 ml of green-black bile. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 61 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

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

ADRENALS:

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

GENITOURINARY SYSTEM:

The right kidney weighs 70 gm; the left 103 gm. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. Tan bladder mucosa overlies an intact bladder wall. The bladder is empty. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal

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

GASTROINTESTINAL TRACT:

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

MICROSCOPIC EXAMINATION

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

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by OAFME staff photographer (b)(6) (b)(6)
- Specimens retained for toxicologic testing and/or DNA identification are: blood, vitreous, bile, gastric contents, spleen and liver.
- Full body radiographs are obtained and demonstrate the injuries as described. Scattered minute metallic fragments are seen radiographically in the region of the head wound.
- The dissected organs are forwarded with the body.
- The recovered metallic fragment is placed in a labeled container and released to the attending investigative agents.
- Personal effects are released to the appropriate mortuary operations representatives.

OPINION

This 27-year-old male civilian detainee died of a gunshot wound to the head. There was no evidence of close range firing on the skin around the entrance wound. The gunshot wound passed through the head causing extensive injury to the skull and brain. A single projectile fragment was recovered.

The manner of death is homicide.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Tawfeek, Salmany		GRADE Grade Arme	BRANCH OF SERVICE Iraqi Detainee
ORGANIZATION Organisation		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1977
RACE Race		MARITAL STATUS État Civil	RELIGION Culte
CAUCASOID Caucasique	SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant
NEGROID Nègre	MARRIED Marié	SEPARATED Séparé	CATHOLIC Catholique
<input checked="" type="checkbox"/> OTHER (Specify) Other Autre (Spécifier)	WIDOWED Veuf		JEWISH Juif
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			Gunshot wound of the head
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	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	DATE Date 05 Feb 2005	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
<input checked="" 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) 2005	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 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 29 Mar 05	(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 à la condition qui a provoqué la mort.			

DD FORM 2064 1 APR 77

REPLACES DA FORM 3543, 1 JAN 72 AND DA FORM 3543-R(PAS), 24 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0388

ACLU Detainee Death II ARMY MEDCOM 388

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

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

DD FORM 2084, APR 1977 (BACK)

USAPA V1.00



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



FINAL AUTOPSY EXAMINATION REPORT

Name: BTB Abid, Ismail Hammed
 ISN: (b)(6)
 Date of Birth: (b)(6) 1976
 Date of Death: (b)(6) 2005
 Date of Autopsy: 5 February 2005
 Date of Report: 29 March 2005

Autopsy No.: (b)(6)
 AFIP No. (b)(6)
 Rank: Civilian
 Place of Death: Iraq
 Place of Autopsy: Army Mortuary
 Camp Victory, Iraq

Circumstances of Death: This 29-year-old male was a civilian detainee shot during a prison disturbance.

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

Identification: Identification is established by means of the attached identification tags.

CAUSE OF DEATH: Gunshot wound of the chest.

MANNER OF DEATH: Homicide.

FINAL AUTOPSY DIAGNOSES

- I. Perforating gunshot wound of the chest:
 - A. Entry: left side of the back.
 - B. No evidence of soot or gunpowder stippling is present on the skin around the entrance wound.
 - C. Path: skin of the back, the left 8th rib, left lung, descending aorta, right lung, right 6th and 7th ribs, skin of the right chest.
 - D. Exit: right lateral chest.
 - E. Direction: left to right, back to front and upward.
 - F. Associated injury:
 1. Fracture of the posterior lateral aspect of the left 8th rib.
 2. Fractures of the lateral aspect of the right 6th and 7th ribs.
 3. Perforating laceration of the descending aorta.
 - a. Bilateral hemothoraces (right 500 ml, left 1000 ml).
 4. Esophageal laceration.
 5. Perforating laceration of the middle and lower lobes of the right lung.
 6. Perforating laceration of the lower lobe of the left lung.
- II. No significant natural diseases identified, within limitations of the examination.
- III. Toxicology: Negative.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male that weighs approximately 181 pounds, is 67 inches in length and appears compatible with the reported age of 29 years. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure. Rigor is complete. The scalp hair is black. A black beard and mustache are also present. The irides are dark. The corneae are cloudy. The conjunctivae are unremarkable. The sclerae are white. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The teeth are natural and in good condition. The neck is straight, and the trachea is midline and mobile. The chest shows evidence of injury to be further described below. The abdomen is flat. The fingernails are intact. The upper and lower extremities are symmetric. Identification tags are present on the 1st toe of each foot, bearing the name BTB (b)(6). The genitalia are those of a normal adult male. The buttocks and anus are unremarkable.

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects accompany the body:

1. A 1000 Dinar bank note.
2. An identification card in Arabic.

3. A band with (b)(6) a photo and demographic information.

EVIDENCE OF MEDICAL THERAPY

- I. An endotracheal tube.

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.

Perforating gunshot wound of the chest:

There is a gunshot wound of entrance situated on the left side of the back located 18 ½ inches below the top of the head and 6 inches left of the posterior midline. The wound measures 1/8 inch. There is eccentric marginal abrasion ranging in width from 1/16 inch to 1/8 inch in the 3 to 12 o'clock position. A 1/16 inch laceration is located in the 2 o'clock position. No evidence of soot or gunpowder stippling is present on the skin around the entrance wound. The wound path passes through the skin of the back, the left 8th rib, left lung, descending aorta, right lung, right 6th and 7th ribs and skin of the right chest. An exit wound is present on the right side of the chest located 16 inches below the top of the head and 6 ½ inches right of the anterior midline. The exit wound measures ¾ x ¼ inch. The trajectory of the gunshot wound is left to right, back to front and upward. No projectile or projectile fragments are recovered from the wound track. Associated with the gunshot wound are fracture of the posterior lateral aspect of the left 8th rib, fractures of the lateral aspect of the right 6th and 7th ribs, perforating laceration of the descending aorta, bilateral hemothoraces (500 ml on the right and 1000 ml on the left), laceration of the esophagus, perforating lacerations of the middle and lower lobes of the right lung and perforating laceration of the lower lobe of the left lung.

INTERNAL EXAMINATION

HEAD:

The scalp is reflected. The calvarium of the skull is removed. The leptomeninges are thin and delicate. Coronal sections demonstrate sharp demarcation between white and grey matter. The ventricles are of normal size. The brain weighs 1508 gm. 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. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

(See above "Evidence of Injury")

The sternum is visibly and palpably intact. No excess fluid is present in the pericardial or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

(See above "Evidence of Injury")

The right and left lungs weigh 267 and 264 gm, respectively. The uninjured external surfaces are smooth and deep red-purple. The uninjured pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

(See above "Evidence of Injury")

The 350 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally, follow the usual distribution and are widely patent without evidence of significant atherosclerosis or thrombosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The endocardium is smooth and glistening. The ascending aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1295 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains approximately 10 ml of green-black bile. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 126 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

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

ADRENALS:

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

GENITOURINARY SYSTEM:

The right and left kidneys each weigh 122 gm. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. Tan bladder mucosa overlies an intact bladder wall. The bladder contains approximately 10 ml of clear amber urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

(See above "Evidence of Injury")

The uninjured esophagus is lined by smooth, grey-white mucosa. The stomach contains approximately 60 ml of tan flocculent material. The gastric wall is intact. The duodenum, loops of small bowel, colon, and appendix are unremarkable.

MICROSCOPIC EXAMINATION

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

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by the OAFME staff photographer.
- Specimens retained for toxicologic testing and/or DNA identification are: blood, vitreous, bile, gastric contents, spleen, liver and urine.
- Full body radiographs are obtained. No definitive projectile or fragments are identified radiographically.
- The dissected organs are forwarded with the body.
- Personal effects are released to the attending investigative agency and appropriate mortuary operations representatives.

OPINION

This 29-year-old male civilian detainee died of a gunshot wound to the chest. There was no evidence of close range firing on the skin around the entrance wound. The gunshot wound passed through the thoracic cavity causing hemorrhage and injury to internal organs. A projectile was not recovered.

The manner of death is homicide.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Hammed, Abid Ismail		GRADE Grade	BRANCH OF SERVICE Arme Iraqi Detainee
ORGANIZATION Organisation		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1976
RACE Race		MARITAL STATUS État Civil	
CAUCASOID Caucasique		SINGLE Célibataire	
NEGROID Nègre		MARRIED Marié	
X OTHER (Specify) Autre (Spécifier) Other		WIDOWED Veuf	
PROTESTANT Protestant		DIVORCED Divorcé	
CATHOLIC Catholique		SEPARATED Séparé	
JEWISH Juif		OTHER (Specify) Autre (Spécifier)	
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 Gunshot wound of the chest			
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	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
X HOMICIDE Homicide	(b)(6)	DATE Date 05 Feb 2005	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) (b)(6) 2005		PLACE OF DEATH Lieu de décès Iraq	
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunct et conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme Medical Examiner	
GRADE Grade (b)(6)		INSTALLATION OR ADDRESS Installation ou adresse Dover AFB DE 19002	
DATE Date 29 Mar 05		(b)(6)	
¹ State disease, injury or complication which... ² State conditions contributing to the death, but not related to the disease or condition causing death. ¹ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc. ² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.			

DD FORM 2064 1 APR 77

REPLACES DA FORM 3545, 1 JAN 72 AND DA FORM 3545-RUPASL 24 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0396

ACLU Detainee Death II ARMY MEDCOM 396

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

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

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