



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



AUTOPSY EXAMINATION REPORT

Name: Khazi, Hamid Muhsin

ID#: (b)(6)

Date of Birth: Unknown

Date of Death: (b)(6) 2007

Date/Time of Autopsy: 12 DEC 2007@0900

Date of Report: 07 JAN 2008

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Detainee

Place of Death: Iraq

Place of Autopsy: Port Mortuary

Dover AFB, Dover, DE

Circumstances of Death: This detainee was reportedly mortally wounded by small arms fire after attacking a United States Army Soldier with a wooden board and attempting to grab the soldier's pistol.

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

Identification: Presumptive identification is established by examining accompanying paper work.

CAUSE OF DEATH: Multiple gunshot wounds

MANNER OF DEATH: Homicide

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male. The body weighs 201 pounds, is 70 inches in length and appears to be 30 to 40 years of age. The body is cold. Rigor is present to an equal degree in all extremities. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. The head is normocephalic, and the scalp hair is black and short. Facial hair consists of a black mustache. The irides are brown. The corneae are cloudy. The conjunctivae are pale. The sclerae are white. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The teeth are natural and in good condition. Examination of the neck reveals no evidence of injury. Injuries of the torso are described below. No evidence of injury of the ribs or the sternum is evident externally. The external genitalia are those of a circumcised adult male. Gauze encircles the tip of the penis and there is a 3/4 inch sutured wound of the dorsal surface of the shaft of the penis adjacent to the glans. The posterior torso and anus are without note. Injuries of the extremities are described below. Encircling the right wrist is a hospital ID band inscribed with (b)(6). A gauze bandage encircles the proximal right thigh. Underlying this gauze is a 2-3/4 x 1-1/2 inch healing and debrided wound of the posterior right thigh and a 1-1/2 inch sutured healing wound of the proximal medial right thigh.¹ Scars are noted on the posterior left arm (4 inches), right buttock (3/4 inch), right knee (1-1/2 inches and 1/4 inch), posterior left thigh (1 inch), and right popliteal fossa (1 inch). The fingernails are intact.

CLOTHING AND PERSONAL EFFECTS

Worn:

- Tan socks
- Blue running suit with gray stripes
- Yellow boxers
- White tank top t-shirt

(There are multiple defects noted on the clothing. Many of these defects correspond to injuries that are described below. No soot or gunpowder was identified upon unaided visual examination of the clothing.)

MEDICAL INTERVENTION

- EKG lead on the anterior torso
- Gauze bandages (penis and right thigh)

¹ Medical records indicate that the deceased was being treated for a gunshot wound of the right thigh and penis.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained. Injuries seen on radiographs are incorporated into the evidence of injury section.

EVIDENCE OF INJURY

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

GUNSHOT WOUND OF THE RIGHT SIDE OF THE CHEST:

Entrance: On the right side of the chest is a 1/4 inch circular entrance gunshot wound with a 1/8 inch concentric marginal abrasion. The wound is located 21-1/2 inches below the top of the head and 5 inches to the right of the anterior midline. No soot or gunpowder stippling is identified on the surrounding skin.

Injured: The skin, subcutaneous tissue, muscles of the right side of the chest, muscles of the ninth anterior intercostal space, right hemidiaphragm (1 inch defect), right lobe of the liver (2-1/2 x 2-1/4 inch defect), right kidney (1 inch defect through the hilum), renal artery (transected), renal vein (transected), muscle and skin are injured.

Exit: On the right side of the back is a 1/2 x 1/4 inch lacerated exit wound. The wound is located 23-1/2 inches below the top of the head and 1/2 inch to the right of the posterior midline.

Recovered: Nothing is recovered.

Trajectory: The bullet trajectory is front to back, right to left and downwards.

Associated Injuries: There is 350 ml of blood identified in the peritoneal space.

GUNSHOT WOUND OF THE LEFT SIDE OF THE CHEST (SUPERIOR):

Entrance: On the left side of the chest (below the left nipple) is a 1/4 inch circular entrance wound with a 1/8 inch concentric marginal abrasion. The wound is located 19-1/2 inches below the top of the head and 5-3/4 inches to the left of the anterior midline. No soot or gunpowder stippling is identified on the surrounding skin.

Injured: The skin, subcutaneous tissue, lateral aspect of the left fifth rib, upper lobe of the left lung (1/2 inch defect), posterior ninth intercostal muscles, muscles of the back and skin are injured.

Exit: The projectile exits the center of the upper back through a 1/2 x 1/4 inch exit wound that has an eccentric marginal abrasion measuring up to 1/2 inch on the twelve to six o'clock border. The wound is located 16 inches below the top of the head and 1-1/4 inches to the left of the posterior midline.

Recovered: Seven copper and gray colored bullet fragments are recovered from the surface of the body and clothing.

Trajectory: The bullet trajectory is front to back, left to right and upward.

Associated Injuries: There is 1200 ml of blood identified in the left chest cavity.

GUNSHOT WOUND TO THE LEFT SIDE OF THE CHEST (MEDIAL):

Entrance: On the medial left side of the chest is a 1/4 inch circular gunshot wound with a 1/16 inch concentric marginal abrasion. The wound is located 23-1/2 inches below the top of the head and 2-1/2 inches to the left of the anterior midline. No soot or gunpowder stippling is identified on the surrounding skin.

Injured: The skin, subcutaneous tissue, muscles of the left side of the chest, peritoneum, left lobe of the liver (2 x 1 inch defect), muscles of the back and skin are injured.

Exit: There is a 1/4 x 1/8 inch partial exit wound on the right side of the back with an eccentric 3/4 inch marginal abrasion on the twelve to three o'clock border. The wound is located 19-1/2 inches below the top of the head and 4-3/4 inches to the right of the posterior midline.

Recovered: One intact copper colored jacketed projectile (with a base that measures 9 mm in greatest dimension) is recovered from the musculature of the right side of the back adjacent to the exit wound.

Trajectory: The bullet trajectory is front to back, left to right and upward.

Associated Injuries: There is 350 ml of blood identified in the peritoneal cavity.

GUNSHOT WOUND OF THE LEFT SIDE OF THE CHEST (LATERAL):

Entrance: On the lateral aspect of the left side of the chest is a 1/4 inch circular entrance gunshot wound with an eccentric marginal abrasion measuring up to 1/8 inch on the six to nine o'clock border. The wound is located 24-1/4 inches below the top of the head and 4-1/2 inches to the left of the anterior midline. No soot or gunpowder stippling is identified on the surrounding skin.

Injured: The skin, subcutaneous tissue, muscles of the left side of the chest, anterior aspect of the left ninth rib, peritoneum, left hemidiaphragm (1 inch defect), stomach (2 inch and 1-

3/4 inch defects), upper pole of the left kidney (3/4 inch defect), tenth intercostal muscles, muscles of the back and skin are injured.

Exit: On the center of the upper back is a 3/4 x 1/2 inch exit wound with an eccentric marginal abrasion that measures up to 1/8 inch on the nine to six o'clock border. The exit wound is located 18-1/4 inches below the top of the head and is on the posterior midline.

Recovered: One deformed copper colored jacketed bullet is recovered from the muscles of the right side of the upper back adjacent to the right scapula (the deformed base measures 10 mm in greatest dimension)

Trajectory: The trajectory of the bullet is left to right, front to back, and upward.

Associated Injuries: Three hundred and fifty milliliters of blood is identified in the peritoneal cavity.

PERFORATING GUNSHOT WOUND OF THE LEFT FOREARM (PROXIMAL):

Entrance: On the proximal left forearm is a 1/4 inch circular entrance gunshot wound with a 1/16 inch concentric marginal abrasion. The wound is located 4 inches below the elbow and 1-1/2 inches to the right of the anterior midline of the forearm in the anatomic position. No soot or gunpowder stippling is identified on the surrounding skin.

Injured: The skin, subcutaneous tissue, muscle and skin are injured.

Exit: On the proximal left forearm is a 1/4 x 1/4 inch lacerated exit wound located 4 inches below the elbow and 1/4 inches to the left of the anterior midline of the forearm in the anatomic position.

Recovered: Nothing is recovered.

Trajectory: The bullet trajectory is right to left, slightly back to front with no significant up-down deviation.

Associated Injuries: There is bleeding along the wound tract.

PERFORATING GUNSHOT WOUND OF THE LEFT FOREARM (DISTAL):

Entrance: On the left forearm is a 1/4 inch circular entrance gunshot wound with a concentric 1/16 inch marginal abrasion. The wound is located 7-1/2 inches below the elbow and 2 inches to the right of the anterior midline of the forearm in the anatomic position. No soot or gunpowder stippling is identified on the surrounding skin.

Injured: The skin, subcutaneous tissue, muscle, and skin are injured.

Exit: On the left forearm is a 1/4 x 1/4 inch lacerated exit wound located 7-1/2 inches below the elbow and in the anterior midline of the forearm in the anatomic position.

Recovered: Nothing is recovered.

Trajectory: The trajectory of the bullet is right to left, slightly back to front with no significant up-down deviation.

Associated Injuries: Associated with this wound is bleeding along the wound tract.

OTHER INJURIES:

By medical report there is a perforating gunshot wound of the right thigh. This injury is in the process of healing and has been treated medically (please see the External Examination section above). The skin, subcutaneous tissues and muscle are injured. The trajectory is indeterminate.

By medical report there is a gunshot wound of the penis. The injury is in the process of healing and has been medically treated (please see the External Examination section above). The skin and subcutaneous tissues are injured. The trajectory is indeterminate.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The sternum, and vertebral bodies are visibly and palpably intact. No adhesions in any of the body cavities. Blood is identified in the right chest cavity (150 ml), left chest cavity (1200 ml), and peritoneum (350 ml). All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is 3/4 inches thick.

HEAD AND CENTRAL NERVOUS SYSTEM:

The scalp is reflected. The galeal and subgaleal soft tissues of the scalp are free of injury. There are no skull fractures. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels are intact. Clear cerebrospinal fluid surrounds the 1530 gram brain, which has unremarkable gyri and sulci. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brain stem and cerebellum are unremarkable. The atlanto-occipital joint is stable. The spinal cord is unremarkable.

NECK:

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

KHAZI, Hamid Muhsin

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

CARDIOVASCULAR SYSTEM:

The 430 gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a left-dominant pattern. Cross sections of the vessels show wide patency. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1.2, 1.2, and 0.3-cm thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

RESPIRATORY SYSTEM:

Please see Evidence of Injury. The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is diffusely congested and edematous, exuding slight to moderate amounts of blood and frothy fluid; no focal non-traumatic lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 720 grams; the left 380 grams.

HEPATOBIILIARY SYSTEM:

Please see Evidence of Injury. The 1950 gram liver, where uninjured, has a smooth capsule covering dark red-brown, moderately congested tan-brown parenchyma with no focal non-traumatic lesions noted. The gallbladder contains 5 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

GASTROINTESTINAL SYSTEM:

Please see Evidence of Injury. The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains scant mucoid brown fluid. The small and large bowels are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present.

GENITOURINARY SYSTEM:

Please see Evidence of Injury. The injured right kidney weighs 150 grams; the injured left kidney weighs 150 grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surface. The cortex is sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 50 ml of clear yellow urine. The testes, prostate gland and seminal vesicles are without note.

LYMPHORETICULAR SYSTEM:

The 120 gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

ENDOCRINE SYSTEM:

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

MUSCULOSKELETAL SYSTEM:

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

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by (b)(6) OAFME staff photographer.
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicology testing and/or DNA identification are: blood, vitreous fluid, bile, urine, gastric contents, brain, heart, lung, liver, spleen, kidney, brain, skeletal muscle and adipose tissue.
4. The dissected organs are forwarded with body.
5. The recovered evidence is turned released to Special Agent (b)(6) CID.

MICROSCOPIC EXAMINATION

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

FINAL AUTOPSY DIAGNOSES:

I Gunshot wound of the right side of the chest

- A Entrance:** On the right side of the chest is a 1/4 inch circular entrance gunshot wound with a 1/8 inch concentric marginal abrasion; located 21-1/2 inches below the top of the head and 5 inches to the right of the anterior midline; no soot or gunpowder stippling is identified on the surrounding skin.
- B Injured:** The skin, subcutaneous tissue, muscles of the right side of the chest, muscles of the ninth anterior intercostal space, right hemidiaphragm (1 inch defect), right lobe of the liver (2-1/2 x 2-1/4 inch lacerated wound), right kidney (1 inch defect through the hilum), renal artery (transected), renal vein (transected), muscle and skin are injured
- C Exit:** On the right side of the back is a 1/2 x 1/4 inch lacerated exit wound; the wound is located 23-1/2 inches below the top of the head and 1/2 inch to the right of the posterior midline
- D Recovered:** Nothing recovered at autopsy
- E Trajectory:** Front to back, right to left and downward
- F Associated Injuries:** Hemoperitoneum (350 ml)

II Gunshot wound of the left side of the chest (superior):

- A Entrance:** On the left side of the chest (below the left nipple) is a 1/4 inch circular entrance wound with a 1/8 inch concentric marginal abrasion; located 19-1/2 inches below the top of the head and 5-3/4 inches to the left of the anterior midline; no soot or gunpowder stippling is identified on the surrounding skin
- B Injured:** The skin, subcutaneous tissue, lateral aspect of the left fifth rib, upper lobe of the left lung (1/2 inch defect), posterior ninth intercostal muscles, muscles of the back and skin are injured
- C Exit:** The projectile exits the center of the upper back through a 1/2 x 1/4 inch exit wound that has an eccentric marginal abrasion which measures up to 1/2 inch on the twelve to six o'clock border; the wound is located 16 inches below the top of the head and 1-1/4 inches to the left of the posterior midline
- D Recovered:** Seven copper and gray colored bullet fragments are recovered from the surface of the body and clothing
- E Trajectory:** Front to back, left to right and upward
- F Associated Injuries:** Left hemothorax (1200 ml)

III Gunshot wound of the left side of the chest (medial):

- A Entrance:** On the medial left side of the chest is a 1/4 inch circular gunshot wound with a 1/16 inch concentric marginal abrasion; located 23-1/2 inches below the top of the head and 2-1/2 inches to the left of the anterior midline; no soot or gunpowder stippling is identified on the surrounding skin
- B Injured:** The skin, subcutaneous tissue, muscle of the left side of the chest, peritoneum, left lobe of the liver (2 x 1 inch defect), muscles of the back and skin are injured
- C Exit:** There is a 1/4 x 1/8 inch partial exit wound on the right side of the back with an eccentric 3/4 inch marginal abrasion on the twelve to three o'clock border; located 19-1/2 inches below the top of the head and 4-3/4 inches to the right of the posterior midline

- D Recovered:** One intact copper colored jacketed projectile (with a base that measures 9 mm in greatest dimension) is recovered from the musculature of the right side of the back adjacent to the exit wound
- E Trajectory:** Front to back, left to right and upward.
- F Associated Injuries:** Hemoperitoneum (350 ml)

IV Gunshot wound of the left side of the chest (lateral):

- A Entrance:** On the lateral aspect of the left side of the chest is a 1/4 inch circular entrance gunshot wound with an eccentric marginal abrasion measuring up to 1/8 inch on the six to nine o'clock border; located 24-1/4 inches below the top of the head and 4-1/2 inches to the left of the anterior midline; no soot or gunpowder stippling is identified on the surrounding skin
- B Injured:** The skin, subcutaneous tissue, muscles of the left side of the chest, anterior aspect of the left ninth rib, peritoneum, left hemidiaphragm (1 inch defect), stomach (2 inch and 1-3/4 inch defects), upper pole of the left kidney (3/4 inch defect), tenth intercostal muscles, muscles of the back and skin are injured.
- C Exit:** On the center of the upper back is a 3/4 x 1/2 inch exit wound with an eccentric marginal abrasion that measures up to 1/8 inch on the nine to six o'clock border; located 18-1/4 inches below the top of the head and is on the posterior midline
- D Recovered:** One deformed copper colored jacketed bullet is recovered from the muscles of the right side of the upper back adjacent to the right scapula
- E Trajectory:** Left to right, front to back, and upward.
- F Associated Injuries:** Three hundred and fifty milliliters of blood is identified in the peritoneal cavity

V Perforating gunshot wound of the left forearm (proximal):

- A Entrance:** On the proximal left forearm is a 1/4 inch circular entrance wound with a 1/16 inch concentric marginal abrasion; located 4 inches below the elbow and 1-1/2 inches to the right of the anterior midline of the forearm in the anatomic position; no soot or gunpowder stippling is identified
- B Injured:** The skin, subcutaneous tissue, muscle and skin are injured
- C Exit:** On the proximal left forearm is a 1/4 x 1/4 inch lacerated exit wound; located four inches below the elbow and 1/4 inch to the left of the anterior midline of the forearm in the anatomic position
- D Recovered:** Nothing recovered
- E Trajectory:** Right to left, slightly back to front with no significant up-down deviation
- F Associated Injury:** Bleeding along the wound tract

VI Perforating gunshot wound of the left forearm (distal):

- A Entrance:** On the left forearm is a 1/4 inch circular entrance gunshot wound with a 1/16 inch marginal abrasion; located 7-1/2 inches below the elbow and 2 inches to the right anterior midline of the forearm in the anatomic position; no soot or gunpowder stippling identified
- B Injured:** The skin, subcutaneous tissue, muscle and skin are injured
- C Exit:** On the left forearm is a 1/4 x 1/4 inch lacerated exit wound; located 7-1/2 inches below the elbow and in the anterior midline of the forearm in the anatomic position

- D Recovered: Nothing recovered**
- E Trajectory: Right to left and slightly back to front with no significant up-down deviation**
- F Associated Injuries: Bleeding along the wound tract**

VII Other Injuries: Healing and medically treated gunshot wounds of the penis and right thigh

VIII Natural Disease: No significant natural disease is identified within the limits of the examination

IX Medical Therapy and Remote Injuries: As described above

X Postmortem Changes: As described above

XI Identifying Marks: As described above

XII Toxicology (AFIP):

- A VOLATILES: No ethanol is detected in the blood and vitreous fluid**
- B DRUGS: Ketamine (an anesthetic) and ephedrine (a sympathomimetic amine commonly used to treat hypotension associated with regional anesthesia) are detected in the urine**
- C CARBON MONOXIDE: The carboxyhemoglobin level in the blood is 1%**
- D CYANIDE: No cyanide is detected in the blood**

OPINION

This 30 to 40-year-old male (b)(6) died of multiple gunshot wounds. There were four gunshot wounds of the torso and two gunshot wounds of the left forearm. No evidence of close range discharge of a firearm was identified on the clothing or skin surrounding any of the entrance wounds. It is my opinion that three of the four exit wounds on the back of the torso appear to be shored. The recovered evidence was turned over to Special (b)(6) CID. The toxicology screen is positive for ketamine and ephedrine. Ketamine and ephedrine are commonly used medications and their detection is unrelated to the cause and manner of death. The manner of death is homicide.

(b)(6)

(b)(6) MEDICAL EXAMINER

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénom)		GRADE Grade	BRANCH OF SERVICE Arme
BTB Khazi, Hamid, Muhsin			Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays	DATE OF BIRTH Date de naissance
		Iraq	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		RELIGION Culte	
<input checked="" type="checkbox"/> CAUCASOID Caucasien		PROTESTANT Protestant	
<input type="checkbox"/> NEGROID Négride		<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		JEWISH Juif	
MARITAL STATUS Stat civil		RELATIONSHIP TO DECEASED Parenté du décédé avec le mort	
SINGLE Célibataire		Parental	
MARRIED Marié			
DIVORCED Divorcé			
WIDOWED Veuf			
SEPARATED Séparé			
NAME OF NEXT OF KIN Nom du plus proche parent		STREET ADDRESS Rue	
		CITY OR TOWN OR STATE (include ZIP Code) Ville (Code postal complet)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Specify only one cause per line) Cause de décès (Indiquer qu'une seule par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort			Seconds to Minutes
Multiple gunshot wounds			
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORIBUND CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition moribonde, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition sous-jacente, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Cause de décès	ALTOUSY PERFORMED Autopsie effectuée		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort associées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	<input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		
<input type="checkbox"/> ACCIDENT Mort accidentelle	CIRCUMSTANCES OF AUTOPTSY Circonstances précipitantes de l'autopsie		
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du médecin légiste		
<input checked="" type="checkbox"/> HOMICIDE Homicide	(b)(6)		AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (day, month, year) Date de décès	PLACE OF DEATH Lieu de décès		
(b)(6) 2007	Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et le décès est survenu à l'heure indiquée et à la suite des causes énoncées ci-dessus.			
NAME OF MEDICAL OFFICER Nom de médecin légiste ou de médecin militaire		TITLE OR DESIGNATION Titre ou désignation	
(b)(6)		Medical Examiner	
INSTALLATION OR ADDRESS Installation ou adresse		DATE Date	
(b)(6)		12/13/2007	
SIGNATURE Signature			
(b)(6)			

DD FORM 1300 2064

REPLACES DA FORM 1300, 1 JAN 72 AND DA FORM 1300-107-02, 29 SEP 78, WHICH ARE OBSOLETE.

MEDCOM 0709

ACLU Detainee Death II ARMY MEDCOM 709

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

DISPOSITION OF REMAINS			
NAME OF MORTUARY FUNERAL HOME	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS (b)(6)	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORIUM	LOCATION OF CEMETERY OR CREMATORIUM		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
RESIDENCY (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
301-319-0000



AUTOPSY EXAMINATION REPORT

Name: DIAB, Yahiyir Diasti
SSAN: (b)(6)
Date of Birth: Estimate 1950s
Date of Death: (b)(6) 2007
Place of Death: 31st Combat Support Hospital, Camp Cropper, Iraq

Autopsy No.: (b)(6)
AFIP No. (b)(6)
Rank: Detainee

Date and Time of Autopsy: 07 DEC 2007, 1100
Place of Autopsy: Port Mortuary, Dover AFB, DE

Date of Report: 03 MAR 2008

Circumstances of Death: This estimated 50-year-old male, Iraqi detainee was pronounced dead at the intensive care unit of the 31st Combat Support Hospital (CSH) at Camp Cropper, Iraq on (b)(6) 2007. The decedent was admitted to the 31st CSH on 25 November 2007 with complains of vomiting blood and passing tarry stool for approximately three days. He was transferred to the 332 Expeditionary Medical Group in Balad for management of his condition. While at Balad, he had an upper endoscopy procedure with the finding of esophageal varices and underwent banding of the lesion. He was transferred back to the 31st CSH at Camp Cropper on 27 November 2007 for continuing inpatient hospitalization. He was pronounced dead with severe variceal bleeding, liver failure, and severe sepsis.

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

Identification: Presumptive identification by incarceration serial number

CAUSE OF DEATH: Gastrointestinal hemorrhage

MANNER OF DEATH: Natural

On 07 December 2007 at 1100, a complete postmortem examination is performed on the body of (b)(6) who was presumptively identified by his incarceration serial number in theater.

EXTERNAL EXAMINATION

The body is received nude with evidence of medical intervention as noted below. The body is that of a well-developed, well-nourished, adult male and cold from refrigeration. He is 69 inches long, weighs 272 pounds, and appears consistent with an estimated age of 50-years. Rigor mortis is dissipated. Postmortem lividity is fixed on the posterior surface of the body with moderate suffusion of the head and neck.

The head is covered with short black and gray hair in a normal distribution. The irides are brown, corneas are clear, and the sclerae are lightly yellow. The pupils are round and equal in diameter. No contact lenses are present and no conjunctival petechiae are seen. The nose is unremarkable. No foreign material is present in the nostrils or the oral cavity. The lips and frenula are atraumatic. Natural teeth are present with signs of tooth decay and gum disease. The external auditory canals are free of blood. The ears are unremarkable and not pierced. The face has a full beard and mustache.

The neck has no masses or deformities. The chest is symmetric with no increase in the anteroposterior diameter. The abdomen is not distended. The external genitalia are those of a circumcised adult male. The testes are descended and free of masses. There is moderate edema of the penis and scrotum. Pubic hair is present in a normal distribution. The back and buttocks are unremarkable.

The upper and lower extremities are symmetric with evidence of pedal edema. The following scars are present on the legs:

- A ¾ x ¾-inch scar of the posterior aspect of the left thigh
- A ¾ x ¾-inch scar of the anterior aspect of the right leg
- A 1 ¼ x ½-inch scar of the anterior aspect of the left leg

CLOTHING AND PERSONAL EFFECT

None

MEDICAL INTERVENTION

- Puncture wounds (x2) covered with gauze, taped in place over the left subclavian area
- Intravenous catheter and arterial catheter inserted and covered with gauze, taped in place over the right femoral area
- Intravenous catheter inserted and covered with gauze, taped in place over the dorsum of the left hand
- Patches of shaved body hair of the right and left chest surfaces
- Puncture with hematoma of the distal right arm

POSTMORTEM ARTIFACTS

None

RADIOGRAPHS

A complete set of total body postmortem radiographs is obtained and shows no evidence of fractures or foreign materials.

EVIDENCE OF INJURY

There is no evidence of blunt or sharp force injuries.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened with a standard Y-shaped incision. The abdominal panniculus is 4-cm thick at the umbilicus. The muscles of the chest and abdominal walls are normal. The rib cage, sternum, and clavicles are intact. The mediastinum is unremarkable. The visceral and parietal pleural surfaces are smooth and glistening; however, there are pleural adhesions of the lateral wall and apex of the right lung, and posterior wall of the left lung. There is approximately 100 ml of clear straw-colored fluid in the pericardial sac. The right and left pleural cavities contain 300 ml and 150 ml of clear straw-colored fluid, respectively. The peritoneal cavity has 150 ml of clear straw-colored fluid. The organs occupy their usual anatomic positions within the pleural and peritoneal cavities. There is no evidence of pericarditis or peritonitis. The omentum and retroperitoneum are unremarkable.

NECK:

The larynx and trachea are in the midline. There is no hemorrhage in the skin, fat or sternocleidomastoid muscles of the anterior neck. The strap muscles and large vessels have no abnormalities. The thyroid cartilage and hyoid bone are intact. The larynx has smooth pink-tan mucosa without focal lesions. No foreign material is present. The tongue is free of bite marks, hemorrhage, or other injuries. The soft tissues of the neck are free of hemorrhage. No fractures or dislocations of the cervical vertebrae are detected.

CARDIOVASCULAR SYSTEM:

The 480 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. There are no epicardial petechiae. The coronary arteries are present in a normal distribution with a right dominant pattern and are unremarkable on multiple cross sections of the vessels. The myocardium is homogenous, dark red-brown, and soft with no gross myocardial fibrosis noted. No defects in the atrial or ventricular septa are present. The valve leaflets are thin and mobile. The circumferences of the cardiac valves are within normal limit for age and heart size. The left ventricle measures 1.8 cm, right ventricle 0.5 cm, and interventricular septum 1.8 cm in thickness. The endocardium is smooth and glistening.

The aorta gives rise to three intact and patent arch vessels. There are atheromatous plaques of the intima of the abdominal aorta. No evidence of aneurysm, coarctation, dissection, or laceration of the aorta is noted. The renal and mesenteric vessels are unremarkable.

RESPIRATORY SYSTEM:

The right and left lungs weigh 1090 and 970 gm, respectively. The trachea is complete, without malformation, from the larynx to the carina. There is no aspirated gastric material or aspirated blood in the trachea. The pleural surfaces are smooth and glistening. The lungs and hilar nodes are moderately anthracotic and there is no gross emphysematous change. On cut section, there is no aspirated blood apparent in alveoli. The pulmonary parenchyma is diffusely edematous. No mass lesions or areas of consolidation are present. There is no pulmonary contusion. Pulmonary thromboemboli are not present.

HEPATOBIILIARY SYSTEM:

The 1030 gm liver has a lumpy capsule with a 3-cm scar-like structure of the anterior-superior-lateral aspect of the right lobe. The parenchyma is yellow-tan and has a lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder is present and contains approximately 10 ml of black bile sludge. There is no stone in the gallbladder. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

HEMOLYMPHATIC SYSTEM:

The 750 gm intact spleen has a reddish thickened capsule. The parenchyma is deep red, with indistinct Malpighian corpuscles. Autolysis is not significant.

Lymph nodes are not prominent in the cervical region, thoracic or peritoneal cavities.

UROGENITAL SYSTEM:

The right and left kidneys weigh 140 and 290 gm, respectively. The renal capsules strip with ease from the underlying smooth cortical surfaces. The cut surfaces are red-tan, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. There are no stones or tumors in the kidneys, pelves, ureters, or bladder. The bladder wall is intact and covered with white mucosa, except for a focal area of hemorrhage of the posterior wall. The bladder contains approximately 15 ml of pinkish-colored 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. There is evidence of banding of the distal esophageal mucosa at the region of the gastroesophageal junction. The stomach contains approximately 500 ml of blood and blood clots. The gastric wall is intact. The small and large intestines are intact and full of liquid blood. The appendix is present. There is blood oozing at the anus.

On further examination after formalin fixation of the proximal stomach and distal esophagus, there is an ovoid 2 x 0.5-cm erosion-like, vertically oriented, lesion of the distal esophageal mucosa. The lower edge of this lesion is encroaching on the gastroesophageal junction. Approximately 0.5 cm distal from the lower edge of this lesion is a 1.5 x 0.7-cm erosion of the gastroesophageal junction mucosa within which a 0.5-cm elastic banded stump is present.

ENDOCRINE SYSTEM:

The thyroid gland is normal in size and symmetric with dark red-brown parenchyma. No masses are present.

The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses or areas of hemorrhage are identified. Autolysis is not significant.

PANCREAS:

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen. Autolysis is not significant.

MUSCULOSKELETAL SYSTEM:

The vertebral column and pelvis are visibly and palpably intact. The musculature is normally developed and of the usual color and consistency. The back and posterior aspect of the lower extremities are incised with two continuous incisions from the shoulder to the ankles and shows no evidence of injuries.

HEAD AND CENTRAL NERVOUS SYSTEM:

The cranial cavity is opened with a coronal incision of the scalp and removal of the calvarium. The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. There is no evidence of epidural, subdural, or subarachnoid hemorrhage. The brain weighs 1480 gm. The leptomeninges are transparent and strip with ease. The gyral pattern and sulci are unremarkable. The major vessels at the base of the brain have the usual anatomic distribution and no significant atherosclerosis is found. The cranial nerves are symmetrical and intact. No evidence of herniation is present. Coronal sections through the cerebral hemispheres reveal no lesions. The ventricles are of normal size and contain clear cerebrospinal fluid. Transverse sections through the brain stem and cerebellum are unremarkable. There are no skull fractures. The atlanto-occipital joint is stable. The spinal cord is not examined in its entirety.

OTHER PROCEDURES

1. Photographic evidence is obtained by OAFME photographers.
2. Specimens for toxicology: blood, bile, vitreous, urine, liver tissue, kidney tissue, lung tissue, spleen tissue, brain tissue, heart tissue, and adipose tissue.
3. Specimen collected for DNA analysis: psoas muscle.
4. Representative tissue samples are retained in formalin, with preparation of histologic slides.
5. Dissected organs are forwarded with the body.

MICROSCOPIC EXAMINATION

Lungs (slide 1-5): diffuse pulmonary edema with emphysematous change and no evidence of increase inflammatory cells infiltrate. There are scattered foci of microscopic calcification within the parenchyma and diffuse anthracotic deposition.

Kidneys (slide 8): tubular autolysis with scattered glomerulosclerosis. A focal fibrosis is seen in the medulla.

Spleen (slide 9-11): congestion with increase fibrosis of the red pulp areas. White pulp is present with unremarkable periarteriolar lymphatic sheath.

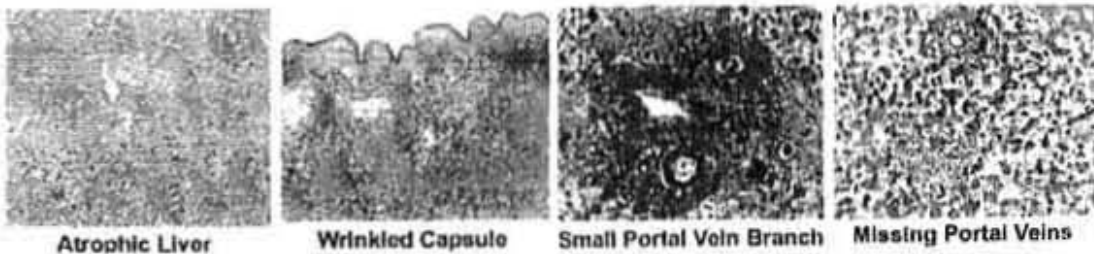
Esophageal defect (slide 12-14): denuded squamous epithelium with coagulative necrotic changes and early replacement fibrosis. There are numerous dilated vascular spaces in the submucosal tissue with some of them containing early organizing thrombi. There is no evidence of acute rupture of the blood vessels in this area.

Consultation

Liver: Hepatoportal sclerosis

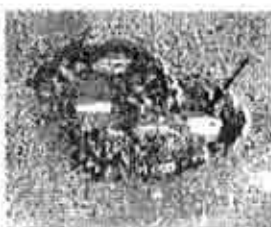
The liver is extremely autolyzed. Changes are best appreciated on the Masson stains.

There is considerable parenchymal atrophy, causing the vascular structures (portal tracts and central veins) to be close together and wrinkling of the Glisson's capsule in section 7. There is no cirrhosis, but there is a great deal of portal fibrosis with portal-portal bridging. Hepatic artery branches are present in the portal tracts, but many small portal tracts have only small portal vein branches or lack portal veins entirely. Several large portal areas have veins that are markedly thickened by intimal proliferation, presumably secondary to the patient's portal hypertension. A few outflow veins are also thickened. The features are those of the uncommon disorder known variably as "hepatoportal sclerosis", "idiopathic portal hypertension", or "noncirrhotic portal fibrosis". The cause and pathogenesis are uncertain, but patients with this disease can develop severe portal hypertension in the absence of cirrhosis. See attached pictures.





Thickened Large Portal Vein - Arrows show original vein wall.



Recanalized Large Portal Vein



Portal & Bridging Fibrosis

References:

1. Aikat BK, et al: The pathology of noncirrhotic portal fibrosis. *Human Pathol* 1979; 10:405-418
2. Okuda K, et al: Liver pathology of idiopathic portal hypertension. Comparison with non-cirrhotic portal fibrosis of India. *Liver* 1982; 2:176-192.
3. Bioulac-Sage P, et al: Hepatoportal sclerosis. *Sem Liver Dis* 1995; 15:329-339.
4. Nakanuma Y, et al: Pathology and pathogenesis of idiopathic portal hypertension with an emphasis on the liver. *Pathol Res Pract* 2001; 197:65-76.
5. Fiel MI, et al: Liver failure and need for transplantation in patients with advanced hepatoportal sclerosis. *Am J Surg Pathol* 2007; 31:607-614.

//SIGNED//

(b)(6)

Armed Forces Institute of Pathology

FINAL AUTOPSY DIAGNOSES:

I. Gastrointestinal hemorrhage

- A. Hepatoportal sclerosis
- B. Status post banding for esophageal varices
- C. Approximately 500 ml of blood and blood clot collected in the stomach
- D. Intestinal lumen is filled with blood with discharge of blood via the anus

II. Other natural disease diagnoses

- A. Concentric left ventricular hypertrophy
- B. Microscopic finding of diffuse enlarged portal fibrosis of the liver
- C. Splenomegaly (750 gm)
- D. Asymmetrical kidneys (right – 140 gm, left -290 gm)
- E. Pericardial, pleural, and peritoneal effusions
- F. Pedal and scrotal edema

III. Medical therapy

- A. Intravenous catheter inserted and covered with gauze of the left subclavian area
- B. Arterial catheter and intravenous catheter inserted and covered with gauze of the right femoral area
- C. Intravenous catheter inserted and covered with gauze of the left hand
- D. Puncture wound with hematoma of the right arm

IV. Identifying marks

- A. Scar of the posterior aspect of the right thigh
- B. Scars of the anterior aspects of both legs

V. Toxicology results

- A. No ethanol detected in the blood and vitreous fluid
- B. Drug screen
 - a. Lidocaine detected in the urine
 - b. Morphine detected in the urine. The blood contained 0.11 mg/L
 - c. Acetaminophen detected in the urine. The blood contained 5 mg/L
 - d. Midazolam detected in the urine. The blood contained 0.34 mg/L
 - e. 1-Hydroxymidazolam detected in the urine. The blood contained 0.025 mg/L

OPINION

This estimated 50-year-old male died as a result of acute upper gastrointestinal hemorrhage from esophageal variceal bleeding.

The banding of the esophageal varices was in place. The lesion of the distal esophagus was consistent with that of a healing erosion above the banded esophageal varice. Although we did not find the source of the bleeding, re-bleeding is a known complication with high mortality of the esophageal varices. Esophageal varices develop in 90% of cirrhotic patients and are most often associated with alcoholic cirrhosis. Worldwide, hepatic schistosomiasis is the second most common cause of variceal bleeding. The decedent's liver showed characteristic of an uncommon disorder known as hepatoportal sclerosis as indicated from the AFIP consultation. As such, patients with this disorder were known to develop severe portal hypertension, and ultimately gastroesophageal varices.

The postmortem toxicology analysis showed the present of lidocaine, morphine, acetaminophen, midazolam, and 1-hydroxymidazolam (a byproduct of midazolam) consistent with medical therapeutic modalities.

We had requested the complete medical record for the time of his hospitalization from 25 November 2007 to the time of his death on (b)(6) 2007; however, received only the documentation for the admission, brief surgical note of the esophageal banding, and the brief note of death notification. The progress notes for his hospitalization were absent for our review. Therefore, we are certifying the cause and manner of death based on the available medical record, autopsy, and toxicology findings. If there is additional material becomes available, we will review the case and issue our finding if warranted.

The manner of death is natural.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du défunt (nom et prénoms) BTB Diab, Yahyr, Diesti		GRADE Grade Civilian	SOCIAL SECURITY NUMBER Numéro de Sécurité Sociale (b)(6)
ORGANIZATION Organisation		NATION (e.g. United States) Pays	DATE OF BIRTH Date de naissance
RACE Race		MARITAL STATUS État civil	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Négré	<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 checked="" type="checkbox"/> PROTESTANT Protestant
	<input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> CATHOLIC Catholique
			<input type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du défunt avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (include ZIP CODE) Ville (Code postal américain)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause de décès (N'inscrire 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 Gastrointestinal hemorrhage			
ANTECEDENT CAUSES Symptômes précourus de la mort	MORIBUND CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, intervenant à la cause principale		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, intervenant à la cause principale		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES OUI <input type="checkbox"/> NO NON	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort attribuées par les causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MODE OF NICE UP-AUTOPSY Conditions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Rituel	(b)(6)		
<input type="checkbox"/> HOMICIDE Homicide	(b)(6)	DATE Date 7 December 2007	AVAIL ON ACCIDENT Accident à l'arme <input type="checkbox"/> YES OUI <input checked="" type="checkbox"/> NO NON
DATE OF DEATH (Day, month, year) Jour, le mois, l'année (b)(6) 2007 (b)(6)	PLACE OF DEATH Lieu de décès Camp Cropper Iran		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai consulté les restes mortels du défunt et le décès est survenu à l'heure indiquée et à la suite des causes énoncées ci-dessus.			
(b)(6)		SIGNED Signature Medical Examiner	
GRADE Grade MAJ	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE		
DATE Date 12/7/2007	(b)(6)		

DD FORM 1300, 1 JAN 72 AND DA FORM 1300, 1 JAN 72, WHICH ARE OBSOLETE.

MEDCOM 0720

ACLU Detainee Death II ARMY MEDCOM 720

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

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

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

MEDCOM 0721

ACLU Detainee Death II ARMY MEDCOM 721



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



AUTOPSY EXAMINATION REPORT

Name: BTB Ahmad, Marwan Taha	Autopsy No.: (b)(6)
ISN: (b)(6)	AFIP No.: (b)(6)
Date of Birth: (b)(6) 1960, as reported	Rank: Detainee
Date of Death: (b)(6) 2007	Place of Death: Camp Cropper, Iraq
Date/Time of Autopsy: 28 NOV 2007/1220	Place of Autopsy: Port Mortuary
Date of Report: 23 JAN 2008	Dover AFB, Dover, DE

Circumstances of Death: This approximately 40-50 year old adult detainee, believed to be (BTB) (b)(6) at Camp Cropper in Iraq was noticed to be missing from a mandatory muster. Upon investigation (b)(6) was found without signs of life. Attempts at resuscitation were unsuccessful. Circumstances surrounding the incident are currently under investigation.

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

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

CAUSE OF DEATH: Multiple blunt force injuries

MANNER OF DEATH: Homicide

EXTERNAL EXAMINATION

Injuries will be described in detail in a separate section, and will only be briefly alluded to in the remainder of the report, for purposes of orientation and completeness. The body is that of a well-developed, well-nourished appearing, adult male, whose appearance is consistent with the reported approximate age of 40 to 50-years. The body is received clad in a white tank top style undershirt pulled above the nipples, a yellow button down long sleeved shirt, and a single white sock with an alligator logo on the right foot. The hands are covered with paper bags secured at the wrists. The remains are 72-inches in length, and weigh 204-pounds. Lividity is present and fixed on the posterior surface of the body except in areas exposed to pressure. Marbling is present on the anterior shoulders and upper arms. Rigor is present to an equal degree in all extremities. The temperature of the body is that of the refrigeration unit.

The head is normocephalic, and the scalp is covered with straight black hair with scattered strands of grey, in a male pattern baldness distribution. Facial hair consists of grey-black stubble. The irides are brown. The corneae are hazy. The conjunctivae are congested. The pupils are round and equal in diameter. The sclerae are white and without petechial hemorrhage. The external auditory canals, external nares, and oral cavity are free of foreign material and abnormal secretions. The ears are unremarkable. The nares are patent and the lips are atraumatic. The maxillae are palpably intact. The teeth appear natural and in poor condition. The neck is straight, and the trachea is midline and mobile.

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

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

Identifying marks include a fine 2-inch linear scar on the dorsum of the left hand.

CLOTHING AND PERSONAL EFFECTS

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

- White tank top style undershirt
- Yellow button down long sleeved shirt
- Single white sock with an alligator logo on the right foot

MEDICAL INTERVENTION

Medical intervention consists of a nasal trumpet in the right naris.

RADIOGRAPHS

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

- Fractures of the nasal bones
- Multiple rib fractures
- Fracture of the sternum

EVIDENCE OF INJURY

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

There is a ¼ x ¼-inch superficial abrasion of the glabella. A 1-inch subgaleal hemorrhage is identified on the right frontal scalp without underlying skull fracture. Fractures of the nasal bones are palpable. Layerwise dissection of the structures of the anterior neck indicate hemorrhage into the superficial anterior strap muscles (left greater than right) with an intact hyoid bone and intact thyroid cartilage. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

There are multiple cutaneous injuries of the torso. There is a faint 1-inch contusion on the anterior right shoulder. Below the right nipple is a horizontally oriented 5 x 2 ½-inch contusion. On the mid-upper chest, extending over the left upper chest is a 6 x 4-inch contusion with a ½ x ¼-inch abrasion at the inferior medial margin. There are multiple contusions on the lower right chest, 1 to 2-inches in greatest dimensions. On the right inferior lateral chest wall is a 6 ½ x 1 ½-inch contusion. On the upper abdomen above the umbilicus is a 5 ½ x 7 ½-inch obliquely oriented (along the 4 to 10 o'clock axis) contusion with a 7 x ¼-inch linear area of sparing along the long axis of the contusion. There is a 7 x 3-inch cluster of contusions on the inferior left lateral chest wall, measuring up to ½-inches in greatest dimensions. Contused abrasions are noted above the right and left iliac crests measuring 4 x 2-inches and 3 x 1-inch, respectively. On the right lower back is a 7 x 2 ½-inch cluster of fine vertically oriented parallel abrasions. Similarly on the left lower back is a 13 x 2 ½-inch cluster of fine vertically oriented parallel abrasions. There are bilateral hemothoraces (right – 200-milliliters, left – 100-milliliters). Non-quantifiable hemorrhage is noted on the intact anterior pericardial sac. There is a 100-milliliter retroperitoneal hemorrhage. There are multiple rib fractures (right anterior #2-7, left lateral #4-6, left anterior #1-3 and #5). There is a displaced fracture of the sternum located at the 2nd intercostal space. A 2 x 1 ½ x ½-inch laceration of the inferior left lobe of the liver is noted adjacent to an intact gallbladder. Focal hemorrhage is noted on the cortical surface of the right kidney and the mesentery of the small bowel. Layerwise dissection of the back demonstrates focal subcutaneous hemorrhage underlying the injuries described above.

Layerwise dissection of the extremities and buttocks demonstrates no evidence of musculoskeletal injuries.

INTERNAL EXAMINATION

BODY CAVITIES:

(See above "Evidence of Injury")

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

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

HEAD AND CENTRAL NERVOUS SYSTEM:

(See above "Evidence of Injury")

The scalp is reflected. There are no skull fractures. The calvarium is intact, as is the dura mater beneath it. There are no epidural or subdural hemorrhages present. The leptomeninges are thin and delicate. Clear cerebrospinal fluid surrounds the 1500-gram brain. The cerebral hemispheres are symmetrical with unremarkable gyri and sulci. The structures at the base of the brain, including cranial nerves and blood vessels, are intact and unremarkable.

Coronal sections demonstrate sharp demarcation between white and grey matter, 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 atlanto-occipital joint is stable.

NECK:

(See above "Evidence of Injury")

The anterior strap muscles of the neck are homogenous and red-brown with the previously described superficial hemorrhages. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The tongue is free of bite marks, hemorrhage, or other injuries.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is salmon pink, diffusely congested and edematous, exuding slight to moderate amounts of blood and frothy fluid. No mass lesions or areas of consolidation are present. The right and left lungs weigh 400 and 390-grams, respectively.

CARDIOVASCULAR SYSTEM:

(See above "Evidence of Injury")

The pericardial surfaces are smooth, glistening and unremarkable. The 420-gram heart is contained in an intact pericardial sac free of significant fluid or adhesions. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally, follow the usual distribution in a right dominant pattern, are widely patent, and without evidence of thrombosis. Atherosclerotic luminal narrowing of less than 20% involves the left main, left anterior descending, and right coronary arteries. The myocardium is homogenous, red-brown, firm and unremarkable; the atrial and ventricular septae are intact. The walls of the left ventricle, right ventricle, and interventricular septum are 1.5, 0.4, and 1.5-centimeters thick, respectively. The valve leaflets are thin and mobile. The aorta and its major branches arise normally, follow the usual course and have mild focal atherosclerotic streaking. The venae cavae and its major tributaries return to the heart in the usual distribution and are free of thrombi. The renal and mesenteric vessels are unremarkable.

HEPATOBIILIARY SYSTEM:

(See above "Evidence of Injury")

The hepatic capsule, where uninjured, is smooth and glistening, covering dark red-brown, moderately congested parenchyma. No mass lesions or other non-traumatic abnormalities are noted. The gallbladder contains 10-milliliters of green-brown mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent and without evidence of calculi. The liver weighs 1850-grams.

GASTROINTESTINAL TRACT:

(See above "Evidence of Injury")

The esophagus is intact and lined by smooth, grey-white mucosa. The gastric wall is intact and the lumen of the stomach is empty. The gastric mucosa is arranged in the usual rugal folds. The duodenum, loops of small bowel and colon are unremarkable. The appendix is present.

GENITOURINARY SYSTEM:

(See above "Evidence of Injury")

The right and left kidneys weigh 140 and 80-grams, respectively. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surface. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves and calyces are unremarkable. The ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 30-milliliters of clear yellow urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

LYMPHORETICULAR SYSTEM:

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

ENDOCRINE SYSTEM:

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

MUSCULOSKELETAL SYSTEM:

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

ADDITIONAL PROCEDURES

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

MICROSCOPIC EXAMINATION

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

AHMAD, Marwan Taha**FINAL AUTOPSY DIAGNOSES:**

- I. Multiple blunt force injuries
 - A. Blunt force injuries of the head and neck
 1. Superficial abrasion of the face
 2. Subgaleal hemorrhage of the right frontal scalp
 3. Fractures of the nasal bones
 4. No evidence of neck injury or fractures of the calvarium
 - B. Blunt force injuries of the torso
 1. Multiple patterned contusions and abrasions of the torso
 2. Multiple fractures of the ribs and sternum with associated hemorrhage into the anterior mediastinum
 3. Bilateral hemothoraces (right – 200-milliliters, left – 100-milliliters)
 4. Retroperitoneal hemorrhage (100-milliliters)
 5. Laceration of the liver
 6. Focal hemorrhage of the right kidney and mesentery of the small bowel
- II. Natural disease diagnoses
 - A. Atherosclerotic narrowing of the coronary arteries (left main, left anterior descending, and right) of less than 20%
 - B. Focal atherosclerotic streaking of the aorta
- III. Medical intervention consists of a nasal trumpet in the right naris
- IV. Post-mortem changes
 - A. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure
 - B. Marbling of the skin is present on the right anterior shoulder
 - C. Rigor is present to an equal degree in all extremities
- V. Toxicology results
 - A. Volatiles: The blood and vitreous fluid were examined for the presence of ethanol at a cutoff of 20 mg/dl. No ethanol was detected.
 - B. Drugs: The urine was screened for 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: none detected.
 - C. 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.
 - D. Cyanide: No cyanide was detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

OPINION

This 40-50 year old civilian detainee at Camp Cropper Iraq, BTB (b)(6) died as the result of multiple blunt force injuries. Autopsy examination revealed blunt force injuries, predominately of the torso, resulting in a flail chest, liver laceration, and injury to the attachments of the small bowel.

Postmortem analysis of the body fluids was negative for the presence of ethanol, screened medications and screened drugs of abuse. There was no evidence of significant natural disease processes that would have contributed to the cause or manner of death noted at the time of autopsy.

The manner of death is homicide.

(b)(6)

(b)(6) Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, first, middle) Nom du décédé (nom et prénom) DTB Ahmad, Mahwan, Taha		GRADE Grade None	BRANCH OF SERVICE Armée Civilian
ORGANIZATION Organisation		NATION (i.e. United States) Pays	SOCIAL SECURITY NUMBER Numéro de l'assurance sociale (b)(6)
		DATE OF BIRTH Date de naissance	SEX Sexe <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race	MARITAL STATUS Statut marital		RELIGION Religion
<input checked="" type="checkbox"/> CAUCASOID Caucasien	<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 checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Partout de parents avec le déf	
STREET ADDRESS Domicile à l'étranger		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 (Préciser 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			Multiple blunt force injuries
			Minutes
ANTECEDENT CAUSES Symptômes préexistants de la mort	MODIFIED CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition modifiée, s'il y a lieu, menant à la cause principale		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Cause sous-jacente, s'il y a lieu, menant à la cause principale		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Cause de la mort	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort résultant de causes externes
<input type="checkbox"/> NATURAL Mort naturelle	MODEM FINDINGS OF AUTOPSY Conclusions préliminaires de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATROL OFFICER (b)(6)		
<input checked="" type="checkbox"/> HOMICIDE Homicide	(b)(6)		DATE DEATH 28 November 2007
DATE OF DEATH (day, month, year) (b)(6) r2007 (b)(6)	PLACE OF DEATH (city or state) Camp Remembrance Iraq		AVIATION ACCIDENT <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSE AS STATED ABOVE. J'ai examiné les restes mortels du défunt et constaté que le décès est survenu à l'heure indiquée et à la suite des causes énoncées ci-dessus.			
NAME OF MEDICAL OFFICER (last, first, middle) (b)(6) Medical Examiner			
GRADE (b)(6)		INSTALLATION OR ADDRESS Dover AFB, Dover DE	
DATE 11/28/2007		(b)(6)	
<small> 1. Birth records, date of completion (month, year) and date of death (month, year) must be entered. 2. State conditions contributing to the death, but not relevant to the primary cause, should be entered on the back of the certificate. 3. The cause of death should be stated in full, including the mechanism of injury or disease, and the organ or system involved. 4. The cause of death should be stated in full, including the mechanism of injury or disease, and the organ or system involved. </small>			

DD FORM 1300, 1 APR 73
2064

REPLACES DA FORM 1300, 1 JAN 73 AND DA FORM 1300-R (PARTIAL) 28 SEP 72, WHICH ARE OBSOLETE.

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

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

DD FORM 2064, APR 1977 (BACK)

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



AUTOPSY EXAMINATION REPORT

Name: Khalaf Al Fahadawi, Layith Husayn	Autopsy No.: (b)(6)
ISN: (b)(6)	AFIP No.: (b)(6)
Date of Birth: (b)(6) 1980	Rank: Detainee
Date of Death: (b)(6) 2007	Place of Death: Iraq
Date/Time of Autopsy: 17 NOV 2007 @ 1100	Place of Autopsy: Port Mortuary, Dover Air Force Base, Dover, DE
Date of Report: 29 NOV 2007	

Circumstances of Death: Initial reports state that this detainee (b)(6) (b)(6) was brought by fellow detainees to security forces with faint signs of life.

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

Identification: Accompanying documentation establishes presumptive identification.

CAUSE OF DEATH: **Asphyxia by Smothering**

MANNER OF DEATH: **Homicide**

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished Caucasoid male. The body weighs 144 pounds and measures 67-1/2 inches in length. Lividity is fixed on the posterior surfaces of the body. Rigor is passing. The body temperature is cold to touch. Decomposition changes consist of mild skin slippage on the chest, back, right foot, and left ankle.

Injuries of the head are described below. The scalp is covered with straight brown hair of medium length in a normal distribution. The irides are brown, the corneae are hazy, the conjunctivae are pale, and the sclerae are white. The external auditory canals are clear of debris. The ears are unremarkable. The nares are clear of debris. The nose and maxillae are palpably stable. The teeth are natural and in good condition. The neck is straight, and the trachea is midline and mobile.

Injuries of the torso are described below. The chest is symmetric. The abdomen is flat. The genitalia are those of a normal adult circumcised male. The testes are descended. Pubic hair is present in a normal distribution. The back is symmetric. The anus is unremarkable.

Injuries of the extremities are described below. The upper and lower extremities are symmetric. The fingernails are intact and clipped for evidence. Identifying marks are not present.

CLOTHING AND PERSONAL EFFECTS

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

MEDICAL INTERVENTION

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

- Defibrillator pads on the right chest and left flank
- Cardiac monitor leads on the anterior torso
- Triple lumen catheter, left subclavian region
- Oral endotracheal intubation
- Intravascular catheter, left ante-cubital fossa

RADIOGRAPHS

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

- No bony fractures
- No metallic 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.

I. Evidence of asphyxia by smothering

On the right corner of the upper lip is a 1/2" x 1/8" abrasion. A 1" x 1/9" abrasion is on the left corner of the upper lip. Along the lower lip is a 1" x 1/8" abrasion.

II. Blunt force injuries

A. Head and neck

A 1/8" abrasion is on the left side of the forehead and a 1/4" x 1/8" abrasion on the front of the neck.

B. Torso

A 5" x 3-1/4" contusion is on the upper left chest, 11" below the top of the head. A 1/2" x 1/8" abrasion is on the right groin. A 12" x 2" contusion is on the upper back 9" to 11" below the top of the head. A cluster of abrasions, 1/16" to 1-1/4" in greatest dimension, covers an area of 2-1/2" x 2" on the upper central back. A 10-1/2" x 4-1/2" contusion is on the right side of the back, 11" to 22" below the top of the head. On the left side of the back is an 8" x 6" contusion 15" to 20" below the top of the head. A 10" x 5" contusion is on the left buttock, 27-1/2" to 35-1/2" below the top of the head. Incisions into the contusions reveal hemorrhage confined to the underlying subcutaneous tissues; there is no skeletal muscle necrosis.

C. Extremities

A 9" x 5" contusion is on the posterior right arm, 6-1/2" to 13-1/2" below the top of the shoulder. A cluster of contusions, 1/4" to 2-1/2" in greatest dimension, covers an area of 5" x 2-1/2" on the posterior left arm, 6" to 11" below the top of the shoulder. A 1/2" x 1/4" abrasion is on the posterior left wrist and a 1/2" abrasion is on the dorsum of the left hand. A 1/4" contusion (hematoma) is on the palm of the left hand and a 1/2" contusion (hematoma) is on the palmar aspect of the left index finger. A cluster of abrasions, 1/8" to 1/2" in greatest dimension, covers an area of 2" x 1" on the anterior right thigh. Encircling the right thigh and extending up the right buttock is a 22" x 17" contusion, 21" to 37" above the bottom of the heel. A Cluster of abrasions, 1/16" to 1/8" in greatest dimension, covers an area of 1" x 1/4" on the anterior thigh. A 1" x 1/2" abrasion is on the right knee. A cluster of contusions, 1/2" to 8" in greatest dimension, covers an area of 9" x 5" on the anterior right leg, 4-1/2" to 14-1/2" above the bottom of the heel. Two abrasions, 1/2" and 1" in greatest dimension, is on the anterior right leg. A circumferential contusion, 21-1/2" x 11", is on the left thigh, 10" to 29" above the bottom of the heel. A cluster of contusions, 2" to 5-1/2" in greatest dimension, covers an area of 10" x 3" on the anterior left leg, 5" to 14-1/2" above the bottom of the heel. A cluster of abrasions, 1/8" to 1-1/4" in greatest dimension, covers an area of 1-1/2" x 1-1/4" on the anterior left leg. Incisions into the contusions reveal hemorrhage confined to the underlying subcutaneous tissues; there is no skeletal muscle necrosis.

Khalaf Al Fahadawi, Layith Husayn**INTERNAL EXAMINATION****HEAD AND CENTRAL NERVOUS SYSTEM:**

The galeal and subgaleal soft tissues of the scalp are free of injury. There are no skull fractures. The dura mater is intact with no evidence of hemorrhage. The leptomeninges are thin and delicate. Clear cerebrospinal fluid surrounds the 1340 gm brain, which has unremarkable gyri and sulci. The cerebral hemispheres are symmetrical and the structures at the base of the brain, including the cranial nerves and blood vessels are intact. Coronal sections demonstrate sharp demarcation between white and gray matter, without hemorrhage or contusive injury. The ventricles are not enlarged. The basal ganglia, brainstem, and cerebellum are free of injury or other abnormalities. The atlanto-occipital joint is stable. The spinal cord is unremarkable.

NECK:

Layer-wise dissection of the neck reveals that the anterior strap muscles are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The parathyroid glands are not identified. The major vessels of the neck are intact. The tongue is free of bite marks, hemorrhage, or other injuries.

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

BODY CAVITIES:

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

MUSCULOSKELETAL:

(See Evidence of Injury)

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

RESPIRATORY SYSTEM:

The airways are clear of debris and foreign material and the mucosal surfaces are smooth, yellow-tan, and unremarkable. The right and left lungs weigh 500 and 420 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present. The pulmonary arteries are normally developed and patent. The diaphragm is intact.

CARDIOVASCULAR SYSTEM:

The 360 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are unremarkable in distribution, with a right-dominant pattern. Cross sections of the vessels show no luminal narrowing. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1.4, 1.5, and 0.4-cm thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal, mesenteric, and iliac vessels as well as the venae cavae are unremarkable.

HEPATOBIILIARY SYSTEM:

The 1150 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with unremarkable lobular architecture. No mass lesions or other non-traumatic abnormalities are seen. The gallbladder contains a minute amount of green-black bile and no stones. The mucosal surface is green and velvety.

LYMPHORETICULAR SYSTEM:

The 210 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles. Lymph nodes in the hilar, periaortic, and iliac regions are unremarkable. Residual thymus is present in the anterior mediastinum.

ENDOCRINE SYSTEM:

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

GENITOURINARY SYSTEM:

The right and left kidneys weigh 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 and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The bladder is empty. The prostate has lobular, yellow-tan parenchyma and is not enlarged. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, gray-white mucosa. The stomach contains approximately 150 ml of mixed solids and fluids. The gastric wall is intact. The duodenum, distal loops of intestine, and colon are unremarkable. The pancreas is firm and yellow-tan, with lobular architecture. No mass lesions or other abnormalities are seen. The appendix is present.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff.
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicology testing and/or DNA identification are blood, vitreous fluid, bile, gastric contents, brain, adipose tissue, lung, heart muscle, spleen, kidney, liver, and psoas muscle.
4. The dissected organs are forwarded with body.
5. Trace evidence and/or foreign material are collected and retained by Army Criminal Investigation Division Special Agent (b)(6)

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin.

Kidney: Mild autolysis and generally intact tubules with unremarkable glomeruli, interstitial, and vasculature

FINAL AUTOPSY DIAGNOSES:

- I. Evidence of asphyxia by smothering
 - Multiple (3) abrasions of the lips

- II. Blunt force injuries
 - A. Head and neck
 1. Abrasion, left forehead
 2. Abrasions, neck
 - B. Torso
 1. Contusion, upper left chest
 2. Abrasion, right groin
 3. Multiple (3) contusions, back
 4. Cluster of abrasions, back
 5. Contusion, left buttock
 - C. Extremities
 1. Right upper extremity
 - Contusion, posterior arm
 2. Left upper extremity
 - a. Cluster of contusions, posterior arm
 - b. Abrasion, posterior wrist
 - c. Abrasion, dorsum of the hand
 - d. Contusion (hematoma), palm
 - e. Contusion, (hematoma), index finger
 3. Right lower extremity
 - a. Cluster of abrasions, anterior thigh
 - b. Circumferential contusion, thigh and buttock
 - c. Cluster of abrasions, anterior thigh
 - d. Abrasion, knee
 - e. Cluster of contusions, anterior leg
 - f. Multiple (2) abrasions, anterior leg
 4. Left lower extremity
 - a. Circumferential contusion, thigh
 - b. Cluster of contusions, anterior leg
 - c. Cluster of abrasions, anterior leg

- III. Natural disease and pre-existing conditions: none identified within the limitations of the examination

- IV. Medical intervention
 - A. Defibrillator pads on the right chest and left flank
 - B. Cardiac monitor leads on the anterior torso
 - C. Triple lumen catheter, left subclavian region
 - D. Oral endotracheal intubation
 - E. Intravascular catheter, left ante-cubital fossa

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

- VI. Identifying marks: none

- VII. Toxicology results
 - A. Volatiles (blood and vitreous fluid): no ethanol detected
 - B. Screened drugs of abuse and medications (blood):
 - 1. Positive atropine
 - 2. No other screened drugs of abuse or medications detected
 - C. Carbon monoxide (blood): less than 1%
 - D. Cyanide (blood): none detected

OPINION

This detainee (b)(6) died of asphyxia from smothering. Abrasions around the mouth suggest forceful covering of the airways to prevent adequate respirations. He did sustain multiple blunt force injuries, however, these were not severe enough to cause death. Toxicology tests for ethanol and screened drugs of abuse were negative. The manner of death is homicide.

(b)(6)

(b)(6) Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS)

Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Khalaf Al Fahadawi, Layith Husayne,		GRADE Grade	BRANCH OF SERVICE Arme Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
ORGANIZATION Organisation Detainee		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1980	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Négride	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> JEWISH Juif	<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
Asphyxia by smothering		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort		
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
ACCIDENT Mort accidentelle		
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	
<input checked="" type="checkbox"/> HOMICIDE Homicide	SIGNATURE (b)(6)	DATE 17 November 2007
		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non

DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2007 (b)(6)	PLACE OF DEATH Lieu de décès 31st Combat Support Hospital 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 (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE
------------------------	--

DATE 11/29/2007	SIGNATURE (b)(6)
---------------------------	----------------------------

1. State disease, injury or complication which caused death, but not mode of dying such as fire.
2. State conditions contributing to the death, but not related to the disease or condition causing it.
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 à l'exception de la manière de mourir.

ACLU Detainee Death II ARMY MEDCOM 741

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

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

DD FORM 2064, APR 1977 (BACK)

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



AUTOPSY EXAMINATION REPORT

Name: Habib Al-Sarray, Salim Abo Alla

Autopsy No. (b)(6)

(b)(6)

AFIP No.: (b)(6)

Date of Birth: (b)(6) 1968

Rank: Civilian/Detainee

Date of Death: (b)(6) 2007

Place of Death: Iraq

Date/Time of Autopsy: 14 NOV 2007 @ 1230 hrs

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

Date of Report: 12 February 2008

Circumstances of Death: This 38-year-old Operation Iraqi Freedom detainee, as reported, complained of malaise and was found to have a low blood pressure and high heart rate. He was transported to the ICU where he went into shock and was treated with life saving measures which were unsuccessful. He was pronounced dead on (b)(6) 2007.

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

Identification: Presumptive identification per CID investigation.

CAUSE OF DEATH: ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

MANNER OF DEATH: NATURAL

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male. The body weighs 246 pounds, is 70 inches in length and appears compatible with the reported age of 38 years. The body is cold. Rigor is present to an equal degree in all extremities. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure.

The head is normocephalic, and the scalp hair is black and gray. A well healed scar is on the lateral surface of the right forehead. The Facial hair consists of a black beard. The irides are brown. The corneae are cloudy. The vessels of the right conjunctiva and sclera are engorged, but the left is unremarkable. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton and maxilla are palpably intact. The teeth are natural and in good condition. The upper and lower frenulae are unremarkable. Examination of the neck reveals no evidence of injury.

The abdomen is protuberant. The external genitalia are those of a normal adult circumcised male. There is a 4 inch well healed scar on the left lower abdominal quadrant. On the lateral surface of the right buttock are four superficial circular healed ulcers measuring up to ¾ inches in maximum dimension. There is a ½ x ¼ x 1/8 inch anal skin tag on the twelve o'clock surface of the anus.

The extremities show no evidence of fractures, lacerations or deformities. The fingernails are intact. There are (b)(6) tattoos (b)(6)

CLOTHING AND PERSONAL EFFECTS

None identified.

MEDICAL INTERVENTION

- Endo-tracheal tube present in the mouth, resulting in a left upper lip contused laceration (measuring ½ x ¼ inches) and a contusion of the left inner lower lip (measuring 2 x 0.5 centimeters)
- Left subclavian IV-line
- Left and right antecubital fossa IV-lines with surrounding contusions measuring up to 3 inches in maximum dimension.
- Foley catheter
- Dorsal surface IV-line on the left hand with surrounding contusion measuring up to 2 inches in maximum dimension.
- There is a linear array of the minute puncture marks, about 25, located on the right upper chest below the right clavicle measuring 4 x 1 inches in area.
- Cardio-Pulmonary Resuscitation (CPR) related injuries:
 - Right anterior 2nd-5th
 - Left anterior 3rd-6th
 - There is a 5 x 5 inch contusion on the sternal surface of the chest.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the following changes listed below.

EVIDENCE OF INJURY

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

There is a 1 x 1 inch contusion near the right elbow.

There is a dry, bloodless anal laceration measuring $\frac{1}{4}$ x $\frac{1}{4}$ of an inch at the six o'clock position located $\frac{1}{4}$ of an inch from the anal verge.

There is an area of soft tissue hemorrhage measuring 3.5 centimeters in maximum dimension located along the dorsal surface of the right wrist.

INTERNAL EXAMINATION

BODY CAVITIES:

There is 50 milliliters of serosanguineous fluid in the pericardial sac. All body organs are present in normal anatomical position. There are two subcutaneous lipomas near the umbilicus and at the upper (midline region) abdominal quadrant measuring 5 x 5 x 2 centimeters and 7 x 4 x 3 centimeters, respectively.

Remote rib fractures are identified along the right lateral (1st -4th and 6th) right posterior (4th and 6th) ribs. Remote rib fractures are identified along the left lateral (3rd, 4th, and 9th) ribs.

The subcutaneous fat layer of the abdominal wall is 2 $\frac{1}{2}$ inches thick.

HEAD AND NECK:

The galena and subarea soft tissues of the scalp are free of injury. There are no skull fractures. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels are intact.

The brain weighs 1350 grams and has unremarkable gyri and sulci. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brain stem and cerebellum are unremarkable. The atlanto-occipital joint is stable.

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

CARDIOVASCULAR SYSTEM:

The heart weighs 460 grams and 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 left-dominant pattern. Cross sections of the heart show the right coronary artery with severe, greater than 75% luminal stenosis measuring 5 centimeters from the right coronary artery orifice; the diagonal branch of the left coronary artery with severe, greater than 75% luminal stenosis near the bifurcation with the left coronary artery; and left main/anterior descending artery with moderate, greater than 50% luminal stenosis measuring 4 centimeters from the opening of the left coronary artery. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1.5, 1.7, and 0.3 centimeter thick, respectively. The endocardium is smooth and glistening.

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

RESPIRATORY SYSTEM:

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

The pulmonary parenchyma is diffusely congested and edematous, exuding large amounts of blood and frothy fluid; no focal lesions are noted.

The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 1080 grams; the left 1030 grams.

HEPATOBIILIARY SYSTEM:

The 2700 gram liver has an intact smooth capsule covering a yellow and fatty parenchyma with no focal lesions noted.

The gallbladder contains 10 milliliters of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

GASTROINTESTINAL SYSTEM:

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

The small and large bowels are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is absent.

GENITOURINARY SYSTEM:

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

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

Tan bladder mucosa overlies an intact bladder wall. The bladder contains approximately 15 milliliters of yellow urine. The testes, prostate gland and seminal vesicles are unremarkable. A 0.3 x 0.3 x 0.3 centimeter yellow calcified nodule is present in the urethra of the prostate gland.

LYMPHORETICULAR SYSTEM:

The 210 gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable.

There is an enlarged lymph node of the neck (cervical) measuring 1.4 centimeters in maximum dimension. Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

ENDOCRINE SYSTEM:

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

MUSCULOSKELETAL SYSTEM:

A healed 4th metatarsal fracture of the right foot is identified radiologically. No non-traumatic abnormalities of muscle or bone are identified.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin with preparation of histology slides listed below.

Sections of the right coronary artery (slide 1) display severe stenosis due to atherosclerotic plaque composed of fibrin, cholesterol clefts, calcification, and a mixed inflammatory cell infiltrate.

Sections of the diagonal branch of the left coronary artery (slide 2) display only an edge of the vessel attached with fibro-adipose tissue. No pathological diagnosis identified.

Sections of the left anterior descending coronary artery (slide 3) display a tangential cross section of stenosis due to atherosclerotic plaque composed of fibrin, cholesterol clefts, calcification, and a mixed inflammatory cell infiltrate

Sections of the umbilical and abdominal masses (slides 4 and 5, respectively) display unremarkable adipocytes surrounded by congested blood vessels and a benign fibrous capsule.

Section of the bisected cervical lymph node (slide 6) displays unremarkable tissue.

Sections of the left and right lungs (slides 7 and 8, respectively) display congested blood vessels with benign alveolar and hemosiderin-laden (heart failure cells) macrophages. No frank acute or chronic inflammation, necrosis, granulomas, viral cytopathic effect, emboli, or malignancy identified.

Sections of the liver (slide 9) display severe mixed macrosteatosis and microsteatosis with chronic inflammatory cells and bile duct proliferation at the portal tracts. There is no evidence of regenerated nodules, discrete masses, granulomas, cytopathic effect, or frank inflammation identified.

ADDITIONAL PROCEDURES

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

FINAL AUTOPSY DIAGNOSES

- I. Atherosclerotic cardiovascular disease:**
- A. Right coronary artery, severe, greater than 75% luminal stenosis
 - B. Diagonal branch of the left coronary artery, severe, greater than 75% luminal stenosis near the bifurcation with the left coronary artery
 - C. Left anterior descending coronary artery, moderate, greater than 50% luminal stenosis
 - D. Pericardial effusion, 50 milliliters of serosanguinous fluid
 - E. Pulmonary congestion, right lung 1080 grams, left lung 1030 grams
- II. Additional findings/preexisting injuries:**
- A. Contusion of the right elbow
 - B. Postmortem laceration of the anus
 - C. Soft tissue hemorrhage of the right wrist.
 - D. Subcutaneous lipomas of the umbilicus and at the midline of the upper abdominal quadrant
 - E. Multiple superficial circular healed ulcers of the lateral surface of the right buttock
 - F. Remote/healed rib fractures, bilateral
 - G. A healed 4th metatarsal fracture of the right foot
 - H. Fatty liver change, severe
 - I. Calcified nodule in prostate
 - J. Benign cervical lymphadenopathy
 - K. Status/post appendectomy
- III. Evidence of Medical Therapy:** Described above
- IV. Identifying Body Marks**
- A. Multiple tattoos (b)(6)
 - B. Well healed scar of the left lower abdominal quadrant and right forehead
- V. Toxicology (AFIP)**
- A. VOLATILES: No ethanol detected in the blood and vitreous fluid
 - B. DRUGS: No screened drugs of abuse/medications detected in the urine

OPINION

This 38-year-old Operation Iraqi Freedom detainee died from atherosclerotic cardiovascular disease with moderate to severe narrowing (luminal stenosis of the left anterior descending, diagonal branch of the left coronary artery, and right coronary artery) of the coronary vessels and resulting in the back up of blood in the pulmonary vessels (pulmonary congestion). Additional findings at autopsy include abdominal lipomas, fatty liver change and superficial ulcers of the right buttock. The cut (laceration) and bruise (contusion) of the lips are likely due to intubation. Bruises of the chest and anterior ribs fractures were likely produced by CPR-related chest compressions. Bruises of the upper extremities are likely due to IV-line insertions to help treat the decedent's cardio-pulmonary collapse. The minute puncture marks located on the right upper chest were likely produced by multiple syringe injections of cardiac medication(s) during his emergency medical intervention. There were several healed rib fracture identified on both sides of the rib cage and right foot, the significance of these remote injuries is uncertain. Soft tissue hemorrhage to the right wrist may be due to the vigorous intervention by the emergency response team to acutely treat the detainee while he was hand cuffed. The manner of death is natural.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du défunt (Dernier et prénoms) BTB Habib Al-Sarray, Salim Abo, Alfa		GRADE Grade 	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation CID 789236746H9B		NATION (U.S. United States) Pays Iraq	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)
		DATE OF BIRTH Date de naissance (b)(6) 1968	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARRIAGE STATUS État Civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasien	<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 checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> JEWISH Juif	<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du défunt avec le mort	
STREET ADDRESS Domicile à (Ville)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal abrégé)	
MEDICAL STATEMENT Déclaration Médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Entrez une cause par ligne)			INTERNAL BETWEEN CAUSE AND DEATH Intervalle entre l'événement et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort			Pending
ANTECEDENT CAUSES Symptômes précédents de la mort	MORIBUND CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition moribonde, si y a lieu, menant à la cause primaire		
	IMMEDIATE CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Cause immédiate, si y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres symptômes significatifs			
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 dues aux causes extérieures Mode of Death: Pending	
NATURAL Mort naturelle	NAME OF PATHOLOGIST Nom du pathologiste		
ACCIDENT Mort accidentelle	(b)(6)		
SUICIDE Suicide	DATE Date	AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES OUI <input checked="" type="checkbox"/> NO NON	
HOLOGRAPHIC Holographe	SIGNATURE (b)(6)	14 November 2007	
DATE OF DEATH Date de décès	PLACE OF DEATH Lieu de décès		
(b)(6)	2007	Camp Cropper 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 du défunt et la mort est survenue à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin civil		TITLE OR GRADE Titre ou grade	
(b)(6)		Medical Examiner	
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse		
(b)(6)	Dover AFB Dover, DE		
DATE Date	SIGNATURE (b)(6)		
11/14/2007			

DD FORM 1 APR 77 2064

REPLACE DA FORM 1364, 1 JAN 72 AND DA FORM 1364-SP-63, 25 SEP 70, WHICH ARE OBSOLETE.

MEDCOM 0751

ACLU Detainee Death II ARMY MEDCOM 751



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



AUTOPSY EXAMINATION REPORT

Name: BTB Hasan, Al Jabbar N	Autopsy No. (b)(6)
ISN: (b)(6)	AFIP No.: (b)(6)
Date of Birth: BTB (b)(6) 1957 (49 years)	Rank: Civilian/Detainee
Date of Death: (b)(6) 2007	Place of Death: Iraq
Date/Time of Autopsy: 14 NOV 2007@1300	Place of Autopsy: Port Mortuary
Date of Report: 14 DEC 2007	Dover AFB, Dover, DE

Circumstances of Death: This 49-year-old Iraqi male detainee reportedly died in a medical treatment facility (31st CSH). At the time of his death, he was being treated for end-stage heart failure.

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

Identification: Presumptive identification is established by the examination of the accompanying paper work and identification bracelet. Fingerprints, postmortem dental charting, and a specimen suitable for DNA are obtained.

CAUSE OF DEATH: Acute myocardial infraction complicated by left ventricular mural thrombus

MANNER OF DEATH: Natural

EXTERNAL EXAMINATION

The body is that of an unclad edematous male. The body weighs 214 pounds, is 63 inches in length and appears compatible with the reported age of 49 years. The body is cold. Rigor has passed. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. The congested head is normocephalic, and the scalp hair is gray and black. Facial hair consists of a gray and black mustache and beard. The irides are brown. The corneae are cloudy. The conjunctivae are congested. The sclerae are white. The external auditory canals are free of foreign material and abnormal secretions. Purged fluid is identified in the mouth and nose. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The teeth are natural. Examination of the neck reveals no evidence of injury. The chest is unremarkable. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is slightly protuberant. The external genitalia are those of a normal adult circumcised male. The scrotum is edematous. The posterior torso and anus are without note. The extremities exhibit peripheral edema. The fingernails are intact. Ecchymoses are identified on the left arm and forearm, and abdomen. A 1/2 inch scar is identified on both knees. A 1 x 1 inch scar is seen on the left forearm. Skin slippage is seen on the left upper extremity. A 1/4 inch flesh colored papule is identified on the right shoulder.

CLOTHING AND PERSONAL EFFECTS

- Green hospital shirt
- A blue chuck is present in the body transverse bag

MEDICAL INTERVENTION

- The hair on the chest is shaved
- Needle puncture marks are identified on both antecubital fossa and the left forearm
- Black ink (most likely identifying peripheral pulses) is on the left ankle and right foot
- Three EKG lead impression marks are on the anterior torso

RADIOGRAPHS

A complete set of postmortem radiographs is obtained. No blunt force or penetrating injuries are identified. No radio-opaque foreign bodies are seen.

EVIDENCE OF INJURY

There is no significant physical injury identified at autopsy.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The ribs, sternum, and vertebral bodies are visibly and palpably intact. No adhesions are present in any of the body cavities. Serous fluid is identified in the left chest cavity (250 ml), right chest cavity (250 ml), and the abdomen (500 ml). All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is 1 inch thick.

HEAD AND CENTRAL NERVOUS SYSTEM:

The scalp is reflected. The galeal and subgaleal soft tissues of the scalp are free of injury. There are no skull fractures. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels are intact. Clear cerebrospinal fluid surrounds the 1440 gram brain, which has unremarkable gyri and sulci. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brain stem and cerebellum are unremarkable. The atlanto-occipital joint is stable. The spinal cord is unremarkable.

NECK:

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

BTB Hasan, Al Jabbar N

CARDIOVASCULAR SYSTEM:

The 550 gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show 80% stenosis of the left anterior descending coronary artery by calcified atherosclerotic plaque with an adherent fresh occlusive thrombus, 75% stenosis of the right coronary artery by calcified atherosclerotic plaque, and 50% stenosis of the left circumflex coronary artery by calcified atherosclerotic plaque. Cross sections through the heart reveal a fibrous scar extending from the anterior wall of the left ventricle and the inter-ventricular septum that is 3-1/2 inches in greatest dimension. The left ventricular free wall and inter-ventricular septum are thinned. There is a 1/2 x 1/2 x 1/4 inch hyperemic area of myocardium with a central area of yellow-tan necrosis in the posterior aspect of the intraventricular septum. A mural thrombus is identified in the apex of the chamber of the left ventricle. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 0.9, 0.5, and 0.3-cm thick, respectively. The left ventricle and right ventricle are dilated. The aorta gives rise to three intact and patent arch vessels. Calcifications are seen at the aortic bifurcation. The renal and mesenteric vessels are unremarkable.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is diffusely congested and edematous, exuding slight to moderate amounts of blood and frothy fluid; no focal lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 650 grams; the left 550 grams.

HEPATOBIILIARY SYSTEM:

The 1720 gram liver has an intact smooth capsule covering congested parenchyma. No non-traumatic focal lesions are noted. The cut surface has a nutmeg appearance. The gallbladder contains 5 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

GASTROINTESTINAL SYSTEM:

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 10 ml of brown fluid. The small and large bowels are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present.

GENITOURINARY SYSTEM:

The right kidney weighs 180 grams; the left 180 grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying granular, red-brown cortical surface. The cortex is sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The bladder is empty. Punctate hemorrhages are seen on the bladder mucosa. The testes, prostate gland and seminal vesicles are without note.

LYMPHORETICULAR SYSTEM:

The 200 gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

ENDOCRINE SYSTEM:

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

MUSCULOSKELETAL SYSTEM:

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

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff photographers.
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicology testing and/or DNA identification are: vitreous fluid, blood, spleen, liver, lung, kidney, brain, myocardium, bile, gastric contents, adipose tissue and psoas muscle.
4. The dissected organs are forwarded with body.
5. Posterior cut-downs are performed. No traumatic injuries are seen.

MICROSCOPIC EXAMINATION

Left Ventricle (Slide - 3) and Inter-Ventricular Septum (Slide - 4) - Areas show coagulation necrosis with loss of myocyte nuclei and striations with an acute inflammatory infiltrate. Other areas show disintegration of myocytes with phagocytosis and a chronic inflammatory infiltrate. Prominent granulation tissue is present. There are also areas that show early scar formation and replacement by collagen.

Left Anterior Descending Coronary Artery (Slide - 2) - There is 80% stenosis of the lumen by calcified atherosclerotic plaque with evidence of plaque rupture and overlying adherent thrombus.
Right Coronary Artery (Slide - 1) - There is a calcified atherosclerotic plaque.

FINAL AUTOPSY DIAGNOSES:

I. Cardiovascular System:

- A. Acute myocardial infarction with mural thrombus at the left ventricle
- B. Fibrous scar of the left anterior wall of the left ventricle and the inter-ventricular septum that is 3-1/2 inches in greatest dimension
- C. Significant Coronary Artery Atherosclerosis:
 - 1. 80% stenosis of the left anterior descending coronary artery with a calcified atherosclerotic plaque and an occlusive thrombus
 - 2. 75% stenosis of the right coronary artery by calcified atherosclerotic plaque
 - 3. 50% stenosis of the left circumflex coronary artery by calcified atherosclerotic plaque
- D. Cardiomegaly (heart weight 550 grams)
- E. Dilated left and right ventricles
- F. Mild atherosclerosis of the aorta

II. Anasarca

III. Respiratory System: Pulmonary congestion and edema; lung weight: (right lung 650 grams, left lung 550 grams)

IV. Hepatobiliary System: Severe congestion (liver weight 1720 grams) and gross appearance consistent with centrilobular necrosis

V. Genitourinary System:

- A. Gross appearance consistent with arteriolosclerosis
- B. Punctate hemorrhages of the bladder mucosa

VI. Toxicology (AFIP):

- A. **VOLATILES:** No ethanol is detected in the blood and vitreous fluid; acetone is detected in the blood (10 mg/dl) and vitreous fluid (12 mg/dl)
- B. **DRUGS:** No screened drugs of abuse or medications are detected in the blood
- C. **CARBON MONOXIDE:** The carboxyhemoglobin saturation in the blood is less than 1%
- D. **CYANIDE:** No cyanide is detected in the blood

OPINION

This 49-year-old Iraqi male detainee (b)(6) died of an acute myocardial infarction complicated by a mural thrombus of the left ventricle. The toxicology is positive for acetone in the blood and vitreous fluid. This finding can be explained by the deceased's clinical course prior to death. There was no evidence of physical injury discovered at autopsy. Based upon the information available to me at the time of this report, 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) ETB Hasan, Al Jabbar, N		GRADE Grade	BRANCH OF SERVICE Armée Civilian
ORGANIZATION Organisation		NATION (P.A. United States) Pays Iraq	DATE OF BIRTH Date de naissance
RACE Race <input checked="" type="checkbox"/> CALICARDIO Caucasien		MARITAL STATUS État C-M <input type="checkbox"/> SINGLE Célibataire	RELIGION - C-M <input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGRO Négresse		<input type="checkbox"/> DIVORCED Divorcé	<input checked="" type="checkbox"/> MALE
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> FEMALE
<input type="checkbox"/> WIDOWED Veuve		<input type="checkbox"/> SEPARATED Séparé	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Rapport du décès avec le sur	
STREET ADDRESS Domicile à (Pays)		CITY OR TOWN OR STATE Maison ZIP Code Ville (Indiquer pays complet)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (State only one cause per line) Cause du décès (Indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort			Days
ACUTE MYOCARDIAL INFARCTION COMPLICATED BY MYIAL THROMBUS			
PRECEDENT CAUSES Symptômes précurseurs de la mort	MORED 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 Cause 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 relatives aux causes externes	
<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 Meurtre	IRRADIATION (b)(6)	DATE Date 14 November 2007	AVIATION ACCIDENT Accident d'avion <input type="checkbox"/> YES OUI <input checked="" type="checkbox"/> NO NON
DATE OF DEATH Date et heure Date, heure, minute	PLACE OF DEATH Lieu de décès		
(b)(6)	Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du décedé et la mort est survenue aux heures indiquées et à la suite des causes énoncées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin civil		TITLE OR GRADE Titre ou grade Medical Examiner	
(b)(6)			
OFFICE Bureau		INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE	
(b)(6)			
DATE Date 11/14/2007		SIGNATURE Signature (b)(6)	

DD FORM 1300 APR 77 2064

REPLACES DA FORM 1300, 1 JAN 73 AND DA FORM 1300-REP, 26 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0759

ACLU Detainee Death II ARMY MEDCOM 759



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



FINAL AUTOPSY REPORT

Name: MUSTAF. Hussavn Abid
 ISN (b)(6)
 Date of Birth: (b)(6) 1940 (66 years)
 Date of Death: (b)(6) 2007
 Date of Autopsy: 07 OCT 2007, 1330 hours
 Date of Report: 15 OCT 2007

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

Circumstances of Death:

CID investigation revealed that on (b)(6) 2007, (b)(6) had lost his balance while reaching for a water bottle on a ledge over the entrance of the latrine, falling backward and striking his head on the cement floor. (b)(6) then requested medical attention. Several detainees witnessed the fall. No detainees were in the direct vicinity of the (b)(6) when he fell. (b)(6) was conscious and walking on his own when he went to the hospital.

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

Identification:

Detainee (b)(6) is identified by transportation documents and the accompanied CID Investigation Report. Fingerprints, dental radiographs and a sample for DNA identification are obtained on 07 Oct 2007.

CAUSE OF DEATH:

Closed Head Trauma

MANNER OF DEATH:

Accident

EXTERNAL EXAMINATION

The unclad body is that of a well-developed, well-nourished Caucasian male with no external evidence of trauma. The body weighs 164 pounds and is approximately 69" in length. The external appearance is consistent with the reported age of 66 years.

The head is normocephalic with no gross evidence of trauma. The scalp hair is gray, with prominent male baldness. A grey mustache and stubble beard are also noted. The eyelids are unremarkable with no apparent trauma. The eyes are unremarkable. The irides are pale and grayish. The corneae are whitish and cloudy. The sclerae are white with no apparent hemorrhage or petechiae. The external auditory canals, external nares and oral cavity are free of foreign material or apparent trauma. The nasal skeleton is palpably intact. The tongue is unremarkable with no significant trauma or evidence of sharp force injuries. The lips are unremarkable with no apparent injury. The teeth are natural, in poor condition and many are remotely missing. The neck is unremarkable with no evidence of trauma or abnormality.

The chest is unremarkable. No injury of the ribs or sternum is evident externally. The abdomen is unremarkable with no evidence of trauma or major surgical scars. The back is unremarkable with no evidence of trauma or gross abnormality. The external genitalia are those of an adult circumcised male with unremarkable descended testes.

The extremities are unremarkable with no evidence of trauma or gross abnormality. A slightly deformed left external ear and a deep scar of the left side of the face are noted, consistent with a history of remote firearm injury. The scar extends from the cheek bone to the external auditory canal. No tattoos, major surgical or characteristic scars or other identifying marks are noted.

EVIDENCE OF INJURY

No evidence of injury is noted on external examination except a small area of possible superficial contusion on the right side of the face which is of questionable clinical significance. Careful dissection of the extremities and the back reveal no evidence of recent or remote trauma or skeletal fractures. Examination of the neck with layer-by-layer dissection of the strap muscles reveals no evidence of trauma.

A. Injuries of the Head:

Examination of the head reveals no external evidence of trauma. A small contusion of the left forehead is noted. No other contusions, abrasions or gross evidence of trauma is noted. Reflection of the scalp reveals significant left parietal subgaleal and temporalis muscle hemorrhage. Reflection of the left temporalis muscle reveals linear fracture of the parietal bone extending anteriorly and downward into the left anterior cranial fossa and posteriorly to the left side of the occipital bone. Removal of the skull cap reveals left epidural hemorrhage of an estimated 10-15 cc of blood. Bilateral subdural hemorrhage is noted, more prominent on the left side. Removal of the brain reveals marked bilateral hemorrhage under the frontal lobes, more prominent on the left side and marked necrosis of the left frontal lobe. Diffuse bilateral subarachnoid hemorrhage is noted as well as around the cerebellum.

B. Remote Firearm Injury to the Face:

Examination of the left face reveals a prominent depressed scar of the cheek, extending from the cheek bone to the left external auditory canal, measuring 2 ½ x ¾", and is associated with deformity of the left external ear. Reflection of the face reveals presence of marked scarring of the underlying tissue and muscle. Two round metal fragments (? pellets) are recovered, photographed, submitted as evidence and retained by OAFME. Multiple similar metallic fragments are noted on radiographs but their recovery would have lead to mutilation of the face and were not recovered.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. No adhesions or abnormal collections of fluid are present in any of the body cavities. All body organs are present in the normal anatomical position. There is no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region. No abnormal collection of blood or fluid is noted in the body cavities.

HEAD: (CENTRAL NERVOUS SYSTEM)

The scalp is reflected. Closed head traumatic injuries are noted above. No non-traumatic abnormality is noted. The brain weighs 1310 grams.

NECK:

Examination and dissection of the soft tissues of the neck, layer-by-layer, reveals no abnormal mobility or evidence of trauma. The thyroid cartilage and hyoid bone are intact.

CARDIOVASCULAR SYSTEM:

The pericardium is intact. The pericardial sac is free of fluid and adhesions. The coronary arteries arise normally, follow the usual distribution and are patent, without evidence of excessive atherosclerosis. The left main coronary artery reveals 15% atherosclerotic narrowing. The chambers and valves exhibit the usual size-position relationship and are unremarkable. The myocardium is pale brown and reveals marked postmortem changes. The atrial and ventricular septae are intact. The aorta and its major branches arise normally, follow the usual course and are unremarkable without significant atherosclerosis and other abnormality. The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi. The heart weighs 340 grams.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material; the mucosal surfaces are unremarkable. The pleural surfaces are unremarkable bilaterally. The pulmonary parenchyma is congested and edematous red-grey and reveals no focal lesions. The

MUSTAF, Hussayn Abid

pulmonary arteries are normally developed, patent and without thrombus or embolus. The right and left lung weigh 810 grams and 800 grams, respectively.

LIVER & BILIARY SYSTEM:

The hepatic capsule is smooth and intact, covering dark brown parenchyma with no apparent focal lesions. The gallbladder is intact and contains green bile and no stones. The extrahepatic biliary tree is without evidence of calculi. The liver weighs 1280 grams.

ALIMENTARY TRACT:

The tongue exhibits no evidence of injury. The esophagus is lined by gray-white mucosa. The gastric mucosa is unremarkable with unremarkable rugal folds. The lumen contains 20 ml of brownish fluid, submitted for toxicology. The small and large bowel is unremarkable. The pancreas is autolysed. The appendix is present and unremarkable.

GENITOURINARY SYSTEM:

The renal capsules are smooth and thin and strip with ease from the underlying renal smooth brown cortical surfaces. The cortices are delineated from the medullary pyramids, and unremarkable. The calyces, pelves and ureters are unremarkable. The urinary bladder mucosa is unremarkable and contains no urine. The right and left kidneys weigh 130 and 120 grams, respectively. The external genitalia are those of an adult circumcised male with unremarkable testes.

RETICULOENDOTHELIAL SYSTEM:

The spleen has a smooth, intact capsule covering pasty purple parenchyma; and grossly unremarkable. No enlarged lymph nodes are seen. The spleen weighs 180 grams.

ENDOCRINE SYSTEM:

The pituitary, thyroid and adrenal glands are grossly unremarkable.

MUSCULOSKELETAL SYSTEM:

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

EVIDENCE COLLECTION

Two gray metallic spheres, pellets are recovered from the left facial subcutaneous tissue, photographed for documentation, submitted as evidence and retained by OAFME.

IDENTIFYING MARKS

A deep left facial scar consistent with a remote firearm injury is noted. No tattoos, major surgical scars or other identifying marks are noted.

NATURAL DISEASES

Mild coronary atherosclerosis is noted. No evidence of other natural diseases is identified during the autopsy examination.

MEDICAL INTERVENTION

Multiple intravenous access lines are noted in the left antecubital fossa, right wrist and left inguinal area, and a urinary catheter are noted.

POSTMORTEM CHANGES

Rigor is equal in all extremities. Livor is consistent with supine position. Body temperature is cold due to refrigeration.

TOXICOLOGY

- A. Volatiles (Blood and Vitreous fluid):
 - No ethanol was detected.
- D. Screened drugs of abuse and medications:
 - Lidocaine: detected and confirmed.
 - Benzodiazepine (Midazolam): 0.14 mg/L
 - Benzodiazepine (1-Hydroxymidazolam): 0.057 mg/L

ADDITIONAL PROCEDURES

- Documentary photographs are taken by an OAFME photographer.
- Full body radiographs and computerized body scans are obtained.
- Specimens retained for toxicological and/or DNA identification are: Blood, vitreous fluid, bile, urine, gastric contents, and tissue samples from liver, lung, kidney, spleen, brain, psoas and heart muscles, and adipose tissue.
- Representative sections of organs are retained in formalin for microscopic examination if needed in the future.
- Evidence recovered is retained by OAFME.
- Review of the available medical records.

FINAL AUTOPSY DIAGNOSIS

- I. Closed Head Trauma:
 - Left parietal skull fracture.
 - Left epidural hemorrhage.
 - Bilateral subdural hemorrhage, left > right.
 - Diffuse bilateral subarachnoid hemorrhage, left > right.
 - Marked necrosis of the left frontal lobe.

II. Remote Facial Trauma:

- Well-healed firearm injury of the left face.

III. Toxicology: Lidocaine and Benzodiazepine were detected and confirmed. "See toxicology results above). Negative for ethanol and drugs of abuse.

IV. Evidence: Two metallic spheres pellets are recovered and retained by OAFME.

OPINION

The remains of believed to be (BTB) (b)(6) an Iraqi detainee, reveal injuries consistent with a reported and witnessed fall. The closed head trauma caused skull fractures, extensive intracranial hemorrhages and necrosis of the left frontal lobe. No evidence of other acute trauma is present. A remote (old) well healed scar of a firearm injury is noted. Toxicological studies reveal the presence of Lidocaine and Benzodiazepines which may be related to medical treatment, and is non-contributory to his death. No ethanol or drugs of abuse are detected. Manner of death is "Accident".

(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 prénom) Mustaf, Hussayn, (b)(6)		GRADE Grade	BRANCH OF SERVICE Arme Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1940	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE

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

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

MEDICAL STATEMENT Déclaration médicale

CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort. Closed head trauma		Hours
ANTECEDENT CAUSES: Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input checked="" type="checkbox"/> ACCIDENT Mort accidentelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> NATURAL Mort naturelle	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	
<input type="checkbox"/> SUICIDE Suicide	SIGNATURE (b)(6)	
<input type="checkbox"/> HOMICIDE Homicide	DATE 7 October 2007	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non

DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2007 (b)(6)	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 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, Dover DE
DATE Date 10/24/2007	SIGNATURE (b)(6)

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

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

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

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

MEDCOM 0767

ACLU Detainee DeathII ARMY MEDCOM 767



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



AUTOPSY EXAMINATION REPORT

Name: ABULLA, Mohammad Khudayer

ISN: (b)(6)

Date of Birth: (b)(6) 1980

Date of Death: (b)(6) 2007

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Civilian Detainee

Place of Death: Camp Bucca, Iraq

Date/Time of Autopsy: 26 SEP 2007 @ 1200

Place of Autopsy: Port Mortuary, Dover AFB, DE

Date of Report: 29 NOV 2007

Circumstances of Death: This 27-year-old civilian detainee was brought to a guard shack at Camp Bucca without a pulse and not breathing.

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

Identification: Positive identification is established by comparison of postmortem DNA sample and antemortem DNA records. Fingerprints were taken and a postmortem dental examination was performed if exemplars become available.

CAUSE OF DEATH: LIGATURE STRANGULATION

MANNER OF DEATH: HOMICIDE

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male received unclad. The body weighs 136-pounds, is 66-inches in length and appears compatible with the reported age of 27-years. The body is cold. Rigor is absent. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. There is green discoloration of the abdomen and marbling of the skin is present.

The head is normocephalic, and the scalp hair is dark and medium length. Facial hair consists of beard stubble. The irides are brown, the corneae are cloudy, the sclerae are white, and the conjunctivae are congested with scattered rare petechiae. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The teeth are natural and in good condition. Injuries of the neck are described below (see "Evidence of Injury").

The chest is unremarkable. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is flat. The external genitalia are those of a normal adult circumcised male. The anus is without note. Healed surgical scars or tattoos are not noted on the torso (b)(6) is written in black marker pen on the abdomen. A 1/8-inch diameter pigmented macule is noted at the sternal notch. There are three round to ovoid scars on the upper back that range in size from 1/8-inch in diameter to 1/4 x 1/8-inch.

The extremities show no evidence of fractures, lacerations or deformities. The fingernails are intact and trimmed. Tattoos are noted (b)(6) Scars are noted on the anterior right arm (5/8 x 1/2-inch) and in the right popliteal fossa (5/8-inch diameter).

CLOTHING AND PERSONAL EFFECTS

No clothing or personal effects are received with the body.

MEDICAL INTERVENTION

- Therapeutic needle stick-marks on the upper right and left chest
- Therapeutic needle stick-marks in both antecubital fossae with associated hemorrhage into the adjacent subcutaneous tissue
- Therapeutic needle stick-mark in the right groin

RADIOGRAPHS

A complete set of postmortem radiographs and CT images are obtained and demonstrates the following:

- Metallic foreign bodies in the upper left back, the left buttock, the left forearm, the left hand, and the right leg
- Changes of decomposition

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. Ligature Strangulation

At least three 1/8-inch in width, circumferential, continuous ligature furrows are present on the skin of the neck and are directed horizontally. The ligature furrows cross the lower half of the thyroid cartilage, between 9 1/2-inches to 10 1/2-inches below the top of the head, between 2 5/8-inches and 3 1/4-inches below the tragus of the right ear and 3-inches and 3 1/4-inches below the tragus of the left ear. On the back of the neck, the ligature furrows cross the posterior midline 9-inches below the top of the head. The ligature is not available for examination.

On the right side of the neck, there is a 1 x 1/4-inch abrasion that is not associated with a ligature furrow, and on the left side of the neck, there is a 1 1/2 x 3/8-inch abrasion that is not associated with a ligature furrow. Layer-wise, anterior neck dissection demonstrates focal hemorrhage of the superior right sternocleidomastoid muscle, a fracture of the right superior horn of the thyroid cartilage, and an intact hyoid bone.

II. Evidence of Old Fragmentation Injuries

During radiographic studies, metallic foreign bodies are identified and located in the upper left back posterior to the left scapula, the left buttock, the left forearm, the left hand, and in the right leg between the tibia and fibula. The fragments located in the upper left back and the left buttock are recovered and retained as evidence by the OAFME. The other fragments identified are not recovered. Both of the recovered fragments were encased by fibrous tissue; wound tracts and entrance wounds are not identified.

III. Other Injuries

There is a 1/8 x 1/8-inch abrasion on the 4th digit of the right hand (ring finger) and a 1 x 3/8-inch abrasion on the left knee.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The ribs, sternum, and vertebral bodies are visibly and palpably intact. No adhesions are present in any of the body cavities. Decomposition fluid is present in both pleural cavities (right, 300-milliliters; left 200-milliliters). All body organs are present in normal anatomical position, and demonstrate early changes of decomposition.

The subcutaneous fat layer of the abdominal wall is 1/4-inch thick.

Posterior incisions of the torso and both upper and lower extremities, fail to demonstrate any subcutaneous ecchymoses other than that caused by the therapeutic procedures that have been

described above (see "Medical Intervention").

HEAD AND CENTRAL NERVOUS SYSTEM:

The scalp is reflected. The galeal and subgaleal soft tissues of the scalp are free of injury. There are no skull fractures. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels are intact.

Clear cerebrospinal fluid surrounds the 1,600-gram brain, which has unremarkable gyri and sulci. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brain stem and cerebellum are unremarkable. The atlanto-occipital joint is stable.

NECK:

Injuries of the neck are described above (see "Evidence of Injury"). The hyoid bone is intact. The larynx is lined by intact white mucosa. The tongue is free of bite marks, hemorrhage, or other injuries. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

CARDIOVASCULAR SYSTEM:

The 290-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no luminal narrowing.

The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1.0, 1.0, and 0.3-centimeters thick, respectively. The endocardium is smooth and glistening.

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

RESPIRATORY SYSTEM:

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

The pulmonary parenchyma is diffusely congested and edematous, exuding slight to moderate amounts of blood and frothy fluid; no focal lesions are noted.

The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 710-grams; the left 600-grams.

ABULLA, Mohammed K.

HEPATOBIILIARY SYSTEM:

The 1,180-gram liver has an intact smooth capsule covering moderately congested tan-brown parenchyma with no focal lesions noted.

The gallbladder contains 10-milliliters of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

GASTROINTESTINAL SYSTEM:

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 150-milliliters of red-black fluid.

The small and large bowels are unremarkable. The pancreas is autolyzed, but appears normal. The appendix is present.

GENITOURINARY SYSTEM:

The right kidney weighs 110-grams; the left 90-grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surface.

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

White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 155-milliliters of cloudy urine. The testes, prostate gland and seminal vesicles are without note.

LYMPHORETICULAR SYSTEM:

The 190-gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable.

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

ENDOCRINE SYSTEM:

The pituitary gland is left *in situ* and is grossly unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The right and left adrenal glands are symmetric, and are autolyzed. No masses or areas of hemorrhage are identified.

MUSCULOSKELETAL SYSTEM:

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

MICROSCOPIC EXAMINATION

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

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by AFMES staff photographers.
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicology testing and/or DNA identification are: vitreous fluid, blood, decomposition fluid, urine, bile, gastric contents, spleen, liver, lung, kidney, brain, myocardium, adipose tissue and skeletal muscle.
4. The dissected organs are forwarded with body.
5. Metallic foreign bodies are collected from the upper left back and left buttock and are retained by the OAFME as evidence.

FINAL AUTOPSY DIAGNOSES

- IV. Ligature Strangulation**
- A. The ligature is not available for examination
 - B. At least three circumferential, continuous ligature furrows are directed horizontally
 - C. The ligature furrows cross the lower half of the thyroid cartilage
 - D. On both sides of the neck, there are abrasions that are not associated with a ligature furrow
 - E. Anterior neck dissection demonstrates focal hemorrhage of the superior right sternocleidomastoid muscle, a fracture of the right superior horn of the thyroid cartilage, and an intact hyoid bone
- V. Evidence of Old Fragmentation Injuries**
- A. Metallic foreign bodies identified by radiography, located in the upper left back and in the left buttock are recovered and retained as evidence
 - B. Metallic foreign bodies identified by radiography, located in the left hand, in the left forearm, and in the right leg between the tibia and fibula are not recovered
- VI. Other Injuries**
- A. Abrasion on the 4th digit of the right hand (ring finger)
 - B. Abrasion on the left knee
- IV. No significant natural diseases or pre-existing conditions are identified, within the limitations of this examination.**
- V. There is no evidence of additional physical abuse**
- VI. Evidence of Medical Therapy**
- A. Needle stick-marks in the upper right and left chest
 - B. Needle stick-marks in both antecubital fossae with associated hemorrhage into the adjacent subcutaneous tissue

C. Needle stick-mark in the right groin

VII. Post-Mortem Changes

- A. Rigor is absent
- B. Lividity is posterior and fixed except in areas exposed to pressure
- C. The body temperature is cold to touch
- D. There is green discoloration of the abdomen
- E. Marbling is present

VIII. Identifying Body Marks

- A. Tattoo (b)(6)
- B. Tattoo
- C. Multiple scars on the back, ranging from 1/8-inch diameter to 1/4 x 1/8-inch
- D. Scar on the anterior right arm, 5/8 x 1/2-inch
- E. Scar on the right popliteal fossa, 5/8-inch diameter
- F. Pigmented macule at the sternal notch

IX. Toxicology

- A. The blood and urine are tested for volatile compounds including ethanol and none are found.
- B. The urine is screened for medications and drugs of abuse and none are found.

OPINION

This 27-year-old male (b)(6) died of ligature strangulation. There were multiple, circumferential and continuous horizontally-oriented ligature furrows present on his neck. Abrasions noted on both sides of the neck that were not associated with a ligature furrow may represent defensive-type injuries. There was also evidence of old fragmentation injuries noted at autopsy; five metallic foreign bodies were identified radiographically and two fragments were recovered and retained as evidence. The scars noted on the body may represent the locations of entrance wounds that are associated with the fragmentation injuries. Toxicological testing for ethanol and screened drugs of abuse was negative. The manner of death is homicide.

(b)(6)

(b)(6)

Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du défunt (Nom et prénoms) Abulis, Mohammed,		GRADE Grade Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)
ORGANIZATION Organisation		NATION (i.e. United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1981
RACE Race		MARITAL STATUS Stat. Civ.	RELIGION Cof. Relig.
<input checked="" type="checkbox"/> CAUCASOID Caucasien	<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 Veuve		<input type="checkbox"/> CATHOLIC Catholique
			<input checked="" type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parents du défunt avec le mort	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Indique ZIP Code) Ville (Code postal complet)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Specify only one cause per line) Cause du décès (Indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort.			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 Cause morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Cause du décès	AUTOPSY PERFORMED Autopsie effectuée	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort attribuées par des causes extérieures	
<input type="checkbox"/> NATURAL Mort naturelle	<input checked="" type="checkbox"/> YES OUI	<input type="checkbox"/> NO NON	
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste		
<input type="checkbox"/> SUICIDE Suicide	(b)(6)		
<input checked="" type="checkbox"/> HOMICIDE Meurtre	NAME OF SUSPECT Nom du suspect	DATE Date	AVIATION ACCIDENT Accident d'Aviation
	(b)(6)	26 September 2007	<input type="checkbox"/> YES OUI
<input checked="" type="checkbox"/> NO NON			<input checked="" type="checkbox"/> NO NON
DATE OF DEATH Date du décès	PLACE OF DEATH Lieu du décès	I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels et ai constaté que le décès est survenu à l'époque indiquée et à la suite des causes énumérées ci-dessus.	
(b)(6)	Iraq		
SIGNATURE Signature			
(b)(6)		Medical Examiner	
INSTALLATION OR ADDRESS Installation ou adresse			
Dover AFB, Dover DE			
DATE Date		SIGNATURE Signature	
9/28/2007		(b)(6)	

DD FORM 1300, 1 APR 77 2064

MEDCOM 0775

ACLU Detainee Death II ARMY MEDCOM 775

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

DISPOSITION OF REMAINS			
NAME OF NEXT OF KIN OR PREPARED REMAINS	GRADE	COSMETIC ORDER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
(b)(6)			
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Name and County)	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
301-319-0000



AUTOPSY EXAMINATION REPORT

Name: Lateef, Hatem K. (b)(6)	Autopsy No.: (b)(6)
ISN: (b)(6)	AFIP No.: (b)(6)
Date of Birth: (b)(6) 1985	Rank: Detainee
Date of Death: (b)(6) 2007	Place of Death: Iraq
Date/Time of Autopsy: 27 AUG 2007 @1100 hrs	Place of Autopsy: Port Mortuary, Dover AFB,
Date of Report: 20 NOV 2007	Dover, Delaware

Circumstances of Death: It is reported that this detainee was admitted to the 31st Combat Surgical Hospital on 4 JUL 2007 after receiving numerous battlefield injuries including shrapnel injuries, lacerations of the liver, kidney damage, and brain injury. He clinically suffered multiple complications including hemothorax, pneumothorax, bowel perforation, diabetic ketoacidosis, cardiac arrest (two times), congestive heart failure, anoxic brain injury, and peritonitis. Despite treatment, this detainee died on (b)(6) 2007.

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

Identification: Presumptive identification is established by review of accompanying paperwork. Post-mortem dental charting, fingerprints and a specimen suitable for DNA comparison are obtained.

CAUSE OF DEATH: **Complications of blast and blast fragmentation injuries.**

MANNER OF DEATH: **Homicide.**

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male clad in a hospital gown. The body exhibits generalized edema, weighs 156 pounds, is 69 inches in length, and appears compatible with the reported age of 21 years. The body is cold. Rigor has passed. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. Skin slippage is identified on the extremities and face.

The head is normocephalic, and the scalp hair is short and black. The irides are brown. The corneae are cloudy. The conjunctivae are congested. The sclerae are white. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The teeth are natural. Examination of the neck reveals no evidence of injury.

Injuries of the torso and extremities are described below. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is protuberant. Healed surgical scars are noted on the abdomen. The external genitalia are those of an adult male. The anus is without note. The scrotum is swollen.

The fingernails are intact. Decubitus ulcers are identified on the lower back overlying the sacrum (6 x 2 inches), the buttock (1/4 inch), the back of the head (1 inch), the medial surface of the right thigh (4 x 4 inches), and the lateral surfaces of both heels (right - 2 x 1 inch, left - 1 1/2 x 3/4 inches).

CLOTHING AND PERSONAL EFFECTS

- None

MEDICAL INTERVENTION

- Nasogastric tube
- IV access (left subclavian; left groin)
- Laparotomy scar (10 inch vertical with a 1 inch area of granulation tissue on the superior, and a 1 1/2 inch area of granulation tissue on the inferior aspects)
- Foley catheter and attached urine bag
- EKG leads on the torso
- Multiple gauze dressings
- Sutures located in multiple loops of small and large bowel
- Tracheostomy
- A plastic bag is affixed to the left lower quadrant of the abdomen overlying a 1 inch stapled incision

RADIOGRAPHS

A complete set of postmortem radiographs is obtained.

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.

HEAD/NECK:

On the left side of the face, lateral to the left eye, is a 1/4 inch scar. Radiographically there is a minute fragment of radiopaque foreign material (not recovered).

TORSO:

There is a 1 x 1 inch healing laceration on the right side of the chest, a 1/4 x 1/4 inch healing laceration of the center of the chest just left of the midline, and two healing lacerations of the left side of the chest lateral to the left nipple (1/2 x 1/2 inch and 1 1/2 x 1 inch). Within the superior aspect of the above described laparotomy scar is a 1/4 x 1/4 inch healing laceration. On the right side of the abdomen are two 1/8 inch healing lacerations. On the left side of the abdomen are two healing lacerations that measure 1/2 and 1 1/2 inches in greatest dimension. On the right lower back is a 1/4 x 1/4 inch healing laceration. Multiple radiopaque foreign bodies are detected in the torso radiographically. However, due to their small size and limited evidentiary value these foreign bodies are not recovered. One thousand two hundred and fifty milliliters of serosanguineous fluid is identified in the right chest cavity, and 350 mL of serosanguineous fluid is identified in the left chest cavity. One liter of serosanguineous fluid is identified in the abdomen with mucous and frank pus present. There is a 250 mL of clotted blood identified in the left lower quadrant of the abdomen. Within the area of the clotted blood, there is a small amount of green stool. There is a 1 inch superficial laceration of the left lobe of the liver and a 1/2 inch superficial laceration of the spleen. Both of these wounds appear to be healing and are associated with old hemorrhage into the surrounding tissues. There are multiple defects of the small and large bowel that are sutured. The left scapula is fractured. Posterior cutdowns revealed hemorrhage into the soft tissues of the right buttock.

EXTREMITIES:

Right upper extremity - There is a 1 inch healing laceration of the posterior right arm. A cutdown of the forearm reveals hemorrhage into the anterior muscle group of the forearms.

Left upper extremity - There is a 1/2 inch healing laceration of the anterior forearm, and two 1/8 inch healing lacerations of the posterior forearm.

Right lower extremity - There is a 1/4 inch abrasion of the distal anterior thigh, and 3/4 x 1/4 inch healing laceration of the proximal right shin. There is a 1/4 inch healing laceration of the posterior right thigh, and four (4) 1/4 inch healing lacerations of the lateral right ankle.¹

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The ribs, sternum, and vertebral bodies are visibly and palpably intact. Multiple adhesions are identified in both chest cavities and in the abdomen. All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is 1/8 inch thick.

HEAD AND CENTRAL NERVOUS SYSTEM

The scalp is reflected. The galeal and subgaleal soft tissues of the scalp are free of injury. There are no skull fractures. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels are intact. Clear cerebrospinal fluid surrounds the 1260-gram brain, which has unremarkable gyri and sulci. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brain stem and cerebellum are unremarkable. The atlanto-occipital joint is stable. The spinal cord is unremarkable. The entire brain is soft, however, this finding is most prominent in the brainstem.

NECK:

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

¹ The healing lacerations that are described most likely represent superficial and deep penetrating blast fragmentation injuries.

CARDIOVASCULAR SYSTEM:

The 310-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show wide patency. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1.2, 1.2, and 0.3 cm thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material: the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is diffusely congested and edematous, exuding slight to moderate amounts of blood and frothy fluid; no focal lesions are noted. The cut surfaces are firm and red. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 880 grams; the left 690 grams.

HEPATOBIILIARY SYSTEM:

See Evidence of Injury. The 1230-gram liver has a smooth capsule. The cut surface of the liver has a nutmeg appearance. No focal nontraumatic lesions are identified. The gallbladder contains 10 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

GASTROINTESTINAL SYSTEM:

See Evidence of Injury. The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 10 ml of brown fluid. The small and large bowels are described above. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear.

GENITOURINARY SYSTEM:

The right kidney weighs 110 grams; the left 200 grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surface. The cortex is dotted with numerous (less than 0.1 cm) abscesses. The calyces, pelves and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The bladder is empty. The prostate gland and seminal vesicles are without note.

LYMPHORETICULAR SYSTEM:

See Evidence of Injury. The 320-gram spleen has a smooth, capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. Lymph nodes in the hilar, periaortic, and iliac regions are not enlarged.

ENDOCRINE SYSTEM:

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

MUSCULOSKELETAL SYSTEM:

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

ADDITIONAL PROCEDURES

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

MICROSCOPIC EXAMINATION

Lung (Slide 1) – There is extensive autolysis, congestion and edema. Intra-alveolar neutrophils are seen, consistent with an acute bronchopneumonia.

Spleen (Slide 1) – No significant pathological changes.

Kidney (Slide 2) – Numerous cortical abscesses are identified

Liver (Slide 3) – Necrosis is identified and confined to the peri-central hepatocytes. There is relative sparing of the peri-portal hepatocytes. These changes are consistent with centrolobular necrosis.

Brain (Slide 4) – There are changes consistent with anoxic brain injury and ischemia.

Heart (Slides 5, 6, 7) – Focal areas of granulomatous inflammation with calcifications are seen. There is focal sub-endocardial myocytolysis and necrosis. Special stains (periodic acid-Schiff, Gomori methenamine silver and Ziehl-Neelsen) are negative.

FINAL AUTOPSY DIAGNOSES:

- I. **Blast and blast fragmentation injuries**
 - A. **Multiple superficial and deep penetrating blast fragmentation injuries**
 - B. **Multiple lacerations of the small and large bowel**
 - C. **Clotted blood and stool is identified in the left lower quadrant of the abdomen**
 - D. **Lacerations of the spleen**
 - E. **Lacerations of the liver**

- II. **Other findings:**
 - A. **Anoxic brain injury**
 - B. **Acute bronchopneumonia**
 - C. **Acute pyelonephritis with abscess formation**
 - D. **Changes consistent with peritonitis**
 - E. **Centrolobular necrosis of the liver**
 - F. **Granulomatous myocarditis**
 - G. **Serosanguineous fluid is identified in both chest cavities and the abdomen**
 - H. **Multiple adhesions are identified in both chest cavities and the abdomen**

- III. **Medical therapy: As described above**

- IV. **Postmortem changes: As described above**

- V. **Identifying marks: None**

- VI. **Toxicology (AFIP):**
 - A. **VOLATILES: No ethanol is detected in the blood and vitreous fluid. Acetone is detected in the blood (11 mg/dL) and vitreous fluid (14 mg/dL). Trace amounts of 2-Propanol are detected in the blood and vitreous fluid.**
 - B. **DRUGS: No screened drugs of abuse or medications are detected in the blood.**
 - C. **CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was less than 1%.**
 - D. **CYANIDE: No cyanide is detected in the blood.**

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

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

DD FORM 2064, APR 1977 (BACK)

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



FINAL AUTOPSY REPORT

Name: AL-ISAWI, Mohammed Ajimi
ISN: (b)(6)
Date of Birth: (b)(6) 1976 (31 years)
Date of Death: (b)(6) 2007
Date of Autopsy: 26 AUG 2007, 0900 hours
Date of Report: 04 SEP 2007

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

Circumstances of Death:

Preliminary investigation revealed that a detainee was murdered by other detainees, members of the (b)(6) and buried in a grave inside the detention facility compound. A subsequent search revealed the human remains suspected to be that of (b)(6). He was allegedly sentenced to death by the (b)(6) for speaking against the compound leadership (detainees' leadership).

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

Identification:

Detainee (b)(6) is identified by transportation documents and the accompanied CID Investigation Report. Fingerprints, dental radiographs and a sample for DNA identification are obtained on 26 Aug 2007.

CAUSE OF DEATH:

Multiple Injuries

MANNER OF DEATH:

Homicide

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished Caucasian male, clad in a yellow shirt, yellow pants and yellow shorts. Postmortem adipocere changes are noted. A towel is tied around the neck. The legs are loosely tied by a black thin rope. The hands are loosely entangled/tied with a yellow draw string made from the same material as the clothing. The body weighs 79 pounds and is approximately 71" in height. The age of the decedent can not be definitely determined but appears to be of a middle aged man.

The scalp hair is black. The scalp hair is focally disappeared and small scattered patches of hair are noted, due to postmortem changes. Patches of a mustache hair and a beard are noted. The eyelids are unremarkable with no apparent trauma. The eye globes are protruding and collapsed, with no apparent trauma. The irides are pale and grayish. The corneae are whitish and cloudy. The sclerae are white with no apparent hemorrhage or petechiae. The external auditory canals, external nares and oral cavity are free of foreign material or apparent trauma. The nasal skeleton is palpably intact. The tongue is unremarkable with no significant trauma or evidence of sharp force injuries. The lips are unremarkable with no apparent injury. The teeth are natural and are unremarkable.

The neck is surrounded by a towel with a knot on the left side. Focal area of skin discoloration (possible contusion) is noted on the left.

The chest is unremarkable. No injury of the ribs or sternum is evident externally. The abdomen is unremarkable with no evidence of major surgical scars or sharp force trauma. The posterior torso reveals contusions on the back of the chest and upper abdomen. The external genitalia are deformed and reveal extensive postmortem adipocere precluding proper examination. The torso reveals no evidence of sharp force injuries.

The extremities reveal presence of contusions and deformities of the upper extremities at the wrist joints, and fracture of both legs. The left leg is separated/amputated from the proximal leg. The right leg is partially amputated; the distal leg is attached to the proximal leg by thin stripes of skin and subcutaneous tissue. No evidence of sharp force trauma is identified.

No tattoos, major surgical or characteristic scars or other identifying marks are noted.

EVIDENCE OF INJURY

Multiple injuries are noted of the neck, torso and extremities and are described below. No evidence of trauma to the eyes or the tongue and no evidence of sharp force injuries are noted.

A. Injuries of the Head:

No evidence of blunt or sharp force trauma to the head. No Subgaleal hemorrhage is seen. No skull fractures or evidence of intracranial injury or hemorrhage.

B. Injuries of the Neck:

1. Ligature Strangulation:

A wide ligature furrow is noted around the neck with a knot impression on the left side of the neck. Examination of the subcutaneous tissue and the muscles of the neck reveal no hemorrhage under the ligature furrow, except focally on the left side. No thyroid cartilage or hyoid bone fractures are noted. An area of localized hemorrhage is noted on the back of the neck, left of the posterior midline (left of the spinal processes of the cervical vertebrae C4-C7). (See below)

2. Neck Trauma:

External examination of the neck reveals abnormal hypermobility. Further dissection of the neck reveals focal areas of hemorrhage in the muscles of the neck, mainly on the left side, anteriorly and posteriorly. Removal of the neck organs reveals underlying hemorrhage of the cervical vertebrae C4-C7, under the anterior ligament, left of the midline. The anterior part of the lower cervical vertebrae is removed to document the presence of hemorrhage. The vertebral segment is photographed for documentation, stored in formalin, and retained by OAFME. No gross evidence of fracture is noted. The hemorrhage is consistent with abnormal neck manipulation by hyperflexion or hyperextension.

C. Blunt Force Trauma to the Torso:

External examination of the torso reveals suspected contusions on the left shoulder, upper left chest and the back, more prominent on the left side of the posterior midline. Reflection of the skin and subcutaneous tissue reveals no evidence of trauma to the left shoulder or chest. Examination of the back reveals areas of intramuscular hemorrhages on both sides of the thoracic spine, more prominent on the left side. Amount of hemorrhage is considerable though it can not be definitely determined due to post mortem changes. The hemorrhage is also noted in the intercostal spaces of the chest cavity. No evidence of lung injury, rib fractures or compromise of the parietal pleura and chest cavity.

D. Blunt Force Trauma to the Extremities:

Examination of the upper extremities reveals deformity of both wrists without fractures. No hemorrhage is noted of the wrist joints. Examination of the subcutaneous tissue and

muscles reveals an area of hemorrhage on the posterior left arm. No associated fracture is noted.

Examination of the lower extremities reveals areas of contusions on the anterior proximal thighs. No femoral fractures are noted. Examination of the legs reveals bilateral comminuted fractures of the tibia and fibula on both sides. The fractures reveal no surrounding hemorrhage, suggestive of being the result of postmortem trauma. The left leg is completely amputated from the proximal leg. The right leg is essentially amputated, and is only attached to its proximal part by a stripe of skin and subcutaneous soft tissue.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. No adhesions or abnormal collections of fluid are present in any of the body cavities. All body organs are present in the normal anatomical position. The lungs and heart are collapsed. There is no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region. No abnormal collection of blood or fluid is noted in the body cavities.

HEAD: (CENTRAL NERVOUS SYSTEM)

The scalp is reflected. No evidence of trauma is noted. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebral parenchyma reveals extensive postmortem decomposition precluding proper examination of the intracranial contents. No trauma or hemorrhage is noted. The brain weighs 880 grams.

NECK:

Examination and dissection of the soft tissues of the neck, layer-by-layer, reveal abnormal mobility and focal neck trauma. The thyroid cartilage and hyoid bone are intact. See "Evidence of Injury" above".

CARDIOVASCULAR SYSTEM:

The pericardium is intact. The pericardial sac is free of fluid and adhesions. The coronary arteries arise normally, follow the usual distribution and are patent, without evidence of atherosclerosis or thrombosis. The chambers and valves exhibit the usual size-position relationship and are unremarkable. The myocardium is pale brown and reveal marked postmortem changes. The atrial and ventricular septa are intact. The aorta and its major branches arise normally, follow the usual course and are unremarkable without significant atherosclerosis and other abnormality. The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi. The heart weighs 80 grams.

AL-ISAWI, Mohammed Ajimi

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material; the mucosal surfaces are unremarkable except for postmortem changes. The pleural surfaces are unremarkable bilaterally. The pulmonary parenchyma is grey and reveals no focal lesions. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right and left lung weigh 70 grams and 60 grams, respectively.

LIVER & BILIARY SYSTEM:

The hepatic capsule is smooth and intact, covering dark brown parenchyma with no apparent focal lesions. The gallbladder is intact and contains no bile; the mucosa is unremarkable. The extrahepatic biliary tree is without evidence of calculi. The liver weighs 390 grams.

ALIMENTARY TRACT:

The tongue exhibits no evidence of injury, except a small contusion on the right side. No evidence of significant injury or sharp force trauma. The esophagus is lined by gray-white mucosa. The gastric mucosa is autolysed with thin wall and no rugal folds. The lumen contains a black pasty material submitted for toxicology. The small and large bowel is unremarkable. The pancreas is autolysed. The appendix is present and unremarkable.

GENITOURINARY SYSTEM:

The renal capsules are smooth and thin and strip with ease from the underlying renal smooth brown cortical surfaces. The cortices are delineated from the medullary pyramids, and unremarkable. The calyces, pelves and ureters are unremarkable. The urinary bladder mucosa is unremarkable and contains no urine. The right and left kidneys weigh 20 and 30 grams, respectively. The external genitalia are those of an adult male, but could not be properly examined secondary to the marked postmortem changes. The testes are grossly unremarkable.

RETICULOENDOTHELIAL SYSTEM:

The spleen has a smooth, intact capsule covering pasty purple parenchyma; and grossly unremarkable. No enlarged lymph nodes are seen. The spleen weighs 20 grams.

ENDOCRINE SYSTEM:

The pituitary, thyroid and adrenal glands are grossly unremarkable except for the prominent postmortem changes.

MUSCULOSKELETAL SYSTEM:

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

EVIDENCE COLLECTION

The deceased clothing, rope and a sample of muscle tissue are collected during autopsy and submitted as evidence to Special Agent (b)(6) CID, who attended the autopsy.

IDENTIFYING MARKS

No tattoos, major surgical scars or other identifying marks are noted.

NATURAL DISEASES

No evidence of natural diseases identified during the autopsy examination.

MEDICAL INTERVENTION

None.

POSTMORTEM CHANGES

Adipocere formation is noted of the skin and partially in the internal organs. Atelectasis, shrinkage and postmortem changes are noted of the internal organs.

TOXICOLOGY

- A. Carbon Monoxide: Analysis not performed. No specimen was suitable for testing.
- B. Cyanide: Analysis not performed. No specimen was suitable for testing.
- C. Volatiles:
 - Liver: Acetaldehyde, trace; ethanol, 32 mg/dL, acetone, none found; 2-propanol, 9 mg/dL; 1-propanol, 5 mg/dL
 - Muscle: Acetaldehyde, none found; ethanol, 26 mg/dL, acetone, trace; 2-propanol, 11 mg/dL; 1-propanol, 5 mg/dL
- D. Screened drugs of abuse and medications:

ADDITIONAL PROCEDURES

- Documentary photographs are taken by an OAFME photographer.
- Full body radiographs and computerized body scans are obtained.
- Specimens retained for toxicological and/or DNA identification are: Gastric contents, and tissue samples from liver, lung, kidney, spleen, brain, psoas and heart muscles, and adipose tissue.
- Representative sections of organs are retained in formalin for microscopic examination if needed in the future.
- Clothing and evidence are released to SA (b)(6) CID.

FINAL AUTOPSY DIAGNOSIS

I. Multiple Injuries:

a. Injuries of the Head:

- None. No evidence of blunt or sharp force trauma to the head.

b. Injuries of the Neck:

1. Ligature Strangulation:

- A wide ligature furrow around the neck with a knot impression on the left side of the neck.
- Hemorrhage under the ligature furrow, focally on the left side.
- No thyroid cartilage or hyoid bone fractures are noted.
- Localized hemorrhage, back of the neck, left side.

2. Neck Trauma:

- Abnormal hypermobility.
- Focal areas of hemorrhage in the muscles of the neck, left side, anteriorly and posteriorly.
- Hemorrhage around cervical vertebrae C4-C7, under the anterior ligament, left of the midline, consistent with abnormal neck manipulation by hyperflexion or hyperextension.

c. Blunt Force Trauma to the Torso:

- Contusions on the posterior torso, more prominent on the left side
- Hemorrhage of intercostal spaces of the chest cavity, more left.

d. Blunt Force Trauma to the Extremities:

- Deformity of both wrists without fractures. No hemorrhage is noted.
- Contusion posterior left arm, with no associated fractures.
- Contusions on the anterior proximal thighs. No femoral fractures are noted.
- Bilateral comminuted fractures of the tibia and fibula on both sides, postmortem.
- Amputation of the left leg and partial amputation of the right leg (postmortem).

II. Toxicology: Detected ethanol and its metabolites is consistent with postmortem changes. Negative for screened medications and drugs of abuse.

III. Evidence: The deceased clothing, rope and a sample of muscle tissue are collected during autopsy and submitted as evidence to Special Agent (b)(6) CID.

OPINION

The remains of believed to be (BTB) (b)(6) an Iraqi detainee reveal injuries consistent with strangulations, abnormal neck manipulations (Hyperextension / hyperflexion), and blunt force trauma to the back. There is no evidence of sharp force trauma, or trauma to the eyes and tongue. Toxicological studies for ethanol are consistent with postmortem changes/artifacts. No screened medications and drugs of abuse are detected. The feet were tied with rope and he was buried between two tents in the detention facility compound. Manner of death is "Homicide".

(b)(6)

(b)(6) Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Al-Isawi, Mohammad, Ajimi		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation (b)(6)		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		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Négre	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf		<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort			Multiple injuries
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
<input type="checkbox"/> SUICIDE Suicide	SIGNATURE Signature (b)(6)	DATE Date 26 August 2007	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2007			
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du dé funtel je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme Medical Examiner	
GRADE Grade (b)(6)		INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE	
DATE Date 9/13/2007		SIGNATURE Signature (b)(6)	

DD FORM 1 APR 77 2064

REPLACES DA FORM 3665, 1 JAN 72 AND DA FORM 3665-R(PAS), 26 SEP 76, WHICH ARE OBSOLETE.

MEDCOM 0793

ACLU Detainee Death II ARMY MEDCOM 793

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

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS (b)(6)	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and County)	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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