



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



**AUTOPSY EXAMINATION REPORT**

b7E-4  
[Redacted]

Date of Birth: unknown  
Date of Death: 11 Aug 2003  
Date of Autopsy: 23 Aug 2003  
Date of Report: 2 Oct 2003

Autopsy No.: 03-366 (B)  
AFIP No.: 2892219  
Rank: NA  
Place of Death: Abu Ghraib Prison. Iraq  
Place of Autopsy: BIAP, Iraq

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

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

**Identification:** By prisoner number, DNA sample and fingerprints obtained

**CAUSE OF DEATH:** Arteriosclerotic cardiovascular disease

**MANNER OF DEATH:** Natural

Waiting for accession #

DX0-4

**FINAL AUTOPSY DIAGNOSES:**

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

DME-4

**EXTERNAL EXAMINATION**

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

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

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

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

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

**CLOTHING AND PERSONAL EFFECTS**

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

The body is received nude at the time of autopsy.

**MEDICAL INTERVENTION**

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

**EVIDENCE OF INJURY**

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

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

**INTERNAL EXAMINATION****HEAD:**

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

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

**NECK:**

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

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

**BODY CAVITIES:**

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

**RESPIRATORY SYSTEM:**

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

**CARDIOVASCULAR SYSTEM:**

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

**LIVER & BILIARY SYSTEM:**

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

DN0-4

**SPLEEN:**

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

**PANCREAS:**

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

**ADRENALS:**

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

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 50 gm each and maintain fetal lobulation. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact, empty bladder. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by autolyzed, grey-white mucosa. The stomach contains less than 10 ml of red straw-colored liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and unremarkable.

**ADDITIONAL PROCEDURES**

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

**MICROSCOPIC EXAMINATION**

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

**TOXICOLOGY**

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

**AUTOPSY REPORT ME03-366**

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(b)(6)-4

**OPINION**

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

The manner of death is natural.

(b)(6)-2

MAJ, MC, USA  
Deputy Medical Examiner



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**AUTOPSY EXAMINATION REPORT**

(b)(6)-4  
[Redacted Box]

Date of Birth: unknown  
Date of Death: 11 Aug 2003  
Date of Autopsy: 23 Aug 2003  
Date of Report: 19 May 2004

Autopsy No.: 03-366-B  
AFIP No.: 2892219  
Rank: NA  
Place of Death: Abu Ghraib Prison, Iraq  
Place of Autopsy: BIAP, Iraq

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

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

**Identification:** By prisoner number, DNA sample and fingerprints obtained

**CAUSE OF DEATH:** Arteriosclerotic cardiovascular disease

**MANNER OF DEATH:** Natural

0506-4

**FINAL AUTOPSY DIAGNOSES:**

- I. Arteriosclerotic cardiovascular disease
  - A. Left anterior descending coronary artery
    - 1. Segmental 80% stenosis of the proximal segment
    - 2. 80% focal stenosis of the mid segment
  - B. Right coronary artery
    - 1. 50% multifocal stenoses of the proximal segment
    - 2. 50-75% multifocal stenoses of the distal segment
  - C. Mild to moderate atherosclerosis of the proximal aorta
  - D. Focal 90% stenosis of the basilar artery of the brain
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- IV. No significant trauma
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**EXTERNAL EXAMINATION**

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

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

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

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

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

**CLOTHING AND PERSONAL EFFECTS**

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

The body is received nude at the time of autopsy.

**MEDICAL INTERVENTION**

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

**EVIDENCE OF INJURY**

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**INTERNAL EXAMINATION****HEAD:**

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

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

**NECK:**

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

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

**BODY CAVITIES:**

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

**RESPIRATORY SYSTEM:**

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

**CARDIOVASCULAR SYSTEM:**

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

**LIVER & BILIARY SYSTEM:**

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

bx8-4

**SPLEEN:**

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

**PANCREAS:**

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

**ADRENALS:**

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

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 50 gm each and maintain fetal lobulation. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact, empty bladder. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by autolyzed, grey-white mucosa. The stomach contains less than 10 ml of red straw-colored liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and unremarkable.

**ADDITIONAL PROCEDURES**

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

**MICROSCOPIC EXAMINATION**

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

**TOXICOLOGY**

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

(b)(6)-4

**OPINION**

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

The manner of death is natural.

(b)(6)-2

MAJ, MC, USA  
Deputy Medical Examiner



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**AUTOPSY EXAMINATION REPORT**

(b)(6)-4  
[Redacted Box]

Date of Birth: Unknown  
Date/Time of Death: 20 Aug 2003

Date/Time of Autopsy: 22 Aug 2003  
Date of Report: 9 Oct 2003

Autopsy No.: 03-369  
AFIP No.: 2892220  
Rank: NA  
Place of Death: Abu Ghraib Prison,  
Iraq  
Place of Autopsy: Camp Sather, Iraq

**Circumstances of Death:** The decedent was a prisoner in Abu Ghraib prison in U.S. Custody. On or about 20 Aug 2003 he was noted to be pulseless and apneic. Cardiopulmonary resuscitation was unsuccessful. There was no prior complaint or trauma.

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

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

**CAUSE OF DEATH:** Arteriosclerotic Cardiovascular Disease (ASCVD)

**MANNER OF DEATH:** Natural

1506-4

**FINAL AUTOPSY DIAGNOSES:**

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

b7c(4)

**EXTERNAL EXAMINATION**

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

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

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

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

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

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

**CLOTHING AND PERSONAL EFFECTS**

None.

**MEDICAL INTERVENTION**

No attached medical devices or artifacts of therapy.

**EVIDENCE OF INJURY**

None.

**INTERNAL EXAMINATION****HEAD:**

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

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

#### NECK:

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

#### BODY CAVITIES:

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

#### RESPIRATORY SYSTEM:

The right and left lungs are edematous, congested and weigh 1000 and 900 gm, respectively. The external surfaces are smooth and deep red-purple. No mass lesions or areas of consolidation are present.

#### CARDIOVASCULAR SYSTEM:

The 450 gm heart is globular in shape but contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show multifocal stenoses of the left anterior descending coronary artery. The right coronary artery has 50-75% multifocal stenoses of the proximal and mid segments. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.8 and 0.6-cm thick, respectively. The septum is hypertrophied measuring 2.0 cm in thickness. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

#### LIVER & BILIARY SYSTEM:

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

#### SPLEEN:

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

#### PANCREAS:

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



b7(c)

**ADRENALS:**

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

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 350 gm, each. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder is devoid of urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 25 ml of yellow liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and unremarkable.

**ADDITIONAL PROCEDURES**

- Documentary photographs are taken by <sup>b7(c)-2</sup>
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, spleen, liver, brain, gastric contents, and psoas muscle
- The dissected organs are forwarded with body

**MICROSCOPIC EXAMINATION**

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

**TOXICOLOGIC ANALYSIS**

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

(b)(6)-d

**OPINION**

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

The manner of death is natural.

(b)(6)-2

MAJ, MC, USA  
Deputy Medical Examiner

402-093

ARMED FORCES REGIONAL MEDICAL EXAMINER  
 LANDSTUHL REGIONAL MEDICAL CENTER  
 TEL. NO. DSN 486-7492  
 FAX DSN 486-7502  
 CIV. 011(49)6371-86-7492  
 A02-93

FINAL REPORT OF POSTMORTEM EXAMINATION

DATE OF BIRTH:  
 DATE OF DEATH: 3 December 2002  
 DATE OF AUTOPSY: 6-8 December 2002  
 INVESTIGATIVE AGENCY: USACIDC, SSI # 0134-02-CID369-23533-5H9B

I. CIRCUMSTANCES OF DEATH: The decedent is a 27-28 year old Pashtun male, who was found unresponsive, restrained in his cell, Bagram Collection Point (BCP), 0015, 4 December 2002. He was dead on arrival at the 339th CSH, Bagram Air Field, Afghanistan.

II. AUTHORIZATION: Armed Forces Medical Examiner under Title 10 U.S. Code, Section 1471.

III. IDENTIFICATION: Visual recognition; postmortem dental examination performed; fingerprints and specimens for DNA obtained.

IV. ANATOMIC FINDINGS:

- a. Pulmonary embolism (saddle).
- b. Mild pulmonary congestion and edema; diffuse anthracosis.
- c. Mild chronic passive congestion (agonal change).
- d. Multiple blunt force injuries:
  - (1) Head and neck injuries.
    - (a) Contusions and abrasions (remote), face & head.
    - (b) Linear abraded contusions (3), right neck.
  - (2) Torso injuries:
    - (a) Abrasions and contusions (non-specific).
    - (b) Curvilinear abraded contusions (patterned, left upper abdomen and flank).
    - (c) Linear vertical abrasions (brush burn), bilateral back.
  - (3) Extremity injuries:
    - (a) Abrasions and contusions (non-specific), bilateral arms.
    - (b) Linear abrasions and contusions (patterned), bilateral forearms and wrists.
    - (c) Elongated contusions, bilateral anterior medial upper thighs (recent).
    - (d) Contusion, left knee (recent).
    - (e) Deep contusions with intramuscular hemorrhage and necrosis (left greater than right), bilateral posterior calves and knees (recent).
    - (f) Associated patterned abrasions, posterior left calf (recent).

V. TOXICOLOGY: Negative.

VI. CAUSE OF DEATH: Pulmonary embolism due to blunt force injuries.

VII. MANNER OF DEATH: Homicide.

CONTINUATION ON NEXT PAGE

<input type="checkbox"/> HISTORY & PHYSICAL EXAMINATION (SF 504, SF 505, & SF 506)	<input type="checkbox"/> OPERATION REPORT (SF 516)	NAME [REDACTED]	
<input type="checkbox"/> CONSULTATION SHEET (SF 513)	<input type="checkbox"/> NARRATIVE SUMMARY (SF 502)	REGISTER NO. PASHTUN, AFGHANISTAN	SSN
<input type="checkbox"/> CHRON RECORD OF MEDICAL CARE (SF 600)	<input checked="" type="checkbox"/> AUTOPSY PROTOCOL (SF 503)	UNIT [REDACTED]	
<input type="checkbox"/> PROGRESS NOTE (SF 509)	<input type="checkbox"/>	DATE DICT 8 DECEMBER 2002	DATE TYPED 13 JANUARY 2003

MEDICAL RECORD REPORT

OPTIONAL FORM 275 (12-77)  
 Prescribed by GSA and 1 CMR  
 FIRM (41 CFR) 201-45-505  
 USAPPC V1.00

ARMED FORCES REGIONAL MEDICAL EXAMINER  
 LANDSTUHI REGIONAL MEDICAL CENTER  
 TEL. NO. DSN 486-7492  
 FAX DSN 486-7502  
 CIV. 011(49)6371-86-7492  
 A02-93

CONTINUATION OF FINAL REPORT OF POSTMORTEM EXAMINATION

VIII. OPINION: Based on these autopsy findings and the investigative and historical information available to me, the cause of death of this Pashtun male, (b)(6)-4 is pulmonary embolism (blood clot that traveled to the heart and blocked the flow of blood to the lungs). The patterned abrasion on the back of the left calf is consistent with the tread of a boot. The severe injury to the underlying calf muscle and soft tissue is most likely a contributing factor. The deceased was not under the pharmacologic effects of drugs or alcohol at the time of death. Therefore, the manner of death, in my opinion is homicide.

(b)(6)-2

LTC (P), MC, USA  
 Armed Forces Regional Medical Examiner

<input type="checkbox"/> HISTORY & PHYSICAL EXAMINATION (SF 504, SF 505, & SF 506)	<input type="checkbox"/> OPERATION REPORT (SF 516)	NAME (b)(6)-4	
<input type="checkbox"/> CONSULTATION SHEET (SF 513)	<input type="checkbox"/> NARRATIVE SUMMARY (SF 502)	REGISTER NO. PASHTUN, AFGHANISTAN	SSN
<input type="checkbox"/> CHRON RECORD OF MEDICAL CARE - (SF 600)	<input checked="" type="checkbox"/> AUTOPSY PROTOCOL (SF 503)	UNIT (b)(6)-1	
<input type="checkbox"/> PROGRESS NOTE (SF 509)	<input type="checkbox"/>	DATE TYPED 8 DECEMBER 2002	DATE TYPED 13 JANUARY 2003

MEDICAL RECORD REPORT

OPTIONAL FORM 275 (12-77)  
 Prescribed by GSA and 1 CMR  
 FIRMA (41 CFR) 201-45.505  
 USAPPC V1.00

A02-93

(b)(6)-4

**I. POSTMORTEM EXAMINATION:**

**A. GENERAL:** The postmortem examination is performed in the mortuary affairs tent in Bagram Airfield, Afganistan on 6-8 December 2002. Photographs are obtained on 6 December 2002. External examination was performed on 7 December 2002 and the internal examination was performed on 8 December. The autopsy is performed by Dr. (b)(6)-2 LTC (P), MC, USA, Forensic Pathologist, the Armed Forces Regional Medical Examiner (AFRME). Assisting in the autopsy procedures is SSgt (b)(6)-2 USAF, Forensic Assistant.

The autopsy is witnessed by Special Agent (b)(6)-1 CW2, USAF, Special Agent in Charge, United States Army Criminal Investigation Command (USACIDC), Bagram Air Field, Afganistan.

Additional observers at the autopsy are listed as follows: Major (b)(6)-2 (b)(3)-1 COL (b)(6)-7 (b)(6)-7 CPT (b)(6)-7 (b)(6)-1 MG, LTC (b)(6)-2 (b)(3)-1 and MAJOR (b)(6)-1 (b)(3)-1

The autopsy is started at approximately 0900 hours, 8 December 2002.

**B. PHOTOGRAPHY:** Photographs are taken by SSgt (b)(6)-2 Forensic Assistant and are on file in the Medical Photography Section, Landstuhl Regional Medical Center, Landstuhl, Germany.

**C. AUTHORIZATION:** The autopsy is authorized by the Armed Forces Medical Examiner under Title 10, U.S. Code, Section 1471 at the request of USACIDC, with an SF 523, Authorization for Autopsy, signed by the AFRME, appointed representative.

**D. IDENTIFICATION:** The remains are identified visually as (b)(6)-4 (b)(3)-1 by 1LT (b)(6)-1 (b)(3)-1, Officer in Charge, Bagram Detention Facility with a signed DD 565, Statement of Recognition of Deceased. Postmortem dental examination including x-rays are performed by COL (b)(6)-2 Forensic Odontologist, U.S. Army.

**E. MEDICAL RECORD REVIEW:** Copies of the inprocessing evaluation are reviewed in full. The clinical portion documents the decedent as "appearing well", without injuries and offering "moderate resistance to inprocessing". The decedent was "dead on arrival" per the Medical Treatment Facility (MTF) Emergency Room record which was otherwise non-contributory.

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**II. GROSS AUTOPSY FINDINGS:**

**A. CLOTHING AND PERSONAL EFFECTS:** The remains are presented for autopsy clothed in a disposable diaper. No additional clothing or personal effects accompany the body.

**B. EXTERNAL EXAMINATION:** The remains are those of a well developed, well nourished Southwest Asian male of muscular build that appears compatible with the listed age of 27-28 years. Length is 5 feet, 4 inches. The body is well preserved and has not been embalmed. Multiple injuries are described below in the Evidence of Injury Section.

**RIGOR:** Not appreciated at the time of autopsy (reportedly mildly developed in the small extremities on arrival in the Bagram Airfield emergency room).

**LIVIDITY:** Fixed on the posterior dependent surfaces.

**TEMPERATURE:** The remains are frozen at the time of the photographic documentation and external examination. At the time of the internal examination the remains are slightly colder than the ambient air, approximately 30 to 40 degrees F.

**SKIN:** Unremarkable except for evidence of injury that is described below in the Evidence of Injury Section. An apparent small pox vaccination scar is on the right upper arm. Well healed scars are noted below the right front knee and the left back knee. Two parallel lines of gray-black adhesive substance encircle the back of the head extending from ear to ear. The adhesive is consistent with that which is seen in tape products.

**HAIR:** Close shaved black hair covers the head. Facial hair consists of a black beard up to 2 inches in length and mustache. The remaining body hair, the color of the head hair, is in a normal adult male distribution.

**HEAD/SCALP/FACE:** Injuries are described below in the Evidence of Injury Section. No non-traumatic abnormalities are identified.

**EARS:** Unremarkable.

**EYES:** Brown irides that are partially obscured by mild corneal clouding surrounding equal 4 mm pupils. The conjunctivae is remarkable for rare petechiae, one on the left upper bulbar and one on the palpebral conjunctivae. There is early Tach Noire formation.

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**NOSE:** Injuries are described below in the Evidence of Injury Section. No non-traumatic abnormalities are identified.

**MOUTH/LIPS:** Unremarkable except for postmortem drying artifact.

**TEETH:** Dentition is in good repair.

**NECK/CHEST/ABDOMEN/BACK/ANUS:** Unremarkable except for injuries that are described below in the Evidence of Injury Section. The abdomen is flat.

**EXTERNAL GENITALIA:** Normal adult circumcised male with bilaterally descended testes.

**ARMS/HANDS/FINGERNAILS:** Unremarkable except for injuries described below in the Evidence of Injury Section. The fingernails are irregular with focal small chips on the left second and third fingers.

**LEGS/FEET/TOENAILS:** Unremarkable except for injuries described below in the Evidence of Injury Section. The circumference of the mid calves measure 14 inches bilaterally.

**C. INTERNAL EXAMINATION:**

**BODY CAVITIES:** The body is opened by the usual Y-shaped incision. The pleural and peritoneal surfaces are smooth and glistening and the pericardium is unremarkable. There are no fibrovascular adhesions or abnormal collections of fluid. The mediastinum and retroperitoneum show no non-traumatic abnormalities. The leaves of the diaphragm are intact and the organs are normally disposed. There is no evidence of injury.

**HEAD/CENTRAL NERVOUS SYSTEM:** Reflection of the scalp shows the usual scattered reflection petechiae. The calvarium is intact. Removal of the calvarium shows the epidural space to be normal. No collections of subdural blood are present. The brain is removed in the usual manner and appears normal in weight. The leptomeninges are smooth and glistening and the gyri demonstrate the usual orientation and configuration. There is no herniation. The vessels at the base of the brain are normally disposed and no anomalies or significant atherosclerosis is identified. Serial sections of the brain show the cerebral cortical ribbon to be intact. The lateral ventricles are normal. The usual anatomical landmarks of the cerebrum, pons, and medulla demonstrate no abnormalities. The pituitary fossa is unremarkable. The Foramen Magnum demonstrates the normal orientation and the first portion of the spinal cord viewed through the Foramen Magnum is unremarkable.

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**NECK:** Examination of the soft tissues of the neck by separate bloodless layerwise dissection of the strap muscles shows no abnormalities. The thyroid gland and large vessels are unremarkable. The hyoid bone and larynx are intact.

**CARDIOVASCULAR SYSTEM:** The heart is of apparent normal weight. The epicardium is intact and unremarkable. The chambers demonstrate the usual shape and configuration with no gross hypertrophy. The coronary arteries are normally disposed and there is no atherosclerosis. Cut surfaces of the myocardium show a normal color. The valves are intact with the usual anatomic relationships. The aorta follows the usual course and exhibits no significant atherosclerosis. The origins of the major vessels are normally disposed and unremarkable. The great vessels of venous return are in the usual position and unremarkable.

**RESPIRATORY SYSTEM:** The larynx, trachea, and bronchi show no abnormalities. The right and left lungs appear slightly heavier than the normal weight. There is moderate diffuse anthracosis bilaterally. Cut surfaces show the usual deep red to pink parenchyma exuding a mild amount of blood and frothy fluid with no evidence of injury. Examination of the pulmonary artery in-situ reveals a large branching embolus (blood clot) extending into both the right and left pulmonary arteries. The embolus is mildly firm, focally coiled, and smaller than the circumference of the pulmonary vessels. There are focal small fibrinous patches on the external surface on the clot. The embolus is moderately tenacious upon removal.

**HEPATOBIILIARY SYSTEM:** The liver is of apparent normal weight. It has a smooth, glistening capsule. Cut surfaces show the usual anatomic landmarks with a deep red-brown parenchyma exhibiting a mild nutmeg pattern. The gallbladder contains approximately 20 cc of bile. No abnormalities are present in the mucosal lining. The biliary tree is normally disposed and no abnormalities are demonstrated.

**INTESTINAL TRACT:** The pharynx and esophagus are unremarkable. The stomach lies in the normal position and contains a small amount of thick green-yellow fluid. No pills or residues are identified. The mucosal lining is intact. The small bowel and large bowel are unremarkable. The appendix is unremarkable.

**LYMPHORETICULAR SYSTEM:** The spleen is of apparent normal weight and has a smooth glistening capsule with an unremarkable parenchyma. The thymus is not identified. Lymph nodes show no notable pathologic change.

**URINARY SYSTEM:** The right and left kidneys are of apparent normal weight. The cortical surfaces are smooth and glistening with good preservation of the cortex and good cortico-medullary differentiation. The pelves and ureters are unremarkable. The bladder is unremarkable and empty.



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

**ENDOCRINE SYSTEM:** The pituitary, thyroid, adrenals, and pancreas show the usual anatomic features without evidence of natural disease or injury.

**MUSCULOSKELETAL SYSTEM:** No fractures are identified and the skeletal muscle demonstrates the normal appearance. The bone marrow, where visualized, is unremarkable.

**D. EVIDENCE OF MEDICAL TREATMENT:** Consists of EKG leads adherent to the upper chest bilaterally and the right upper abdomen. There are bilateral femoral needle punctures with associated dried blood.

**E. EVIDENCE OF INJURY:** Multiple blunt force injuries.

(1) **HEAD AND NECK INJURIES:** Externally, an irregular crusted abrasion,  $\frac{1}{2}$  inch in greatest dimension is on the right upper forehead. On the right lower forehead above the eyebrow is a  $\frac{1}{4}$  inch greatest dimension irregular crusted abrasion. Multiple irregular red-purple patchy contusions are on the right cheek covering an area of  $1 \frac{1}{2}$  inches. On the prominence of the lower nose is a  $\frac{1}{2} \times \frac{1}{4}$  inch irregular crusted abrasion. On the left upper forehead just adjacent to the midline is a  $1 \times \frac{1}{4}$  inch elongated crusted abrasion. To the left of this is a  $\frac{1}{2} \times \frac{1}{8}$  inch elongated crusted abrasion. A  $\frac{3}{4} \times \frac{1}{2}$  inch crusted abrasion is on the left side of the back of the head, in the occipital area. On the right side of the neck there are two parallel, faint, linear abraded contusions, each averaging  $1 \frac{1}{4} \times \frac{1}{4}$  inches with  $\frac{1}{2}$  inch separation between the two. They average approximately 10 inches below the top of the head and three inches to the right of the anterior midline. Just to the left of these is a similar, fainter, patchy abraded contusion in approximately the same dimensions.

On internal examination there is no underlying evidence of injury.

(2) **TORSO INJURIES:** Externally, an ovoid  $1 \times \frac{1}{4}$  inch abrasion is on the mid upper chest which has a tan-yellow "parchment" appearance most likely representing a postmortem injury. On the right lower upper chest just below the level of the nipples is a  $1 \times \frac{3}{8}$  inch vertically oblique elongated abrasion. A  $\frac{1}{4}$  inch greatest dimension faint gray-purple contusion is in the right lower chest. Three ovoid  $\frac{1}{4}$  inch greatest dimension gray-purple contusions are arranged linearly along the left lower costal margin. Associated with these is a faint dark purple contusion covering an area  $2 \frac{1}{2}$  inches. This extends as a curvilinear abraded contusion to the left, along the costal margin across the

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left flank and mid left back. The extended portion measures  $10 \frac{1}{2} \times \frac{1}{4}$  inches. On the left mid back is a  $\frac{1}{2}$  inch greatest dimension red contusion. Multiple vertical parallel linear abrasions are on the right mid back in a "brush burn" type pattern covering an area of  $7 \times 1 \frac{1}{4}$  inches. Faint similar brush burn type abrasions are noted on the left mid back.

There is no evidence of underlying injury on internal examination.

(3) **EXTREMITY INJURIES:** Multiple ovoid dark purple contusions, the largest averaging  $\frac{1}{2}$  in greatest dimension cover an area of  $2 \frac{1}{2} \times \frac{1}{4}$  on the anterior right upper arm. On the right inner arm are multiple irregular partially ovoid red-purple contusions, each averaging  $1 \frac{1}{2}$  inch in greatest dimension and covering an area of  $2 \frac{1}{2} \times \frac{1}{4}$  inches. A  $\frac{1}{4} \times \frac{1}{2}$  inch crusted abrasion is on the right lateral posterior elbow. On the distal right forearm a  $3 \frac{1}{2} \times \frac{1}{4}$  inch red-purple contusion encircles the anterior distal right forearm, extending around the lateral side. An elongated dark purple contusion with associated scattered small irregular abrasions, the largest averaging  $\frac{3}{8}$  inch in greatest dimension, covers both the back and front of the right wrist. Two parallel, vertically oblique linear abrasions, each  $2 \frac{1}{2} \times \frac{1}{4}$  inches, are just beneath the left upper inner arm. Patchy red-purple contusions are scattered over the inner upper arm to the elbow covering an area of  $5 \frac{1}{2} \times 2$  inches. On the left upper, anterior forearm are patchy irregular red-purple contusions covering an area of  $4 \times 2$  inches. A dark purple contusion with associated  $\frac{3}{8}$  inch greatest dimension scattered abrasions is on the left inner wrist encircling the lateral and posterior wrist. Associated with this is a linear abrasion encircling the posterior wrist. On the right upper anterior thigh,  $2 \frac{1}{2}$  inches below the groin, is a vertically oblique elongated red-purple contusion  $4 \frac{1}{2} \times 1 \frac{1}{2}$  inches. A vertically oblique red-purple contusion,  $12 \frac{1}{2} \times 2$  inches is on the left anterior inner thigh  $2 \frac{1}{2}$  inches below the groin extending downwards to the left inner knee. On the right back of the knee and calf is an elongated red-purple contusion,  $7 \frac{1}{2} \times 7$  inches, which extends across to the anterior-lateral side. On the back of the left knee and calf is a  $11 \times 7 \frac{1}{2}$  inch red-dark purple contusion which extends upwards above the back of the knee in a linear fashion. On internal examination, confluent hemorrhage extends deep within the muscle which is focally necrotic. On the left calf, centrally located, is a patterned abrasion consisting of multiple parallel horizontal linear abrasions the largest averaging  $1 \frac{1}{2} \times \frac{1}{4}$  inches, these are closely spaced. On the mid anterior left lower leg adjacent to the midline is a  $\frac{1}{4}$  inch ovoid abrasion.

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**III. MICROSCOPIC EXAMINATION:**

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

**LUNGS:** The alveolar spaces and small air passages are expanded and contain no significant inflammatory component. There is focal mild edema fluid. The alveolar walls are thin and mildly congested. The arterial and venous vascular systems are normal. The peribronchial lymphatics are unremarkable.

**LIVER:** The hepatic architecture is intact. The portal areas show no increased inflammatory component or fibrous tissue. There is mild central micro and macrovesicular steatosis. The hepatic parenchymal cells are well preserved with no evidence of cholestasis or sinusoidal abnormalities.

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

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

**BRAIN:** Multiple sections of brain demonstrate an unremarkable configuration of gray and white matter, which is appropriate for age. There is no evidence of atrophy, inflammation, hemorrhage, or neoplasm.

**TESTES:** Sections show normal spermatogenesis with no evidence of inflammation or neoplasia.

**SKIN:** Sections show unremarkable epidermis, dermis, and subcutis with normal adnexal structures and no evidence of inflammation.

**SKELETAL MUSCLE:** Multiple sections show intact skeletal muscle fibers with focal interstitial extravasation of red blood cells. There is no evidence of any acute or chronic inflammation, or necrosis.

**PULMONARY EMBOLUS:** Multiple sections show well formed blood clot, with alternating layers of platelets admixed with fibrin and layers of red blood cells ("lines of Zahn"). There is no evidence of recannulization.

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

AFIP Accession No.: 2859166/01, Toxicology Accession No.: 027070 dated 6 January 2003.

Volatiles: The bile and vitreous fluid were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

Comprehensive drug screen (liver): No drugs were found.

**V. SPECIAL STUDIES:**

a. (Radiographic studies). Full body postmortem skeletal x-rays are performed at the Bagram Airfield Medical Treatment Facility and show no fractures.

b. Alternate light source examination: Examination of the neck using an alternate light source reveals no injuries other than those that are seen grossly and are described above in the Evidence Injury Section.

**VI. EVIDENCE:** Evidence is collected under standard chain of custody procedures and are listed as follows: Head and pubic hair, fingernail scrapings, oral and anal swabs, and specimen of blood. The evidence is retained by Special Agent (b)(6)-1, USACIDC, under standard chain of custody procedures.

*24 Feb 03*  
Date

(b)(6)-2

LTC (P), MC, USA  
ARMED FORCES REGIONAL MEDICAL EXAMINER

*24 Feb 03*  
Date

(b)(6)-2

MAJ, MC, USAF  
Deputy Medical Examiner



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
**Office of the Armed Forces Medical Examiner**  
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**Landstuhl Regional Medical Center**  
 Landstuhl, Germany, APO AE 09180  
 DSN 486-7492  
 CIV 011 (49) 6371-86-7492

**AUTOPSY EXAMINATION REPORT**

Name: <input type="text" value="[REDACTED]"/> SSAN: <input type="text" value="[REDACTED]"/> Date of Birth: Unknown, age approx. 35 yrs. Date/Time of Death: 10 Dec 2002/0200z  Date/Time of Autopsy: 13 Dec 2002/1000 Date of Report: 25 Feb 2003	Autopsy No.: A02-95 (Landstuhl R.M.C. Autopsy Number) AFIP No.: 2859183 Rank: Civilian, Afghani national Place of Death: Bagram Collection Point, Bagram Air Field, Afghanistan Place of Autopsy: Bagram Air Field Afghanistan
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**Circumstances of Death:** Approximately 35 year old Afghan male detainee who was found unresponsive restrained in his cell in the Bagram Collection Point, and pronounced dead on arrival at the 339<sup>th</sup> CSH, Bagram Air Field, Afghanistan.

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

**Identification:** Visual; Post mortem dental examination performed; Fingerprints and DNA specimen obtained.

**CAUSE OF DEATH:** Blunt force injuries to lower extremities complicating coronary artery disease

**MANNER OF DEATH:** Homicide

**FINAL AUTOPSY DIAGNOSES:**

- I. Blunt force injuries to bilateral lower extremities with rhabdomyolysis
  - a. Extensive soft tissue hemorrhage with muscle necrosis
    - i. Involving bilateral legs, extending from upper thighs to upper calves and bilateral inguinal regions
    - ii. Nearly circumferential muscle damage, from subcutis to level of periosteum of femurs
    - iii. Histologically, extensive muscle destruction with necrosis

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- b. Rhabdomyolysis
    - i. Urine and serum positive for myoglobin
    - ii. Brown discoloration of urine
  - c. Hemorrhage of bilateral knee joint capsules
  - d. Diffuse erythema and contusions of skin of posterior and lateral thighs and upper calves, and bilateral inguinal regions
- II. Coronary artery disease
- a. Atherosclerotic plaque of proximal left anterior descending coronary artery with 70-80% luminal occlusion; 50% mid LAD luminal occlusion
  - b. Histologically, myocardial sections show no significant histopathologic changes (Cardiovascular pathology consultation)
- III. Multiple superficial abrasions, contusions, and crusts of bilateral wrists, anterior ankles, nose, and ears
- IV. Toxicology, Armed Forces Institute of Pathology
- a. Heart blood and vitreous fluid negative for ethanol
  - b. Urine negative for drugs of abuse

**EXTERNAL EXAMINATION**

The body is that of a thin, normally developed, unclad Afghan male. The body is 69" in height, appears consistent with a weight of 122 pounds as reported in the medical record, and appears compatible with the reported age of 35 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 skin is moderately pigmented. The head is normocephalic. The scalp hair is dark and shaved close, < 2mm in length. Facial hair consists of a dark brown beard and mustache. The irides are brown. The corneae are clear. The conjunctivae are pale and dry. The sclerae are white and free of petechia. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton is palpably intact. The lips are without evident injury, and both the upper and lower frenulum are intact. There are approximately 8 small petechia on the upper gingiva. The teeth are natural and in good condition. The chest is unremarkable. The abdomen is flat and soft. On the back of the head in the occipital scalp, there is a well-healed 2 cm curvilinear scar. There is a well-healed circular 1 cm diameter scar on the lateral upper right arm, and there is a 3 cm linear scar on the palmer base of the right thumb. On the back of the left elbow, there is a 1 cm diameter scar. Across the upper back, there are multiple punctate scars. The extremities show normal development and range of motion. The fingernails are short and intact. The external genitalia are those of a normal adult uncircumcised male with both testes descended. The posterior torso is without note.

**EVIDENCE OF THERAPY**

There is a nasogastric tube and an endotracheal tube secured with white tape, both appropriately placed. There are four EKG tabs on the upper right chest, upper left chest, mid chest, and lower left abdomen. Over the sternum, there is a 5 x 3 cm contusion, consistent with resuscitation efforts.

**EVIDENCE OF INJURY**

**HEAD AND NECK:** On the upper right forehead, there are two linear abrasions, 0.3 and 0.5 cm in length. On the upper left forehead, there is a 0.5 x 0.2 cm abrasion. Down the bridge of the nose, there is a vertically oriented 2 x 1.3 cm abrasion with crust formation. On the back of head in the upper central occipital scalp, there are three crusted abrasions, 0.3 cm, 0.2 cm, and 0.2 cm in diameter. Behind the pinna of the left ear, there are multiple curvilinear abrasions with crust formation and focal contusion, forming two vertically oriented parallel lines, 1.5 x 0.3 cm laterally and 1.0 x 0.2 cm medially. Behind the pinna of the right ear, there are two crusted abrasions, 0.5 x 0.2 cm and 0.3 x 0.2 cm. On the right anterior aspect of the neck, there is a faint, irregular contusion with focal excoriation and fine linear crust formation, 4 x 5 cm in aggregate dimension. On the left anterior neck, there is a 0.5 x 0.3 cm abrasion.

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**CHEST:** Upon reflection of the skin of the right lateral chest, there is a 15 x 7 cm area of hemorrhage within the superficial aspect of the intercostal muscles at the level of the 5-6<sup>th</sup> ribs. On dissection, there is no deep muscular hemorrhage, and there are no rib fractures or any evidence of any intrathoracic trauma.

**ABDOMEN and BACK:** On the lower right abdomen, there is a 0.4 x 0.2 cm abrasion with crust formation. On the lateral upper left buttock, there is a 6 x 0.2 cm linear abrasion with crust formation.

**UPPER EXTREMITIES:** On the back of the right elbow on the medial aspect, there is a 2 x 1.5 cm brown contusion. Around the ventral (palmar) and lateral (radial) right wrist, there is a 12 x 2 cm band of erythema and red-brown contusion, which is the widest at the lateral aspect. Within the lateral aspect of the contusion, there is focal superficial abrasion, up to 0.3 cm in diameter. On the back of the hand, there is a 0.3 cm diameter crusted abrasion.

On the back of the left elbow, there is a lateral 2 x 2 cm brown contusion and a medial 0.6 x 0.5 cm crust. Around the ventral and lateral left wrist, there is a 8 x 2 cm band of erythema and red-brown contusion. The contusion is widest at the lateral aspect, and there is a 0.3 cm diameter abrasion within the ventral lateral region. On the back of the left hand, beneath the index finger, there is a 0.5 x 0.3 cm crusted abrasion.

**LOWER EXTREMITIES:** There is bilateral contusion of inguinal regions. In the right inguinal region, there is a 30 x 7 cm region of erythema and red-brown contusion, extending from the lower abdomen down the medial thigh. In the left inguinal region there is a 30 x 15 cm region of erythema and red-brown contusion, extending from the lower abdomen down the anterior and medial thigh. Upon reflection of the skin, there is underlying diffuse, superficial and deep intramuscular hemorrhage bilaterally. There is no apparent contusion of the scrotum, and no evidence of testicular hemorrhage.

Over the lateral and posterior right leg, extending from the upper thigh down to just below the knee, there is a ill defined band of erythema and red-brown contusion. On the posterior aspect of the knee, the discoloration is the darkest, forming a more discrete brown-purple contusion. On the anterior right ankle, there is a 1.3 x 1 cm crusted abrasion.

Over the lateral and posterior left leg, extending from the upper thigh down to just below the knee, there is a similar ill defined band of erythema and red-brown contusion, which is most pronounced on the posterior knee. On the lateral left knee, there is also a 3 x 5 cm abrasion. Beneath the left knee, there is a 7 x 2 cm red-brown contusion. On the anterior left ankle, there is a 1.5 x 1 cm crusted abrasion. On the top of the right foot, at the base of the first toe, there is a 0.5 x 0.2 cm crusted abrasion.

Upon reflection of the skin of the legs, there is bilateral diffuse hemorrhage from the subcutis, through all of the muscle layers, extending to the periosteum. On the right, the hemorrhage extends over the entire posterior and lateral aspect of the leg from the upper thigh, just beneath the buttock, to the mid calf. On the left, the hemorrhage is nearly circumferential, with only slight sparing of the medial thigh, and extends from the upper thigh, just beneath the buttock, to the mid calf. Bilaterally, there is extensive muscle breakdown and grossly visible necrosis with focal crumbling of the tissue. There



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is bilateral intracapsular hemorrhage of the knee joints, but both knees are palpably stable.

### 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 subcutaneous fat layer of the abdominal wall is 1/4" thick. There is no internal evidence of penetrating injury to the thoraco-abdominal region.

#### HEAD: (CENTRAL NERVOUS SYSTEM)

The scalp is reflected. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural, subdural or subarachnoid hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical, and the gyri demonstrate the usual orientation and configuration. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. Coronal sections through the cerebral hemispheres revealed no lesions. The ventricles are normal. Transverse sections through the brain stem and cerebellum are unremarkable. The brain is of normal size, and there is no evidence of any brain swelling or herniation. The posterior fossa is unremarkable. The upper portion of the spinal cord viewed through the foramen Magnum is unremarkable.

#### NECK:

Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact. A posterior neck dissection reveals no evidence of hemorrhage or trauma.

#### CARDIOVASCULAR SYSTEM:

The pericardial surfaces are smooth, glistening and unremarkable; the pericardial sac is free of significant fluid and adhesions. The heart appears to be of normal size and weight. The coronary arteries arise normally and follow the usual distribution. There is an atherosclerotic plaque within the proximal left anterior descending coronary artery, with approximately 70-80% occlusion and focal 50% occlusion of the mid LAD, but with no evidence of thrombus formation. The other coronary arteries are widely patent, without evidence of significant atherosclerosis or thrombosis. The chambers and valves exhibit the usual size-position relationship and are unremarkable. The myocardium is dark red-brown, firm and unremarkable; the atrial and ventricular septa are intact. The aorta and its major branches arise normally, follow the usual course, are widely patent with scattered fatty intimal streaks, and are free of any other abnormality. The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi. The left ventricle is 1.3 cm in thickness, and the right ventricle is 0.4 cm in thickness. (See Cardiovascular Pathology report)

#### RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is red-purple, exuding slight amounts of bloody fluid; no focal lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus.

**LIVER & BILIARY SYSTEM:**

The hepatic capsule is smooth, glistening and intact, covering dark red-brown, moderately congested parenchyma with no focal lesions noted. The liver is of normal size. The gallbladder contains 3 ml. of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

**ALIMENTARY TRACT:**

The tongue exhibits no evidence of recent injury. The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen is essentially empty, containing only a film of dark fluid. The small and large bowel are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present and unremarkable.

**GENITOURINARY SYSTEM:**

The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces. The kidneys are of normal size. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. The urinary bladder is distended, containing approximately 200 ml of dark brown urine. The bladder mucosa is gray-tan and unremarkable. The prostate is small and unremarkable, and the testes are free of hemorrhage or masses.

**RETICULOENDOTHELIAL SYSTEM:**

The spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The spleen is of normal size. The regional lymph nodes appear normal. There is minimal residual thymus present.

**ENDOCRINE SYSTEM:**

The pituitary, thyroid and adrenal glands are unremarkable.

**MUSCULOSKELETAL SYSTEM:**

See "Evidence of Injury". Otherwise, no bone or joint abnormalities are noted, and muscle development is normal.

**MICROSCOPIC EXAMINATION**

**SKELETAL MUSCLE, LOWER EXTREMITIES:** Multiple sections of skeletal muscle show extensive interstitial hemorrhage, widespread disruption of the myocytes, and focal areas of confluent muscle necrosis, with minimal inflammatory response.

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**HEART:** Sections of the myocardium reveal intact striated muscle fibers. There is no evidence of atrophy, hypertrophy, and recent or old myocardial infarction. (See Cardiovascular Pathology consult)

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

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

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

**ADRENALS:** The cortical zones are distinctive and well supplied with lipid. The medullae are not remarkable.

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

**BRAIN:** Multiple sections of brain demonstrate an unremarkable configuration of gray and white matter, which is appropriate for age. There is no evidence of atrophy, inflammation, hemorrhage, or neoplasm.

**OTHER PROCEDURES:**

1. Blood, urine, vitreous, and tissue samples were submitted for toxicologic examination.
2. Tissue was retained for possible histological examination and DNA identification.
3. Documentary photographs and dental radiographs were taken.
4. The dissected organs were returned to the body.
5. Portions of heart and histological sections of myocardium submitted to Cardiovascular Pathology, AFIP, report below:

AFIP Cardiovascular Pathology Consultation, Dr. bX(6)-2

" Heart: Heart weight unknown (received in fragments); closed foramen ovale; normal valves; normal atrial and ventricular cavity dimensions; left ventricular free wall thickness

**AUTOPSY REPORT A02-95**

(b)(6)-4

1.3 cm; interventricular septum thickness 1.2 cm; right ventricle thickness 0.4 cm; grossly unremarkable myocardium; myocardial sections demonstrate no significant histopathologic changes.

Coronary arteries: Normal ostia; right dominant circulation; focal moderate-to-severe atherosclerosis; remaining gross arteries demonstrate 35% lumen area narrowing of the left main and 25% lumen area narrowing of the proximal left anterior descending; submitted histologic sections demonstrate 70% lumen area narrowing of the proximal left anterior descending.”

**OPINION:** This approximately 35-year-old Afghan male detainee died of blunt force injuries to the lower extremities, complicating underlying coronary artery disease. The blunt force injuries to the legs resulted in extensive muscle damage, muscle necrosis, and rhabdomyolysis. Electrolyte disturbances, primarily hyperkalemia (elevated blood potassium level) and metabolic acidosis can occur within hours of muscle damage. Massive sodium and water shifts occur, resulting in hypovolemic shock and vasodilatation, and later, acute renal failure. The decedent’s underlying coronary artery disease would compromise his ability to tolerate the electrolyte and fluid abnormalities, and his underlying malnutrition and likely dehydration would further exacerbate the effects of the muscle damage. The manner of death is homicide.

(b)(6)-2

**MAJ, USAF, MC, FS**  
**Assistant Medical Examiner**

(b)(6)-2

**LTC, MC, USA**  
**Regional Medical Examiner**



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



**FINAL AUTOPSY REPORT**  
(Addendum)

**Name:**   
**SSAN:**   
**Date of Birth:** UNK  
**Date of Death:** 6 JUN 03  
**Date of Autopsy:** 10 JUN 03  
**Date of Report:** 22 OCT 03

**Autopsy No.:** A03-51  
**Rank/SVC:** CIV Detainee  
**Org:** EPW  
**Place of Death:** Nasiriyah, Iraq  
**Place of Autopsy:** Talil, Iraq  
**Investigative Agency:** NCIS

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

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

**Identification:** Visual recognition; fingerprints and specimens for DNA obtained

**Cause of Death:** Strangulation

**Manner of Death:** Homicide

**Autopsy Diagnoses:**

**Head, neck and torso injuries:**

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

**Extremity injuries:**

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

**Toxicology:** Negative

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**Opinion:** Based on these autopsy findings and the investigative and historical information available to me, this believed to be 52 year old Male, (b)(6)-4 died as a result of asphyxia (lack of oxygen to the brain) due to strangulation as evidenced by the recently fractured hyoid bone in the neck with soft tissue hemorrhage extending downwards to the level of the right thyroid cartilage. Although the right superior horn of the thyroid cartilage was palpably intact prior to excision, an underlying hairline fracture cannot be entirely ruled out. Additional findings at autopsy include blunt force injuries, predominantly recent contusions (bruises), on the torso and lower extremities. The abrasions encircling the left wrist are consistent with the use of restraints. There is no evidence of defense injuries or natural disease. The alcohol detected on toxicologic analysis is most likely due to postmortem production. The manner of death in my opinion is homicide.

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

Original signed, on file

(b)(6)-2

**LTC(P), MC, USA**  
**ARMED FORCES REGIONAL MEDICAL EXAMINER**

**I. POSTMORTEM EXAMINATION:**

**A. GENERAL:** The postmortem examination is performed at Talil Air Base, Iraq. The autopsy is performed by Forensic Pathologist, (b)(6)-2 LTC(P), MC, USA, the Armed Forces Regional Medical Examiner (AFRME). Assisting in the autopsy procedures is SSGT (b)(6)-2, MC, USAF, Forensic Assistant.

The autopsy is witnessed by Special Agent (b)(6)-1 Naval Criminal Investigation Service. Additional witnesses at autopsy include COL (b)(6)-2 MC USAF, Forensic Pathologist.

The autopsy is started at approximately 0500 hours.

**B. PHOTOGRAPHY:** Photographs are taken by SSGT (b)(6)-2 and COL (b)(6)-2 (b)(6)-2 and are on file in the Medical Photography Section, Landstuhl Regional Medical Center, Landstuhl, Germany.

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

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

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

**II. GROSS AUTOPSY FINDINGS:**

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

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

**RIGOR:** Passed.

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

**TEMPERATURE:** That of the refrigeration unit.

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

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

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

**EARS:** Unremarkable.

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

**NOSE:** Well formed and unremarkable except for postmortem artifact.

**MOUTH/LIPS:** Unremarkable.

**TEETH:** Dentition is in fair repair.

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

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

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

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



### **C. INTERNAL EXAMINATION:**

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

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

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

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

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

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

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

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

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

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

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

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

**D. EVIDENCE OF MEDICAL TREATMENT:** None.

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

**(1) HEAD AND NECK INJURIES:**

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

**(2) TORSO INJURIES:**

a. External examination: An 8 x 6 inch irregular red-purple contusion is centered over the umbilicus on the mid lower abdomen. On the mid lower back is a 3 x ¾ inch elongated red-purple contusion. A 2 x 1 inch irregular abrasion is on the left flank. On the right lateral buttock, is a 4 x 4 inch irregular abrasion with the suggestion of a "brush burn" pattern. A 4 ¼ x 3 inch irregular red-purple contusion is on the left postero-lateral buttock. On the left lower posterior-lateral buttock is a ¼ inch greatest dimension abrasion.

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

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

**A03-51**

(b)(6)-4

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

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

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

AFIP Accession No.: 2889528/033579, dated 25 August 2003.

See attached report.

**V. OTHER PROCEDURES AND SPECIAL STUDIES:** None performed.

**VI. EVIDENCE:** None collected.

ORIGINAL SIGNED, ON FILE

(b)(6)-2

**LTC(P), MC, USA  
ARMED FORCES REGIONAL MEDICAL EXAMINER**

15 SEP 03



**Office of the Armed Forces Regional Medical Examiner**

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



**FINAL AUTOPSY REPORT**

Name:   
SSAN:   
Date of Birth: N/A  
Date of Death: 6 NOV 03  
Date of Autopsy: 13 NOV 03  
Date of Report: 13 NOV 03

Autopsy No.: A03-144  
Rank/SVC: Afghan Civilian  
Org: Afghanistan Local National  
Place of Death: Helmand Prov, Afghanistan  
Place of Autopsy: Bagram AF, Afghanistan  
Investigative Agency: USACIDC

**Circumstances of Death:** The decedent, an Afghan local national civilian, was found unresponsive while under guard by the Afghanistan Militia Forces at the FOB Gereshk, Afghanistan, approximately 1430 hours. An initial autopsy was performed by a FST, TF Warrior, KAF General Surgeon on orders of the local command.

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

**Identification:** Visual recognition; fingerprints and specimens for DNA obtained

**Cause of Death:** Multiple Blunt Force Injuries Complicated by Rhabdomyolysis

**Manner of Death:** Homicide

**Autopsy Diagnoses:**

1. Multiple blunt force injuries
  - a. Head injuries:
    - i. Multiple abrasions, bilateral forehead and temporal areas
    - ii. Bilateral scleral hemorrhages
    - iii. Focal subgaleal hemorrhages, bilateral fronto-parietal areas
  - b. Torso and extremity injuries:
    - i. Crusted abrasions; anterior chest and abdomen, right upper arm and elbow, left knee and proximal lower leg
    - ii. Focal contusions; left lateral shoulder, right posterior thigh and scrotum
    - iii. Confluent contusions with subcutaneous and peri-muscular hemorrhages; lower back (L>R), buttocks, posterior thighs and knees, anterior thighs and both groin areas
    - iv. Intramuscular hemorrhage with associated necrosis, left lower back
    - v. Peri-testicular hemorrhage
2. Moderate pulmonary congestion and edema
3. Moderate pulmonary anthracosis
4. Moderate pulmonary hilar anthracotic lymphadenopathy
5. Mild cerebral edema with bilateral uncal and cerebellar tonsil herniation
6. Moderated hepatic fatty change
7. Moderate visceral autolysis

**Toxicology:** Negative

**Special Studies:** Urine chemistry positive for myoglobin

**SUBSTITUTE FOR SF 503**

**A03-144**

(b)(6)-4

**Opinion:** Based on these autopsy findings and the investigative and historical information available to me the cause of death of this Afghan male believed to be (b)(6)-4 is multiple blunt force injuries of the lower torso and legs complicated by rhabdomyolysis (release of toxic byproducts into the system due to destruction of muscle). The manner of death, in my opinion, is homicide. The decedent was not under the pharmacologic effect of drugs or alcohol at the time of death.

(b)(6)-2

**LTC(P), MC, USA**  
**Armed Forces Regional Medical Examiner**

**I. POSTMORTEM EXAMINATION:**

**GENERAL:** The postmortem examination is performed at Bagram Airfield, Afghanistan, on 13 November 2003. The autopsy is performed by Forensic Pathologist, [REDACTED] LTC(P), MC, USA, the Armed Forces Regional Medical Examiner (AFRME). Assisting in the autopsy procedures is Mr. [REDACTED], DAC GS-11, Forensic Pathologist Assistant and CPT [REDACTED], DC USA.

The autopsy is witnessed by SAs [REDACTED], [REDACTED], Bagram AF, U.S. Army Criminal Investigation Command (USACIDC), SSI #0174-03-CID369-49232-5H9B.

The autopsy is started at approximately 0430 hrs.

**B. PHOTOGRAPHY:** Photographs are taken by [REDACTED], DAC GS-11, Forensic Pathologist Assistant, and are on file in the Office of the Armed Forces Regional Medical Examiner, Landstuhl Regional Medical Center, Landstuhl, Germany.

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

**D. IDENTIFICATION:** The remains are identified visually as [REDACTED] by the Afghan Militia Forces guarding the decedent at FOB Gereshk AF. Postmortem dental examination including dental X-rays is performed by CPT [REDACTED], DC USA, Forensic Odontologist. Specimens are obtained and submitted for potential DNA analysis. Fingerprints are obtained.

**E. MEDICAL RECORD REVIEW:** Outpatient Dental and Medical Records are not available at autopsy.

**II. GROSS AUTOPSY FINDINGS:**

**A. CLOTHING AND PERSONAL EFFECTS:** The remains are presented for autopsy unclothed wrapped in a blanket. No clothing or personal effects accompany the remains at autopsy.

**B. EXTERNAL EXAMINATION:** The remains are those of a well developed, well nourished Afghan male of average build that has been previously, partially autopsied. The prior autopsy incision is sutured. The body is moderately well preserved and shows signs of early decomposition as evidenced by "greening" of the chest and abdomen. It has not been embalmed. Injuries are described below in the Evidence of Injury Section.

**RIGOR:** Passing in the jaw and extremities.

**LIVIDITY:** Fixed on the posterior dependent surfaces.

**TEMPERATURE:** That of the refrigeration unit.

**SKIN:** Multiple irregular crusted abrasions, each averaging  $\frac{1}{2}$ " in greatest dimension, are scattered over the lower anterior chest and left upper abdomen. Both buttocks have focal areas of skin slippage. Recent injuries are described below in the Evidence of Injury Section. No non-traumatic abnormalities are identified.

**HAIR:** Straight black hair, up to 4", covers the head. Facial hair consists of a red-brown beard and mustache. The remaining body hair, the color of the head hair, is in a normal adult male distribution.

**HEAD/SCALP/FACE:** Dried blood, secretions and dust cover the face. The head is normocephalic, the scalp is intact and the facial features are normally developed. Injuries are described below in the Evidence of Injury Section. No non-traumatic abnormalities are identified.

**EARS:** Unremarkable.

**EYES:** Brown irides surround equal pupils partially obscured by mild corneal clouding. The sclerae are white with bilateral lateral and medial hemorrhages. The conjunctivae are injected most prominent on the right.

**NOSE:** Unremarkable.

**MOUTH/LIPS:** Blood is in the mouth which is otherwise unremarkable.

**TEETH:** Dentition is in good repair.

**NECK:** Unremarkable with no evidence of injury.

**CHEST/ABDOMEN/BACK/ANUS:** Injuries are described below in the Evidence of Injury Section. No non-traumatic abnormalities are identified. The abdomen is flat.

**EXTERNAL GENITALIA:** Normal adult circumcised male with bilaterally descended testes.

**ARMS/HANDS/FINGERNAILS:** Unremarkable except for injuries described below in the Evidence of Injury Section. The palmar surfaces of the fingers have black ink. The fingernails are short, irregular and intact.

**LEGS/FEET/TOENAILS:** Unremarkable except for injuries described below in the Evidence of Injury Section.

### **C. INTERNAL EXAMINATION:**

**BODY CAVITIES:** The body is opened by the usual Y-shaped incision. The pleural and peritoneal surfaces are smooth and glistening and the pericardium is unremarkable. There are no fibrovascular adhesions or abnormal collections of fluid. The mediastinum and retroperitoneum show no abnormalities. The leaves of the diaphragm are intact and the organs are normally disposed. There is moderate visceral autolysis and no evidence of injury.

**HEAD/CENTRAL NERVOUS SYSTEM:** Reflection of the scalp shows the usual scattered reflection petechiae. Focal subgaleal injury is described below in the Evidence of Injury Section. The calvarium is intact. Removal of the calvarium shows the epidural space to be normal. No collections of subdural blood are present. The brain is removed in the usual manner and is mildly heavy. The leptomeninges are smooth and glistening and the gyri demonstrate the usual orientation and configuration with mild flattening and sulcal narrowing. There is mild uncus and cerebellar tonsil herniation. The vessels at the base of the brain are normally disposed and no anomalies or significant atherosclerosis is identified. Serial sections of the brain show the cerebral cortical ribbon to be intact. The lateral ventricles are normal. The usual anatomical landmarks of the cerebrum, basal ganglia, thalamus, mid brain, pons, medulla, and cerebellum demonstrate no abnormalities. The pituitary fossa is unremarkable. The Foramen Magnum demonstrates the normal orientation and the first portion of the spinal cord viewed through the Foramen Magnum is unremarkable.

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

**CARDIOVASCULAR SYSTEM:** The heart is of normal size and shape. The epicardium is intact and unremarkable. The chambers demonstrate the usual shape and configuration with no gross hypertrophy. The coronary arteries are normally disposed and there is no atherosclerosis. Cut surfaces of the myocardium show a normal color slightly darkened by autolysis. The valves are intact with the usual anatomic relationships. The aorta follows the usual course and exhibits no significant atherosclerosis. The origins of the major vessels are normally disposed and unremarkable. The great vessels of venous return are in the usual position and unremarkable.

**RESPIRATORY SYSTEM:** The larynx, trachea, and bronchi show no abnormalities. The right and left lungs are mildly heavy. Marked diffuse anthracosis is scattered over the pleural surfaces. Cut surfaces show an autolytic deep red parenchyma exuding a moderate amount of blood and frothy fluid with no identifiable evidence of natural disease or injury.



**HEPATOBIILIARY SYSTEM:** The liver is of normal weight and has a smooth, glistening capsule. Cut surfaces show the usual anatomic landmarks with a deep red-brown unremarkable parenchyma with focally interspersed small tan-yellow patches. The gallbladder contains 10 ml of bile. No abnormalities are present in the mucosal lining. The biliary tree is normally disposed and no abnormalities are demonstrated.

**INTESTINAL TRACT:** The pharynx and esophagus are unremarkable. The stomach lies in the normal position and contains approximately 60 ml thick brown-gold fluid without food particles. No tablets, capsules or residues are identified. The mucosal lining is intact. The small bowel and large bowel are unremarkable. The appendix is unremarkable.

**LYMPHORETICULAR SYSTEM:** The spleen is of normal weight and shape and has a smooth glistening capsule with an autolytic parenchyma. The thymus is not identified. Except for bilateral anthracotic pulmonary hilar lymph adenopathy, the lymph nodes show no notable pathologic change.

**URINARY SYSTEM:** The right and left kidneys are of normal size and weight. The cortical surfaces are smooth with moderately good preservation of the cortex and good cortico-medullary differentiation. The pelves and ureters are unremarkable. The bladder is unremarkable and contains 50 ml of yellow urine.

**INTERNAL GENITALIA:** The prostate is palpably unremarkable. On cut sections, the testes show no abnormal masses and injuries described below.

**ENDOCRINE SYSTEM:** The pituitary, thyroid, adrenals, and pancreas show the usual anatomic features without evidence of natural disease or injury.

**MUSCULOSKELETAL SYSTEM:** No fractures are identified and the skeletal muscle demonstrates the normal appearance. The bone marrow, where visualized, is unremarkable.

**MISCELLANEOUS:** The abdominal fat measures approximately 1-2 cm in thickness and is without abnormalities. No hernias are identified.

**D. EVIDENCE OF MEDICAL TREATMENT:** None.

**E. EVIDENCE OF INJURY:** Multiple Blunt Force Injuries

(1) **HEAD AND NECK INJURIES:** Externally, patchy irregular abrasions cover an area of 1 x ½" on the left lower forehead and 1 x ¼" on the right lower forehead. A ¼" greatest dimension irregular abrasion is on the left temporal area and on the right upper cheek, beneath the lateral eye, is a ¼ x 1/8" irregular abrasion. On internal examination, there are focal bilateral fronto-parietal subgaleal hemorrhages.

(2) **TORSO & EXTREMITY INJURIES:** Confluent dark blue-purple contusions, focally dark blue-black, cover the left lower flank, bilateral buttocks, bilateral postero-lateral thighs, bilateral posterior knees and posterior upper left lower leg with underlying subcutaneous and peri-muscular hemorrhage. Focal intra-muscular hemorrhage with associated necrosis covers areas of 12 x 8 cm on the left lower back and 6 x 2 cm on the left posterior knee. On the left antero-lateral lower flank extending across the groin to the mid antero-lateral left thigh is a confluent 23 x 6" dark blue-purple contusion. A 15 x 10" confluent red-purple contusion covers the right groin and upper right anterior thigh. Blue-purple contusion covers the anterior scrotum. A 4 x 3" irregular red-purple contusion covers the left antero-lateral shoulder. Multiple irregular abrasions from 2 x 1" to 3/4 x 1/2" are scattered down the postero-lateral right upper arm and elbow. A 4 1/2 x 3" irregular red-purple contusion covers the right lateral back of the hand extending to the upper 1<sup>st</sup> and 2<sup>nd</sup> fingers. On the prominence of the left anterior knee and upper leg are multiple irregular crusted abrasions each averaging from 1 to 1/4" in greatest dimension.

**III. MICROSCOPIC EXAMINATION:** Not performed. Representative sections of all major organs are retained in formalin for storage.

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

AFIP Accession No.: 2900827/ /Tox No. 035410, dated 15 DEC 03.

See attached report.

**V. EVIDENCE COLLECTED/OTHER PROCEDURES AND SPECIAL STUDIES:** Special chemistry performed on sample of urine is positive for myoglobin 4250 micograms/L. The test was performed by Quest Diagnostics Inc.:  
Accn No. B15398091893A.

(b)(6)-2

**LTC(P), MC, USA  
ARMED FORCES REGIONAL MEDICAL EXAMINER**

**DATE: 9 FEB 04**



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



**FINAL AUTOPSY REPORT**

Name: [redacted] Autopsy No.: AFME 03-349B  
 PW Number: [redacted]  
 Date of Birth: 01 January 1977  
 Date/Time of Death: 12 July 2003/0515  
 Place of Death: EPW Camp, Baghdad International Airport, Baghdad, Iraq  
 Date/Time of Autopsy: 13 July 2003/1300  
 Place of Autopsy: Mortuary, Baghdad International Airport, Baghdad, Iraq

**Circumstances of Death:** The decedent was a 26 year-old Iraq detainee who was arrested upon suspicion of possession of a pipe bomb on 10 July 2003. He was brought to the detention center on the Baghdad International Airport Compound on 11 July 2003. He reportedly had a long history of pulmonary tuberculosis and was evaluated by a US military physician upon arrival and provided treatment. On 12 July 2003 at approximately 0500, he was found in the detention center with a profuse amount of blood emerging from the nose and mouth. Resuscitative efforts were to no avail and death was pronounced at approximately 0515 on 12 July 2003.

**Authorization for Autopsy:** Regional Armed Forces Medical Examiner

**Identification:** PW Bracelet and Tags

**CLINICAL DIAGNOSES:**

1. Hemoptysis
2. Death in Custody

**PATHOLOGIC DIAGNOSES:**

**A. RESPIRATORY SYSTEM:**

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

**B. CARDIOVASCULAR SYSTEM**

1. Pericardial Effusion- 30 cc.

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**C. GENITOURINARY SYSTEM**  
1. Absent Right Testicle

**D. NO EVIDENCE OF SIGNIFICANT TRAUMA**

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

**MANNER OF DEATH: NATURAL**

**EXTERNAL EXAMINATION**

An autopsy was performed on the body of [b7E-4] at the Baghdad International airport compound morgue, Baghdad Iraq, on the 13th day of July, 2003. The body was that of a well-developed, thin, Caucasoid male fully clad in gray pants and a tan shirt. The body was cold. Rigor was present to an equal degree in all extremities. Lividity was present and fixed on the posterior surfaces of the body, except in areas exposed to pressure. The scalp hair was back and straight. Facial hair consisted of a beard. The irides were brown. The corneae were clear. The conjunctivae were unremarkable without petechiae. The sclerae were white. The external auditory canals were free of foreign material and abnormal secretions. Blood emerged from the external nares and oral cavity. The nasal skeleton was palpably intact. The lips were without evident injury. The teeth were natural and in poor condition. Examination of the neck revealed no evidence of injury. The chest was unremarkable. No evidence of injury of the ribs or the sternum was evident externally. The abdomen was scaphoid. No healed surgical scars were noted. The extremities showed no evidence of fractures, lacerations or deformities. The fingernails were intact. No tattoos or needle tracks were observed. The external genitalia were those of a normal adult male. The posterior torso was without note. No evidence of medical therapy was noted.

**EVIDENCE OF INJURY:**

There is no evidence of significant recent injury.

**INTERNAL EXAMINATION****BODY CAVITIES:**

The body was opened by the usual thoraco-abdominal incision and the chest plate was removed. Extensive adhesions were noted within the hemithoraces bilaterally. Fluid was present within the pericardial sac as noted below. All body organs were present in the normal anatomical position. The subcutaneous fat layer of the abdominal wall was ½ inch thick. There was no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

**HEAD: (Central Nervous System)**

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

[REDACTED]

**NECK:**

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

**CARDIOVASCULAR SYSTEM:**

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

**RESPIRATORY SYSTEM:**

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

**LIVER AND BILIARY SYSTEM:**

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

**ALIMENTARY SYSTEM:**

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

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**GENITOURINARY SYSTEM:**

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

**RETICULOENDOTHELIAL SYSTEM:**

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

**ENDOCRINE SYSTEM:**

The pituitary, thyroid and adrenal glands were unremarkable.

**MUSCULOSKELETAL SYSTEM:**

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

**OPINION:**

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

[b)(7)-2]

**CAPT MC USN****Regional Armed Forces Medical Examiner**



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**AUTOPSY EXAMINATION REPORT**

Name: (b)(6)-4  
SSAN:    
Date of Birth: unknown  
Date of Death: 13 June 2003  
Date of Autopsy: 17 June 2003  
Date of Report: 11 May 2004

Autopsy No.: ME03-273  
AFIP No.: 2882655  
Rank: Civilian, Iraqi national  
Place of Death: Iraq  
Place of Autopsy: Baghdad  
International Airport, Baghdad, Iraq

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

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

**Identification:** Visual; Fingerprints and DNA samples obtained

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

**MANNER OF DEATH:** Homicide



**FINAL AUTOPSY DIAGNOSES:**

- I. Closed Head Injury
  - a. Subarachnoid hemorrhage over brain
  - b. Cortical brain contusion, right occipital region, 4 x 4 x 3 cm
    - i. Intracortical hemorrhage with fresh erythrocytes, fibrin, and polymorphonuclear leukocytes
    - ii. Negative for fibroblasts, macrophages, capillary proliferation, hemosiderin or iron
  - c. Right subdural hematoma, 20 ml
    - i. Fresh erythrocytes, fibrin, and polymorphonuclear leukocytes
    - ii. Negative for fibroblasts, macrophages, capillary proliferation, hemosiderin or iron
  - d. No skull fractures
  - e. Left frontal subgaleal hemorrhage with scalp laceration
    - i. Status post suturing of laceration
  
- II. Additional Injuries
  - a. Fracture right lateral 8<sup>th</sup> rib with soft tissue hemorrhage
  - b. Multiple contusions, abrasions, and minor lacerations of head, torso, and extremities
  - c. Abrasions and contusions around wrists and ankles, consistent with restraint
  - d. Hemorrhage of right sternocleidomastoid muscle of neck
    - i. Hyoid bone intact without hemorrhage or fracture
  
- III. No evidence of natural disease within the limitations of the examination
  
- IV. Toxicology: AFIP
  - a. Volatiles: Blood and urine negative for ethanol
  - b. Drugs: Urine positive for lidocaine; negative for all other screened medications and drugs of abuse

D106-4

**EXTERNAL EXAMINATION**

The body is that of a well developed, well nourished unclad adult male, received in a black body bag labeled with a tag <sup>D106-4</sup> [redacted]. The body weighs approximately 150 lbs, is 66" in height and appears compatible with the reported age of approximately 45 years. The body temperature is that of the refrigeration unit. Rigor is present to an equal degree in all extremities. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure.

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

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

**CLOTHING AND PERSONAL EFFECTS**

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

**EVIDENCE OF THERAPY**

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

**EVIDENCE OF INJURY**

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

**Head and Neck:**

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

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

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

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

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

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

#### Chest and Abdomen:

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

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

[REDACTED]

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

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

Back:

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

Upper Extremities:

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

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

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

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

Lower Extremities:

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

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

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

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

### INTERNAL EXAMINATION

#### BODY CAVITIES:

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

#### HEAD: (CENTRAL NERVOUS SYSTEM)

The head has the previously described injuries. The scalp is reflected, and there are no skull fractures found. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. Coronal sections through the cerebral hemispheres reveal no evidence of infection or tumor. The ventricles are of normal size. Transverse sections through the brain stem and cerebellum are unremarkable. The dura is stripped from the basilar skull, and no fractures are found. The atlanto-occipital joint is stable. The brain weighs 1400 grams. (see "Neuropathology Report").

#### NECK:

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

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

**CARDIOVASCULAR SYSTEM:**

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

**RESPIRATORY SYSTEM:**

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is red-purple, exuding a moderate amount of bloody fluid; no focal lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 650 grams; the left 600 grams.

**LIVER & BILIARY SYSTEM:**

The hepatic capsule is smooth, glistening and intact, covering dark red-brown, moderately congested parenchyma with no focal lesions noted. The gallbladder contains 10 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi. The liver weighs 2,000 grams.

**ALIMENTARY TRACT:**

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

**GENITOURINARY SYSTEM:**

The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The urinary bladder contains 50 ml. of dark yellow urine. The prostate gland is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities. The right and left kidneys each weigh 175 grams.

**RETICULOENDOTHELIAL SYSTEM:**

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

**ENDOCRINE SYSTEM:**

The pituitary, thyroid and adrenal glands are unremarkable.

**MUSCULOSKELETAL SYSTEM:**

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

**MICROSCOPIC EXAMINATION**

**BRAIN:** See "Neuropathology Report" below.

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

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

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

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

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

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

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

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

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

**ADDITIONAL PROCEDURES**

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

**OPINION**

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

The manner of death is homicide.

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**LTC, USAF, MC, FS**

**First Chief Deputy Medical Examiner**





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**AUTOPSY EXAMINATION REPORT**

Name:   
SSAN:   
Date of Birth: Unknown  
Date/Time of Death: 22 Aug 2003  
Date/Time of Autopsy: 25 Aug 2003  
Date of Report: 23 October 2003

Autopsy No.: ME 03-367(EPW#2) 367A  
(Mission# 4875)  
AFIP No.: 2892216  
Rank: NA  
Place of Death: Iraq  
Place of Autopsy: Camp Sather, Iraq

**Circumstances of Death:** (b)(6)-(4) was an enemy prisoner of war in US custody who on or about the 22<sup>nd</sup> of August was noted to be lying on the ground with shallow respiration and decreased sweating. Emergency medical services were summoned and (b)(6)-(4) was noted to have an axillary temperature of 102 degrees and decreased oxygen saturation. Attempts at intravenous access were unsuccessful and fluids were administered transrectally. He was transported to Kadamiya University Hospital where he was pronounced dead on arrival.

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

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

**CAUSE OF DEATH:** Heat related

**MANNER OF DEATH:** Accident

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**FINAL AUTOPSY DIAGNOSES:**

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

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### EXTERNAL EXAMINATION

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

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

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

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

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

### CLOTHING AND PERSONAL EFFECTS

None.

### MEDICAL INTERVENTION

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

### EVIDENCE OF INJURY

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

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

### INTERNAL EXAMINATION

#### HEAD:

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

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

#### NECK:

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

#### BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. There are 30 ml and 20 ml of thin oily liquid in the right and left pleural cavities, respectively. The organs occupy their usual anatomic positions.

#### RESPIRATORY SYSTEM:

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

#### CARDIOVASCULAR SYSTEM:

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

#### LIVER & BILIARY SYSTEM:

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

#### SPLEEN:

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

#### PANCREAS:

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

[b)(6)-4]

**ADRENALS:**

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

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 150 gm, each. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 20 ml of yellow-brown concentrated urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach is devoid of contents. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and is unremarkable.

**ADDITIONAL PROCEDURES**

- Documentary photographs are taken by [b)(6)-2]
- The autopsy is conducted in the presence of Special Agent [b)(6)-1] of the [b)(6)-1]
- Specimens retained for toxicologic testing and/or DNA identification are: blood, liver, kidney, brain, bile, and psoas
- The dissected organs are forwarded with body
- Personal effects are released to the appropriate mortuary operations representatives of the 54<sup>th</sup> Quatermaster Company

**MICROSCOPIC EXAMINATION**

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

**TOXICOLOGY**

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

(b)(6)-4

**OPINION**

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

The manner of death is accident.

(b)(6)-2

MAJ, MC, USA  
Deputy Medical Examiner



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**AUTOPSY EXAMINATION REPORT**

Name: (b)(6)-4  
SSAN: [REDACTED]  
Date of Birth: Unknown  
Date/Time of Death: 13 Aug 2003

Autopsy No.: ME 03-368 (EPW 3)  
AFIP No.: 2892218  
Rank: NA  
Place of Death: Abu Ghraib  
Prison, Iraq  
Place of Autopsy: Camp Sather, Iraq

Date/Time of Autopsy: 25 Aug 2003  
Date of Report: 24 Oct 2003

**Circumstances of Death:** This Iraqi enemy prisoner of war was an inmate of Abu Ghraib Prison. On or about 13 Aug 2003 (b)(6)-4 was brought to the gate by other detainees and was noted to be pulseless and apneic.

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

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

**CAUSE OF DEATH:** Arteriosclerotic cardiovascular disease (ASCVD)

**MANNER OF DEATH:** Natural

(b)(6)-4

**FINAL AUTOPSY DIAGNOSES:**

- I. 3 vessel moderate to severe coronary artery atherosclerotic stenoses
  - A. Ischemic cardiomyopathy (525 grams)
  - B. Left ventricular hypertrophy (1.8 cm)
  - C. Focal bridging of the left anterior descending coronary artery (LAD)
  - D. Pulmonary congestion (1600 grams)
  
- II. Mild decomposition
  - A. Postmortem freeze artifact
  - B. Postmortem bile toxicology consistent with decomposition
  
- III. Fibrous pulmonary adhesions



(b)(6)-4

**EXTERNAL EXAMINATION**

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

Identifying marks include a ¾ x ½ inch scar on the skin overlying the right patella.

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

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

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

**CLOTHING AND PERSONAL EFFECTS**

None.

**MEDICAL INTERVENTION**

None.

**EVIDENCE OF INJURY**

None.

**INTERNAL EXAMINATION**

**HEAD:**

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the partially frozen 1450 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

(b)(6)-4

**NECK:**

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

**BODY CAVITIES:**

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

**RESPIRATORY SYSTEM:**

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

**CARDIOVASCULAR SYSTEM:**

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

**LIVER & BILIARY SYSTEM:**

The 1400 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**SPLEEN:**

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

**PANCREAS:**

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

(b)(6)-4

**ADRENALS:**

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

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 200 gm each. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder is empty. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 10 ml of green liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and unremarkable.

**ADDITIONAL PROCEDURES**

- Documentary photographs are taken by (b)(6)-2
- Specimens retained for toxicologic testing and/or DNA identification are: blood, vitreous, liver, kidney, brain, bile, and psoas muscle
- The dissected organs are forwarded with the body
- Personal effects are released to the appropriate mortuary operations representatives of the 54<sup>th</sup> Quartermaster Company.

**MICROSCOPIC EXAMINATION**

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

**TOXICOLOGY**

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

**OPINION**

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

The manner of death is natural.

**AUTOPSY REPORT AFIP# 2892218, EPW#3, Mission# 4875**

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(b)(6)-2 MD

MAJ, MC, USA  
Deputy Medical Examiner

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**FINAL AUTOPSY REPORT**

Name: [REDACTED]

SSAN: [REDACTED]

Date of Birth: Unknown, appears middle aged  
Date of Death: 7 August 2003 ± 1915 hrs  
Date of Autopsy: 24 August 2003  
Date of report: 29 September 2003

Autopsy No: ME 03-385  
AFIP No.: 2892215  
Rank: n/a  
Place of Death: Diwania, Iraq  
Place of Autopsy: 54<sup>th</sup> QM Co,  
Baghdad Intl. Airport, Iraq

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

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

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

**CAUSE OF DEATH:** Undetermined atraumatic cause

**MANNER OF DEATH:** Natural

**FINAL AUTOPSY DIAGNOSES:**

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

**EXTERNAL EXAMINATION**

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

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

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

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

#### CLOTHING AND PERSONAL EFFECTS

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

- Green knee-length shirt
- Buff colored boxer shorts

#### MEDICAL INTERVENTION

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

#### RADIOGRAPHS

Radiographs are unavailable at this location.

#### EVIDENCE OF INJURY

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

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

#### INTERNAL EXAMINATION

##### HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1400 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

##### NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries. There is no soot staining of the larynx or the trachea.

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

#### BODY CAVITIES:

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

#### RESPIRATORY SYSTEM:

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

#### CARDIOVASCULAR SYSTEM:

The 270 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no significant atherosclerotic cardiovascular disease. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

#### LIVER & BILIARY SYSTEM:

The 1250 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 15 mL of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

#### SPLEEN:

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

#### PANCREAS:

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

#### ADRENALS:

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

#### GENTOURINARY SYSTEM:

The right and left kidneys weigh 75 gm and 75 gm, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 170 mL of hazy, pink urine. The prostate is normal in size, with nodular, yellow-tan parenchyma.

(b)(6)-4

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

**GASTROINTESTINAL TRACT:**

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

**ADDITIONAL PROCEDURES**

- Documentary photographs are taken by OAFME photographer MSgt (b)(6)-2
- No trace evidence is collected.
- Specimens retained for toxicologic testing and/or DNA identification are: cavity blood, liver, spleen, urine, gastric contents, brain, bile, and psoas muscles.
- The dissected organs are forwarded with the body.

**MICROSCOPIC EXAMINATION**

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

**OPINION**

This Middle Eastern male, (b)(6)-4 died as a result of an unknown non-traumatic and nontoxic cause. The manner of death is natural.

(b)(6)-2

Colonel, Medical Corps, US Army  
Regional Medical Examiner  
Armed Forces Medical Examiner System





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**FINAL AUTOPSY REPORT**

Name: [b)(6)-(4)]  
 SSAN: [b)(6)-(4)]  
 Date of Birth: Unknown, appears to be 50+ yrs  
 Date of Death: 8 August 2003 @ 2038 hrs  
 Date of Autopsy: 24 August 2003  
 Date of report: 29 September 2003

Autopsy No: ME 03-386  
 AFIP No.: 2892217  
 Rank: n/a  
 Place of Death: Abu Ghurayb Prison, Iraq  
 Place of Autopsy: 54<sup>th</sup> QM Co,  
 Baghdad Intl Airport, Iraq

**Circumstances of Death:** Other prisoners brought the decedent forward to the prison gate complaining of chest pain. He reportedly participated in a fast that day. Medics responded within 5 minutes and began CPR because there was no pulse or blood pressure. A physician arrived 30 minutes after patient presentation and he began intravenous glucagon and D50 solution because of a history of diabetes (taking oral Glibenese) as reported by Dr. [b)(6)-(4)] a prisoner in the camp. By this time pupils were fixed and dilated, and the decedent remained pulseless throughout resuscitation attempts. No body temperature was recorded in the records available for review. The remains were ritually washed by prisoner Dr. [b)(6)-(4)] prior to transport to the mortuary.

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

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

**CAUSE OF DEATH:** Atherosclerotic cardiovascular disease complicated by diabetes

**MANNER OF DEATH:** Natural

**FINAL AUTOPSY DIAGNOSES:**

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

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

**EXTERNAL EXAMINATION**

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

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

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

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

**CLOTHING AND PERSONAL EFFECTS**

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

- None, the body is unclad.

**MEDICAL INTERVENTION**

- None.

**RADIOGRAPHS**

X-rays are unavailable at this location.

**EVIDENCE OF INJURY**

No injuries are seen following a complete postmortem examination.

**INTERNAL EXAMINATION****HEAD:**

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

**NECK:**

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries. There is no soot staining of the larynx or the trachea.

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

#### BODY CAVITIES:

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

#### RESPIRATORY SYSTEM:

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

#### CARDIOVASCULAR SYSTEM:

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

#### LIVER & BILIARY SYSTEM:

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

#### SPLEEN:

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

#### PANCREAS:

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

#### ADRENALS:

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

(b)(6)-4

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 70 gm and 90 gm, respectively. The external surfaces are intact and granular, with a pigskin texture. There are multiple small cysts in each kidney. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains no urine. The prostate is normal in size, with nodular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains only scant, pasty, grey material. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and there are cecal adhesions.

**ADDITIONAL PROCEDURES**

- Documentary photographs are taken by OAFME photographer MSgt (b)(6)-2
- No trace evidence is collected.
- Specimens retained for toxicologic testing and/or DNA identification are: cavity blood, liver, spleen, semiliquid brain, bile, and psoas muscles.
- The dissected organs are forwarded with body.

**MICROSCOPIC EXAMINATION**

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

**OPINION**

This Middle Eastern male, (b)(6)-4 died as a result of atherosclerotic cardiovascular disease complicated by diabetes. The manner of death is natural.

(b)(6)-2

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**FINAL AUTOPSY REPORT**

**Name:**   
**SSAN:**   
**Date of Birth:** Unk  
**Date Found:** 04 NOV 2003  
**Date of Autopsy:** 09 NOV 2003  
**Date of Report:** 09 JAN 2004

**Autopsy No.:** ME 03-504  
**AFIP No.:** 2903283  
**Rank:** CIV, Iraqi National  
**Place of Death:** near Baghdad, Iraq  
**Place of Autopsy:** Mortuary  
Affairs, Camp Sayther, Baghdad  
International Airport

**Circumstances of Death:** This Iraqi National male was captured by Navy Seal Team #7 and died while detained at Abu Ghraib Prison in Iraq.

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

**Identification:** Visual Identification as per Investigating Agency

**CAUSE OF DEATH:** Blunt Force Injuries Complicated by Compromised Respiration

**MANNER OF DEATH:** Homicide

0X63-4

**FINAL AUTOPSY DIAGNOSES:**

**I. Blunt Forces Injuries:**

**A. Head:**

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

**B. Torso:**

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

**C. Extremities:**

- i. Multiple cutaneous abrasions and contusions**

**II. Ligature marks of the wrists and ankles**

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

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

**V. Toxicology: negative**

DX(0)-4

**EXTERNAL EXAMINATION**

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

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

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is flat. There is a well-healed 2 x ¼-inch oblique scar on the left lower quadrant of the abdomen. There is a jagged irregular well-healed 6 x 2-inch horizontal scar extending from the lower left quadrant of the abdomen across the anterior lateral aspect of the left thigh. The genitalia are those of a normal adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. Ano-genital trauma is not present and the buttocks and anus are otherwise unremarkable

On the posterior torso there is a well-healed vertical 3 x ¼-inch scar in the midline over the thoracic spine. There is a 3 x 2-inch vertical scar in the midline of the lumbar spine. A well-healed 3-x ¼-inch irregularly shaped scar is on the left lower back. A vertical ¾ x ¼-inch scar is on the upper aspect of the right buttock. A 1 x ¼-inch vertical scar is present on the left buttock. There is an oblique 3 x ¼-inch scar on the lower aspect of the left buttock. Injuries to the torso will be described below in the "evidence of injuries" section.

The upper and lower extremities are symmetric without clubbing or edema. Injuries to the palms of the hands and soles of the feet are not noted. There is a vertical 6 x ¼-inch scar on the medial aspect of the distal left thigh, which extends to the upper left leg. On the dorsum of the right foot is a 1x ½-inch scar. On the dorsal aspect of the left foot is a 1x ½-inch scar. Injuries to the extremities will be described below in the "evidence of injury section".

**CLOTHING AND PERSONAL EFFECTS**

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

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**MEDICAL INTERVENTION**

None.

**RADIOGRAPHS**

Postmortem radiographs are obtained and support the clinical diagnoses.

**EVIDENCE OF INJURY****I. BLUNT FORCE INJURIES:****A. Head and Neck:**

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

**B. Torso:**

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

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

**C. Extremities:**

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



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

## II. LIGATURE INJURIES:

The wrists and ankles show evidence of binding ligature injuries. On the anterior aspect of the right wrist is a 2 x ¼-inch linear horizontal contusion and on the back of the right wrist is 2 x ¼-inch linear horizontal contusion. Cut sections into these wounds show hemorrhage into the superficial subcutaneous tissue. On the front of the left wrist on the lateral aspect is a 1 x ¾-inch contusion, extending to the left thumb. On the back of the left wrist is a 2 ¼ x ½-inch contusion, which extends across the diameter of the wrist. Cut sections into these wrist wounds show hemorrhage into the superficial aspects of the subcutaneous tissue. On the lateral aspect of the anterior right ankle is a 3 x 3-inch contused-abrasion and on the posterior-lateral aspect of the right ankle is a 2 x 1-inch contused-abrasion. On the anterior aspect of the left ankle is 3 ½ x 1-inch linear contusion extending from the lateral to mid aspect of the left ankle. Incision into these ankle wounds show hemorrhage into the superficial subcutaneous tissue.

## III. REMOTE GUNSHOT WOUND OF THE TORSO:

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

## INTERNAL EXAMINATION

### HEAD:

Injuries to the subgaleal soft tissues of the scalp have been described. The remainder of the galeal and subgaleal soft tissues are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1400 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of

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

**NECK:**

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

**BODY CAVITIES:**

Injuries to the chest have been described. The vertebral bodies are visibly and palpably intact. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

**RESPIRATORY SYSTEM:**

Injury to the left lung has been described. The right and left lungs weigh 650 and 485 gms, respectively. The uninjured external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

**CARDIOVASCULAR SYSTEM:**

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

**LIVER & BILIARY SYSTEM:**

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

**SPLEEN:**

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

[REDACTED]

**PANCREAS:**

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

**ADRENALS:**

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

**GENITOURINARY SYSTEM:**

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

**GASTROINTESTINAL TRACT:**

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

**ADDITIONAL PROCEDURES**

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

**MICROSCOPIC EXAMINATION**

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

**TOXICOLOGY**

AFIP Accession # 035228, dated 24 Nov 2003

Volatiles: Blood-negative for ethanol

Cyanide: Blood- negative

Drugs of abuse: Blood-negative

[REDACTED]

**OPINION**

[REDACTED], an Iraqi National, died while detained at the Abu Ghraib prison where he was held for interrogations by government agencies. According to an investigative report, Mr. [REDACTED] was captured by Navy Seal team #7 and resisted apprehension. External injuries are consistent with injuries sustained during apprehension. Ligature injuries are present on the wrists and ankles. Fractures of the ribs and a contusion of the left lung imply significant blunt force injuries of the thorax and likely resulted in impaired respiration. According to investigating agents, interviews taken from individuals present at the prison during the interrogation indicate that a hood made of synthetic material was placed over the head and neck of the detainee. This likely resulted in further compromise of effective respiration. Mr. [REDACTED] was not under the influence of drugs of abuse or ethanol at the time of death. The cause of death is blunt force injuries of the torso complicated by compromised respiration. The manner of death is homicide.

[REDACTED]

CDR MC USN (FS)  
Deputy Armed Forces  
Medical Examiner



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**Office of the Armed Forces Medical Examiner**  
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**AUTOPSY EXAMINATION REPORT**

Name: [REDACTED]  
SSAN: [REDACTED]  
Date of Birth: 1947  
Date/Time of Death: 26 Nov 2003  
Date/Time of Autopsy: 2 Dec 2003

Autopsy No.: ME03-571  
AFIP No.: 2901039  
Rank: [REDACTED]  
Place of Death: Al Qaim, Iraq  
Place of Autopsy: BIAP Mortuary,  
Baghdad, Iraq

Date of Report: 18 Dec 2003

**Circumstances of Death:** This Iraqi [REDACTED] died while in U.S. custody. The details surrounding the circumstances at the time of death are classified.

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

**Identification:** Visual by 3<sup>rd</sup> Armored Cavalry Regiment, postmortem fingerprint and DNA obtained

**CAUSE OF DEATH:** Asphyxia due to smothering and chest compression

**MANNER OF DEATH:** Homicide

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**FINAL AUTOPSY DIAGNOSES:**

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

### EXTERNAL EXAMINATION

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

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

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

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

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

Encircling the right wrist is a white plastic identification band with "3 ACR 76".

### CLOTHING AND PERSONAL EFFECTS

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

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

### MEDICAL INTERVENTION

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

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### RADIOGRAPHS

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

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

### EVIDENCE OF INJURY

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

### DESCRIPTION OF BLUNT FORCE INJURIES:

#### Head and Neck:

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

#### Chest and Abdomen:

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

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

#### Pelvis and Buttocks:

On the right buttock and extending onto the anterior right hip is an irregularly shaped 13 ½ x 8 inch dark purple contusion with hemorrhage of the underlying subcutaneous tissue but without contusion or fracture of the underlying musculoskeletal system. Adjacent to this contusion is a patterned contusion consisting of two parallel oblique purple contusions measuring 3 ¾ x 1 inch and 4 x 1 ¼ inch with a ½ inch area of clearing between these contusions. On the left buttock and extending onto the posterior thigh are



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an irregularly shaped 7 ½ x 4 ¾ inch purple contusion and two oblique parallel purple contusions measuring 5 ½ inches and 6 ½ inches.

#### Lower Extremities:

On the anterior right thigh is an oblique 9 x 6 inch red-purple contusion. On the mid anterior right thigh are two parallel purple contusions occupying an area 6 x 3 inches with a 3/8-1/2 inch area of central clearing. Adjacent to these contusions are multiple pinpoint red abrasions. On the skin overlying the right patella is a 2 ½ x 1 ½ inch purple contusion. On the right anterior shin is a 4 x 3 inch purple contusion. On the skin overlying the right lateral malleolus is a 5 ½ x 2 ¼ inch purple contusion and on the skin overlying the right medial malleolus is an 8 ¼ x 4 inch purple contusion. On the plantar surface of the right foot is a 2 x 1 ¼ inch purple contusion. In the right popliteal fossa is a 4 x 4 ½ inch purple contusion.

On the left inguinal area is a 1 ½ x 2 ¼ inch purple contusion. On the anterior left thigh are 2 purple contusions measuring 4 ¼ x 3 ½ inches and ¾ x ½ inch, respectively. On the anterior and lateral left thigh is a patterned contusion consisting of three parallel oblique purple contusions occupying an area 6 x 4 inches with ½ inch areas of clearing between contusions. On the skin overlying the left patella and anterior shin is a patterned contusion consisting of two parallel, horizontal purple contusions occupying an area 6 x 4 inches with ½ inch area of clearing between contusions. On the anterior left shin is a patterned contusion occupying an area 6 x 4 ¾ inches and consisting of an irregularly shaped contusion within which are two parallel purple contusions with a 3/16 inch area of clearing. On the medial left shin is a ¾ inch purple contusion. On the skin overlying the left medial malleolus is a 3 x 2 inch purple contusion. On the posterior left thigh is a 5 x 5 ½ inch purple contusion. On the left calf is an oblique 10 x 2 ¾ inch purple contusion with a ½ inch area of central clearing.

#### Upper Extremities:

On the anterior and posterior left arm, elbow, and forearm is a 13 ½ x 9 ¼ inch area of diffuse purple contusion without an apparent pattern. There is no injury of the underlying bones. On the anterior left shoulder is a 2 ¾ x 1 ¼ inch purple contusion. On the anterior right shoulder is a 3 ½ x ¾ inch purple contusion. On the posterior right arm is a 2 ½ x 5 inch purple contusion. On the posterior right elbow is a 10 x 9 inch purple contusion without injury of the underlying bones. There is no significant injury of either hand or wrist.

### INTERNAL EXAMINATION

#### HEAD:

The galeal and subgaleal soft tissues of the scalp have the noted minor contusion. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1250 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive

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

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. There is a focal area of discoloration of the superior belly of the right omohyoid muscle. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

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

BODY CAVITIES:

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

RESPIRATORY SYSTEM:

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

CARDIOVASCULAR SYSTEM:

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

LIVER & BILIARY SYSTEM:

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

SPLEEN:

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

PANCREAS:

[REDACTED]

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

**ADRENALS:**

The right and left adrenal glands are symmetric but autolysed. No masses or areas of hemorrhage are identified.

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 180 gm each. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder is empty. The prostate is normal in size, with lobular, yellow-tan parenchyma and nodular. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 30 ml of brown liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and unremarkable.

**ADDITIONAL PROCEDURES**

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

**MICROSCOPIC EXAMINATION**

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

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

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

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

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Brain: Section shows no significant pathologic abnormality.

Right omohyoid muscle: Section shows no significant pathologic abnormality.

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

**SEROLOGY**

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

Spleen was positive for hepatitis B DNA by PCR.

**TOXICOLOGY**

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

**OPINION**

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

Although an enlarged heart may result in sudden death, the history surrounding the death along with patterned contusions and broken ribs support a traumatic cause of death and therefore the manner of death is best classified as homicide.

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MAJ, MC, USA  
Deputy Medical Examiner



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**FINAL AUTOPSY REPORT**

<b>Name:</b> <input type="text"/>	<b>Autopsy No.:</b> ME04-12
<b>SSAN:</b> <input type="text"/>	<b>AFIP No.:</b> 2909183
<b>Date of Birth:</b> 1 JAN 1941	<b>Rank:</b> Status Unknown
<b>Date of Death:</b> 8 JAN 2004	<b>Place of Death:</b> Abu Ghraib, Iraq
<b>Date of Autopsy:</b> 11 JAN 2004	<b>Place of Autopsy:</b> BIAP Mortuary,
<b>Date of Report:</b> 18 FEB 2004	Baghdad, Iraq

**Circumstances of Death:** Iraqi detainee died while in U.S. custody.

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

**Identification:** Identification by accompanying paperwork and wristband, both of which include a photograph and identification number 154111CI

**CAUSE OF DEATH:** Atherosclerotic Cardiovascular Disease Resulting in Cardiac Tamponade

**MANNER OF DEATH:** Natural

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[Redacted]

**FINAL AUTOPSY DIAGNOSES:**

- I. Atherosclerotic Cardiovascular Disease**
  - A. Hemopericardium (650-milliliters)**
  - B. Rupture of the anterior wall of the left ventricle**
  - C. Acute myocardial infarction**
  - D. Atherosclerosis of the coronary arteries, focally severe**
  - E. Arterionephrosclerosis**
  - F. Mild atherosclerosis of the aorta**
  
- II. Pleural and Pulmonary Adhesions**
  
- III. Enlarged, Nodular Prostate Gland**
  
- IV. Toxicology is negative for ethanol, cyanide, and drugs of abuse**

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**EXTERNAL EXAMINATION**

The remains are received clad in a long brown outer garment, a blue vest, a white undershirt, khaki colored pants (outer), a white, pajama type pants. An identification bracelet that includes the decedent's name, photo graph, and detainee number is on the left wrist.

The body is that of a well-developed, well-nourished appearing, 67-inches, 180-pounds (estimated) male, whose appearance is consistent with the reported age of 63-years. Lividity is posterior and fixed, except in areas exposed to pressure. Marked facial congestion is present. Rigor is passing. The body temperature is that of the refrigeration unit.

The scalp is covered with gray-black hair with male pattern balding. The corneae are moderately opaque. The irides are hazel and the pupils are round and equal in diameter. The external auditory canals are free of abnormal secretions and foreign material. The earlobes are creased. The nose and maxillae are palpably stable. The teeth are natural and in poor condition, with several teeth partially or totally missing. Facial hair consists of a gray beard and mustache.

The neck is mobile and the trachea is midline. The chest is symmetric. The abdomen is 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 distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. Severe dry dermatitis involves both feet. The fingernails are intact. A ½-inch acrochordon is on the posterior right thigh. A 1 ½-inch scar is on the posterior right forearm. No tattoos or other significant identifying marks are present.

**MEDICAL INTERVENTION**

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

**EVIDENCE OF INJURY**

There is no evidence of significant recent injury noted at the autopsy.

**INTERNAL EXAMINATION****HEAD:**

The brain weighs 1450-grams. There is no epidural, subdural, or subarachnoid hemorrhage. Coronal sections demonstrate sharp demarcation between white and gray matter, without mass or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of abnormalities. There are no skull fractures. No evidence of non-traumatic disease processes is noted.

b6  
b7c**NECK:**

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

**BODY CAVITIES:**

The ribs, sternum, and vertebral bodies are visibly and palpably intact. There is no abnormal accumulation of fluid in the pleural or peritoneal cavity. Scattered adhesions involve both lungs and the chest wall. The organs occupy their usual anatomic positions. The thickness of the subcutaneous adipose tissue over the abdomen is 1 ¼-inches.

**RESPIRATORY SYSTEM:**

The right and left lungs weigh 850 and 620-grams, respectively. The external surfaces are deep red-purple with marked anthracotic mottling. The pulmonary parenchyma is diffusely congested and edematous, without significant emphysematous changes. No mass lesions or areas of consolidation are present. The pulmonary arteries are unremarkable.

**CARDIOVASCULAR SYSTEM:**

The 410-gram heart is contained in an intact pericardial sac. There are 650-milliliters of clotted blood in the pericardial sac. The epicardial surface is smooth, with minimal fat investment. A 1-centimeter in length, slit-like, irregular defect goes through the entire thickness of the anterior wall of the left ventricle, near the interventricular septum. A rim of hemorrhage surrounds this defect. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show near complete occlusion of the mid portion of the left anterior descending coronary artery by atherosclerosis. The other coronary arteries have only mild atherosclerotic narrowing, up to 20%. The myocardium has patchy fibrosis. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.3 and 0.4-centimeters thick, respectively. The interventricular septum is 1.4-centimeters thick. The endocardium is smooth. The aorta gives rise to three intact and patent arch vessels and has mild atherosclerosis. The renal and mesenteric vessels are unremarkable.

**LIVER & BILIARY SYSTEM:**

The 1640-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 12-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**SPLEEN:**

The 320-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is slightly soft, maroon and congested.



DN04  
**PANCREAS:**

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

**ADRENAL GLANDS:**

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

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 190 and 175-grams, respectively. The external surfaces are intact with numerous pits, scars, and the characteristic "flea-bitten" appearance associated with poorly controlled hypertension. A 4-centimeter simple cyst is within the cortex of the right kidney. The cut surfaces are red-tan and congested, with blunted corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The urinary bladder contains 50-milliliters of dark yellow urine. The prostate gland is moderately enlarged, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 40-milliliters of dark tan fluid and partially digested food. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

**MUSCULOSKELETAL:**

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

**ADDITIONAL PROCEDURES**

- Documentary photographs are taken by OAFME photographer PH3 Lolita Lewis, USN
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous fluid, cavity blood, bile, spleen, liver, lung, brain, kidney, urine, gastric contents, and psoas muscle
- The dissected organs are forwarded with body
- Personal effects and clothing are released to the mortuary personnel

**MICROSCOPIC EXAMINATION**

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

**AUTOPSY REPORT ME04-12**

(b)(6)-4

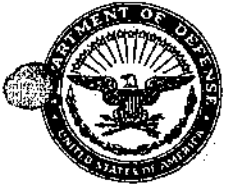
**OPINION**

This 63-year-old male, (b)(6)-4, died as a result of atherosclerotic cardiovascular disease resulting in cardiac tamponade. The autopsy revealed hemopericardium, with a rupture of the free wall of the left ventricle and focally severe atherosclerosis of the coronary arteries. Toxicologic studies were negative for ethanol, cyanide, and drugs of abuse. The manner of death is natural.

(b)(6)-2

**CDR, MC, USN**  
**Chief Deputy Medical Examiner**

*bc*



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

REPLY TO  
 ATTENTION OF

AFIP-CME-T

TO:

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

PATIENT IDENTIFICATION

AFIP Accessions Number      Sequence  
 2909183                              00

Name

(b)(6)-(4)

SSAN:                              Autopsy: ME04-012  
 Toxicology Accession #: 040164  
 Report Date: APRIL 6, 2004

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL  
AMENDED REPORT

AFIP DIAGNOSIS              REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 1/8/2004

Date Received: 1/15/2004

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

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

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

None were found.

(b)(6)-(2)

Certifying Scientist, Forensic Toxicology Laboratory  
 Office of the Armed Forces Medical Examiner

(b)(6)-(2)

PhD, DABFT  
 Director, Forensic Toxicology Laboratory  
 Office of the Armed Forces Medical Examiner



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



**FINAL AUTOPSY REPORT**

**Name:** [REDACTED]  
**SSAN:** [REDACTED]  
**Date of Birth:** 7 JAN 1957  
**Date of Death:** 9 JAN 2004  
**Date of Autopsy:** 11 JAN 2004  
**Date of Report:** 30 APR 2004

**Autopsy No.:** ME04-14  
**AFIP No.:** 2909185  
**Rank:** [REDACTED] Iraqi Army  
**Place of Death:** Al Asad, Iraq  
**Place of Autopsy:** BIAP Mortuary,  
Baghdad, Iraq

**Circumstances of Death:** Iraqi detainee died while in U.S. custody.

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

**Identification:** Identification by accompanying paperwork and wristband, both of which include his name and a detainee number, 3ACR1582

**CAUSE OF DEATH:** Blunt Force Injuries and Asphyxia

**MANNER OF DEATH:** Homicide

0X8-4

**FINAL AUTOPSY DIAGNOSES:**

- I. Multiple Blunt Force Injuries**
  - A. Cutaneous abrasions and contusions of the scalp, torso, and extremities**
  - B. Deep contusions of the chest wall musculature and abdominal wall**
  - C. Multiple, bilateral, displaced and comminuted rib fractures, with lacerations of the pleura**
  - D. Bilateral lung contusions**
  - E. Bilateral hemothoraces**
  - F. Hemorrhage into the mesentery of the small and large bowel**
  - G. Hemorrhage into the left sternohyoid muscle with associated fractures of the thyroid cartilage and hyoid bone**
  
- II. History of Asphyxia, Secondary to Occlusion of the Oral Airway**
  
- III. Pleural and Pulmonary Adhesions**
  
- IV. Hypertensive Cardiovascular Disease**
  - A. Hypertrophy of the left ventricle of the heart (2.0-centimeters)**
  - B. Cardiomegaly (450-grams)**
  
- V. Enlarged, Nodular Prostate Gland**
  
- VI. Toxicology is negative for ethanol, drugs of abuse, select therapeutic medications, and cyanide**

### EXTERNAL EXAMINATION

The remains are received clad in a white shirt, white pajama type pants, and white undershorts. Feces covers the clothing from the waist down. The body is that of a well-developed, well-nourished appearing, 68-inches, 195-pounds (estimated), White male, whose appearance is consistent with the reported age of 47-years. Lividity is posterior and fixed, except in areas exposed to pressure. Rigor is present but passing. The temperature of the body is that of the refrigeration unit.

The scalp is covered with medium length, curly black hair with some graying and frontal balding. The irides are brown and the pupils are round and equal in diameter. The external auditory canals are free of abnormal secretions or foreign material. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth are natural and in poor repair, with several missing. Facial hair consists of a gray-black beard and mustache.

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

The upper and lower extremities are symmetric and without clubbing or edema. A ½-inch scar is on the lateral aspect of the proximal left arm. Multiple small scars are on the dorsal aspect of both hands. A 1-inch scar is on the anterior right ankle. No tattoos or other significant identifying marks are noted.

### MEDICAL INTERVENTION

There is gauze dressing on the left wrist. No other evidence of medical intervention is noted.

### RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the injuries as described.

### 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. Blunt Force Injuries**

##### **A. Injuries of the head and Neck**

No cutaneous injuries are noted on the face or neck. Reflection of the scalp reveals a 1 ½ x ¾-inch contusion on the right frontal scalp and a 1 ½ x 1-inch contusion on the left parietal scalp. There are no associated skull fractures, epidural, subdural, or subarachnoid hemorrhages or other injuries to the brain.

DX00-4

A detailed examination of the anterior neck structures reveals a  $\frac{3}{4}$  x  $\frac{1}{4}$ -inch hemorrhage into the left sternohyoid muscle. There is a linear fracture through the left side of the thyroid cartilage and a fracture through the left side of the hyoid bone. The cervical spine is free of injury.

### **B. Injuries of the Torso**

There is a confluence of red-purple-black contusions surrounding the torso between the breasts and the costal margin, with some sparing of the mid back. A few satellite contusions, up to 2-inches in greatest dimension are associated with this large area of contusion. The posterior aspect of this large area of contusion is deep purple in color and the upper posterior-lateral aspect of this area is yellow-black in color. A distinct 5 x 4-inch area of ecchymosis is on the lateral aspect of the left mid chest. Two distinct  $1\frac{1}{2}$  x 1-inch contusions are at the right posterior-lateral edge of the large area of contusion. Two linear abrasions,  $\frac{1}{8}$ -inch and  $\frac{1}{2}$ -inch in length, are on the upper posterior left shoulder. There is a  $1\frac{1}{4}$ -inch abrasion on the posterior upper right shoulder. A  $1\frac{1}{2}$  x  $1\frac{1}{2}$ -inch purple contusion is over the left lower quadrant of the abdomen. A  $2\frac{1}{2}$  x 1-inch area of ecchymosis is over the right inguinal area.

There is abundant hemorrhage into the muscle and adipose tissue of the anterior chest wall. The right chest wall has fractures of ribs three through seven anteriorly and ribs six through twelve posteriorly. The left chest wall has fractures of ribs two through nine anteriorly and ribs seven through twelve posteriorly. There are fractures of the lateral aspect of ribs nine and ten on the left side. Fifty-milliliters of blood are in each pleural cavity and many of the rib fractures are displaced and associated with pleural lacerations. Both lungs have scattered contusions but no lacerations are noted. There is a horizontal fracture through the mid portion of the body of the sternum.

A small area of hemorrhage is present in the left adrenal gland. No injuries to the kidneys are noted. Scattered areas of hemorrhage are noted in the mesentery of the large and small bowel.

### **C. Injuries of the Extremities**

A  $\frac{1}{2}$ -inch abrasion is on the anterior aspect of the right wrist. Multiple superficial linear abrasions are on the posterior aspect of the right hand. Three linear abrasions,  $\frac{1}{4}$  to  $\frac{1}{2}$ -inch in length, are on the proximal lateral right arm. A  $2\frac{1}{2}$ -inch wide, weeping abrasion with some desquamation of skin is circumferentially present around the left wrist. There is a 1 x  $\frac{1}{2}$ -inch contusion on the proximal posterior left arm. Two abrasions,  $\frac{1}{2}$  x  $\frac{3}{8}$ -inches and 1 x  $\frac{1}{4}$ -inches, are on the posterior aspect of the left upper extremity near the elbow. Two fine linear abrasions, 3-inches and  $1\frac{1}{2}$ -inches in length, are on the posterior left forearm.

A 2 x  $1\frac{1}{2}$ -inch contusion is on the anterior right leg just distal to the knee. There is a 3 x 2-inch contusion on the proximal half of the anterior right leg. A 2 x 2-inch light purple contusion is on the medial aspect of the distal right leg. There is a 2 x  $1\frac{1}{2}$ -inch contusion and two  $\frac{1}{2}$ -inch in length linear abrasions over the right lateral malleolus. A  $\frac{1}{2}$  x  $\frac{1}{4}$ -inch abrasion is on the anterior left knee. There is a 5 x 3-inch

BX8-4

light purple contusion on the anterior left leg. A 1 x 1/2-inch contusion is on the anterior left ankle.

### INTERNAL EXAMINATION

#### HEAD:

The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1380-gram brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

#### NECK:

The neck structures have the previously described injuries. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries. The cervical spine is free of injuries.

#### BODY CAVITIES:

The vertebral bodies are visibly and palpably intact. No excess fluid is in the peritoneal and pericardial cavities. Scattered adhesions involve both lungs and the chest wall. The organs occupy their usual anatomic positions.

#### RESPIRATORY SYSTEM:

The right and left lungs weigh 790 and 590-grams, respectively. The external surfaces are smooth and deep red-purple, with heavy anthracotic pigmentation. The pulmonary parenchyma is congested and has the previously described injuries. No mass lesions or areas of consolidation are present.

#### CARDIOVASCULAR SYSTEM:

The 450-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no significant atherosclerosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 2.0 and 0.5-centimeters thick, respectively. The interventricular septum is 2.0-centimeters thick. The endocardium is smooth. The aorta gives rise to three intact and patent arch vessels. There is mild atherosclerosis involving the arch of the aorta. The renal and mesenteric vessels are unremarkable.

#### LIVER & BILIARY SYSTEM:

The liver weighs 2350-grams and is free of injury. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 10-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.



b6  
b7C**SPLEEN:**

The 90-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

**PANCREAS:**

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

**ADRENAL GLANDS:**

The right and left adrenal glands are symmetric, with yellow-orange cortices and gray medullae. Hemorrhage into the left adrenal gland has been previously noted. No masses are identified.

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 210 and 230-grams, respectively. The external surfaces are intact, smooth, and without evident injury. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 20-milliliters of dark yellow urine. The prostate gland is enlarged, with yellow-tan, nodular parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, gray-white mucosa. The stomach contains approximately 30-milliliters of dark green fluid. The gastric wall is intact, with evidence of mild, diffuse gastritis. The duodenum, loops of small bowel, and colon are remarkable for the previously described injuries. The appendix is present.

**ADDITIONAL PROCEDURES**

- Documentary photographs are taken by OAFME Photographer PH3 <sup>b6</sup><sub>b7C</sub>,  
USN
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous fluid, cavity blood, spleen, liver, urine, brain, bile, lung, kidney, and psoas muscle
- The dissected organs are forwarded with body.
- Clothing and personal effects are released to the Army CID agents present at the autopsy

**MICROSCOPIC EXAMINATION**

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

**AUTOPSY REPORT ME04-14**

(b)(6)-4

**OPINION**

This 47-year-old White male, (b)(6)-4, died of blunt force injuries and asphyxia. The autopsy disclosed multiple blunt force injuries, including deep contusions of the chest wall, numerous displaced rib fractures, lung contusions, and hemorrhage into the mesentery of the small and large intestine. An examination of the neck structures revealed hemorrhage into the strap muscles and fractures of the thyroid cartilage and hyoid bone. According to the investigative report provided by U.S. Army CID, the decedent was shackled to the top of a doorframe with a gag in his mouth at the time he lost consciousness and became pulseless.

The severe blunt force injuries, the hanging position, and the obstruction of the oral cavity with a gag contributed to this individual's death. The manner of death is homicide.

(b)(6)-2

(b)(6)-2

**CDR, MC, USN, DMO/FS  
Chief Deputy Medical Examiner**



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



**AUTOPSY EXAMINATION REPORT**

**Name:**

**Autopsy No.:** ME04-38

**AFIP Number:** 2914569

**Internment Sequence Number:** B9550

**Date of Birth:** 15 November 1978

**Date/Time of Death:** 16 January 2004/0545

**Place of Death:** Abu Ghurayb Prison, Iraq

**Date/Time of Autopsy:** 02 February 2004/ 1400

**Place of Autopsy:** Mortuary Facility, Baghdad International Airport, Iraq

**Circumstances of Death:** Collapsed while performing morning prayers.

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

**Identification:** Identification Tag

**CAUSE OF DEATH: MYOCARDITIS**

**MANNER OF DEATH: NATURAL**

**AUTOPSY REPORT ME04-038**

2

DX0-4

**FINAL AUTOPSY DIAGNOSES:**

- I. CARDIOVASCULAR SYSTEM:**
  - A. MYOCARDITIS WITH FOCAL NECROSIS AND SCARRING**
  - B. FOCAL MODERATE CORONARY ATHEROSCLEROSIS**
    - 1. 60% STENOSIS OF PROXIMAL LEFT ANTERIOR DESCENDING CORONARY ARTERY**
    - 2. 40% STENOSIS OF LEFT MAIN CORONARY ARTERY**
- II. RESPIRATORY SYSTEM:**
  - A. BILATERAL PULMONARY EDEMA (850 GRAMS EACH)**
- III. HEPATOBILIARY SYSTEM:**
  - A. FOCAL HEPATIC STEATOSIS**
- IV. NO EVIDENCE OF SIGNIFICANT TRAUMA**
- V. TOXICOLOGY IS NEGATIVE FOR ETHANOL, DRUGS OF ABUSE, AND CYANIDE**

**AUTOPSY REPORT ME04-038**

3

DX6-4

**EXTERNAL EXAMINATION**

The body is that of a well-developed, well-nourished appearing, muscular, 74 inch tall male whose appearance is consistent with the reported age of 25 years. Lividity is present in the posterior dependent portions of the body, except in areas exposed to pressure. Upon initial examination, the body is frozen. Thawing is accomplished over four days. Rigor has passed, and the temperature is eventually that of ambient room.

The scalp is covered with straight black hair in a normal distribution. A beard is present. The irides are brown and the pupils are round and equal in diameter. No conjunctival petechiae are present. The external auditory canals are unremarkable. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in good condition.

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

The upper and lower extremities are symmetric and without clubbing or edema. There is no external evidence of trauma.

**CLOTHING AND PERSONAL EFFECTS**

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

- Grey shirt
- Grey sweatshirt
- Orange jumpsuit
- White boxers
- 2 pairs of socks, one white, one black
- Blanket

**MEDICAL INTERVENTION**

There is no evidence of recent medical intervention.

**RADIOGRAPHS**

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

**EVIDENCE OF INJURY**

There is no evidence of significant recent injury.

**AUTOPSY REPORT ME04-038**

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DX0-4

**INTERNAL EXAMINATION****HEAD:**

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1300 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

**NECK:**

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

**BODY CAVITIES:**

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

**RESPIRATORY SYSTEM:**

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

**CARDIOVASCULAR SYSTEM:**

The 450 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 2.0 and 0.8 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 (see AFIP consultation report below).

**LIVER & BILIARY SYSTEM:**

The 2450 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**AUTOPSY REPORT ME04-038**

5

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**SPLEEN:**

The 360 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

**PANCREAS:**

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

**ADRENALS:**

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

**GENTOURINARY SYSTEM:**

The right and left kidneys weigh 220 grams each. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains no urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 30 cc of brown fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

**ADDITIONAL PROCEDURES**

- Documentary photographs are taken by AFIP photographer.
- Specimens retained for toxicologic testing and/or DNA identification are: blood, spleen, liver, brain, bile.
- The dissected organs are forwarded with body
- Personal effects are released to the appropriate mortuary operations representatives

**MICROSCOPIC EXAMINATION****Cassette Summary:**

1. Right ventricle
2. Anterior left ventricle
3. Interventricular septum
4. Liver
5. Spleen
6. Kidney
7. Brain
8. Lung
9. Lung
10. Pancreas

**AUTOPSY REPORT ME04-038**

6

(b)(7)-4

**Microscopic Description:****BRAIN:** unremarkable.**LUNGS:** eosinophilic proteinaceous material within alveolar spaces bilaterally.**HEART:** see AFIP consultation below.**LIVER:** focal macrovesicular steatosis without inflammation or increased fibrosis.**SPLEEN:** autolytic; otherwise unremarkable.**PANCREAS:** autolytic; otherwise unremarkable.**KIDNEY:** autolytic; otherwise unremarkable.**CONSULTATION FROM DR. (b)(7)-2 CARDIOVASCULAR  
PATHOLOGY DEPARTMENT, ARMED FORCES INSTITUTE OF PATHOLOGY:**

**Heart:** 450 grams; normal epicardial fat; closed foramen ovale, normal left ventricular chamber dimensions: left ventricular cavity diameter 40 mm, left ventricular free wall thickness 13 mm, ventricular septum thickness 15 mm; right ventricular thickness 4 mm, without gross scars or abnormal fat infiltrates; marked post-mortem decompositional changes, otherwise unremarkable valves, endocardium, and myocardium; histologic changes show multiple foci of interstitial and replacement fibrosis, some of which are associated with lymphocytic infiltrates; a section from the posterior left ventricle shows a subepicardial focus of granulomatous inflammation with central fibrinoid necrosis; special stains including Brown-Brenn, Brown-Hopps, Ziehl-Neilsen, GMS, and Warthin-Starry are negative for microorganisms.

**Coronary Arteries:** Normal ostia; right dominance; focal moderate atherosclerosis:

Left main coronary artery: 40% luminal narrowing by pathologic intimal thickening

Left anterior descending coronary artery: 60% narrowing of proximal LAD by pathologic intimal thickening; no other significant atherosclerosis.

**Diagnosis:**

1. Myocarditis with focal necrosis and scarring
2. Focal moderate coronary atherosclerosis

**Comment:** In most instances myocarditis is caused by viral organisms, however the histologic appearance in this case is atypical with areas of granulomatous inflammation and fibrinoid necrosis. The granulomas do not have the usual non-necrotizing appearance of sarcoidosis. All special stains for microorganisms are negative. Other possible causes of myocarditis includes various bacterial, fungal, and Mycobacterial



**AUTOPSY REPORT ME04-038**

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bX01-4

organisms, and negative stains do not indicate absence of disease. This case was also reviewed by the Infectious Disease Department.

**OPINION**

This 25 year-old detainee died as a result of MYOCARDITIS (inflammation of the heart). There is no evidence of significant trauma. The manner of death is NATURAL.

bX01-2

**CAPT MC USN**  
**Regional Armed Forces Medical Examiner**



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

REPLY TO  
 ATTENTION OF

AFIP-CME-T

TO:

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

PATIENT IDENTIFICATION

AFIP Accessions Number    Sequence  
 2914569                            00

Name

[Redacted Name]

SSAN:                                    Autopsy: ME04-038

Toxicology Accession #: 040468

Report Date: FEBRUARY 23, 2004

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS                    REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 1/16/2004

Date Received: 2/5/2004

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

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

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

None were found.

[Redacted]

PhD

Certifying Scientist, Forensic Toxicology Laboratory  
 Office of the Armed Forces Medical Examiner

[Redacted]

Director, Forensic Toxicology Laboratory  
 Office of the Armed Forces Medical Examiner



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**PRELIMINARY AUTOPSY REPORT**

Name:   
SSAN:

Date of Birth: BTB 1943  
Date of Death: 8 FEB 2004  
Date of Autopsy: 28 FEB 2004  
Date of Report: 28 FEB 2004

Autopsy No.: ME 04-100  
AFIP No.: Pending  
Rank: Iraqi Civilian  
Place of Death: Tikrit, Iraq  
Place of Autopsy: BIAP Mortuary  
Baghdad Airport, Iraq

**Circumstances of Death:** This believed to be 61 year old male Iraqi civilian was a detainee of the U.S. Armed Forces at the Detention Central Collection Facility, Tikrit, Iraq when he was discovered deceased in his bed when he failed to report to the morning head count procedure. The decedent reported a medical history of diabetes and renal disease at the time of his capture.

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

**Identification:** Identification is established by visual examination by CID agents.

**CAUSE OF DEATH:** Atherosclerotic Cardiovascular Disease

**MANNER OF DEATH:** Natural

**PRELIMINARY AUTOPSY DIAGNOSES:**

- I. Atherosclerotic Cardiovascular Disease
  1. Moderate calcified atherosclerosis of the right coronary artery (50% stenosis), the left circumflex (50% stenosis) and left anterior descending branches of the left coronary artery (50-75% stenosis).
  2. Moderate aortic atherosclerosis with bilateral renal artery take-off stenosis.
  3. Bilateral renal atrophy with intraparenchymal arteriole atherosclerosis and marked arterionephrosclerosis and cortical cysts.
  4. Cranial artery atherosclerosis of the vertebral, basilar, posterior communicating and middle cerebral arteries.

**These findings are preliminary, and subject to modification pending further investigation and laboratory testing.**

**AUTOPSY REPORT ME04-100**

2

(b)(6)-4

II. Mild to moderate decomposition.

III. Toxicology pending.

(b)(6)-2

MAJ MC USA  
Deputy Medical Examiner



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**PRELIMINARY AUTOPSY REPORT**

Name:   
 SSAN:   
 Date of Birth: BTB 1 JAN 1950  
 Date of Death: 19 FEB 2004  
 Date of Autopsy: 28 FEB 2004  
 Date of Report: 28 FEB 2004

Autopsy No.: ME 04-101  
 AFIP No.: Pending  
 Rank: Iraqi Civilian  
 Place of Death: Abu Ghraib Prison  
 Place of Autopsy: BIAP Mortuary  
 Baghdad Airport, Iraq

**Circumstances of Death:** This believed to be 54 year old Iraqi male civilian was a detainee of the U.S. Armed Forces at Camp Ghanci, Abu Ghraib Prison, Iraq, when he was brought to the main gate unconscious by other detainees. The decedent reported an inability to urinate to medics earlier on the day of his death. When brought to the gate the other detainees reported the decedent was dizzy and nauseated prior to losing consciousness.

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

**Identification:** Identification is established by visual examination by CID agents.

**CAUSE OF DEATH:** Acute Peritonitis secondary to Perforating Gastric Ulcer.

**MANNER OF DEATH:** Natural

**PRELIMINARY AUTOPSY DIAGNOSES:**

- I. Acute Peritonitis secondary to Gastric Ulcer Perforation
  - A. Perforating gastric ulcer of pyloric region of the stomach associated with 900 mls of purulent ascites and fibrinous exudate on the surface of the intestines, liver and spleen.
- II. Mild atherosclerosis of the right coronary artery (< 25% stenosis).
- III. Dense fibrous adhesions of the left lung to the parietal pleura of the left hemithorax.

**These findings are preliminary, and subject to modification pending further investigation and laboratory testing.**

**AUTOPSY REPORT ME04-101**

2

b7E-4

IV. Mild decomposition.

V. Toxicology pending.

b7E-2

MAJ MC USA  
Deputy Medical Examiner



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**AUTOPSY EXAMINATION REPORT**

**Name:**   
**SSAN:**   
**Date of Birth:** 6 DEC 1948  
**Date of Incident:** 8 MAR 2004  
**Date of Autopsy:** 10 MAR 2004  
**Date of Report:** 10 MAY 2004

**Autopsy No.:** ME04-110  
**AFIP No.:** 2917882  
**Rank:** EPOW  
**Place of Death:** Baghdad, Iraq  
**Place of Autopsy:** Baghdad  
International Airport

**Circumstances of Death:** This 55-year-old male Enemy Prisoner of War had a history of ischemic heart disease. His past medical history includes hypertension, hypercholesterolemia, and possibly two previous myocardial infarctions. His medications included atenolol, Zocar, and aspirin, as well as sublingual nitroglycerin as needed. On the evening of 7 MAR 2004 he complained of chest pain and shortness of breath. He was brought to the medical clinic for evaluation where he became unresponsive. Resuscitation efforts, including Advanced Cardiac Life Support at a medical treatment facility, were unsuccessful.

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

**Identification:** Identification is obtained by paperwork accompanying the body, including a photograph with a matching prisoner number.

**CAUSE OF DEATH:** Atherosclerotic Cardiovascular Disease

**MANNER OF DEATH:** Natural

ME04-110

**FINAL AUTOPSY DIAGNOSES:**

- I. Atherosclerotic Cardiovascular Disease**
  - A. History of ischemic heart disease**
  - B. Cardiomegaly, marked (heart weight 620 grams)**
  - C. Coronary atherosclerosis, focally severe**
  - D. Diffuse myocardial scarring**
  - E. Arterionephrosclerosis, mild**
  
- II. Marked Pulmonary Edema**
  
- III. Remote penetrating ballistic injury of the left buttock**
  - A. Entrance: Inferior-medial aspect of left buttock (scar)**
  - B. Wound Path: Skin, subcutaneous tissue, and muscle of left buttock, muscle of proximal left thigh**
  - C. Recovered: Metallic foreign body encapsulated in fibrous tissue within muscle of proximal left thigh**
  - D. Wound Direction: Left to right, back to front, and downward**
  
- IV. Fractures of the 5<sup>th</sup> and 6<sup>th</sup> ribs on the right, associated with hemorrhage into chest wall musculature and abrasions/thermal injury of the chest (resuscitation efforts)**
  
- V. Laceration of the nose and abrasion of the right index finger**
  
- VI. Toxicology is negative for drugs of abuse and ethanol. Lidocaine is present in heart blood.**



ME04-110

### EXTERNAL EXAMINATION

The remains are received clad in blue sweatpants and white boxer-type undershorts. Accompanying the remains but not on the body are a light brown shirt, a white undershirt, and a wristwatch with a brown band. Black fingerprint powder covers the palmar aspect of all of the fingers as well as a large area on the mid anterior chest.

The body is that of a well-developed, overweight, 75-inches, 225-pounds (estimated), White male, whose appearance is consistent with the reported age of 55-years. Lividity is posterior and fixed, except in areas exposed to pressure. Rigor is full and equal throughout. The body temperature is that of the refrigeration unit.

The scalp is covered with curly, brown hair in a normal distribution. The irides are brown and the pupils are round and equal in diameter. The nose and maxillae are palpably stable. The teeth are natural and in good condition. Facial hair consists of a brown mustache and beard stubble.

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

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are intact and short. There is a 1 ½ x ¾-inch irregular scar on the forehead, slightly left of the anterior midline. A ¼-inch pigmented nevus is on the anterior left flank. Numerous small acrochordons are on the posterior neck. A 1 ¼ x 1-inch slightly pigmented area is on the anterior right hip. There is a 1 x ½-inch area of hyperpigmentation on the medial aspect of the proximal left thigh. A ½ x 3/8-inch ovoid scar is on the medial aspect of the lower left buttock. There are a few small irregular scars on the anterior aspect of both knees and a 1 ¼-inch fine linear scar on the dorsal aspect of the right foot. No tattoos or other significant identifying marks are present.

### MEDICAL INTERVENTION

An endotracheal tube enters the trachea via the mouth. There are intravenous access devices in the right antecubital fossa and the dorsal aspect of the left hand. A 5 x 3-inch area of abrasion and thermal effect is on the upper mid chest. There is a 6 x 4-inch area of superficial abrasion and thermal effect with the outline of a defibrillator paddle on the upper left chest.

### RADIOGRAPHS

A complete set of postmortem radiographs is obtained and shows an absence of skeletal trauma. A metallic foreign body is in the proximal left thigh.

ME04-110

**EVIDENCE OF INJURY**

- I. **Remote Penetrating Gunshot Wound to the Left Buttock**  
There is a well-healed ½ x 3/8-inch ovoid scar on the medial aspect of the left buttock. Dissection of the posterior left buttock and left thigh reveals a ¼-inch in greatest dimension irregular metal fragment embedded in a dense fibrous capsule located in the muscle of the proximal left thigh. The metallic foreign body is placed in a labeled container and given to the investigating agent. There is no hemorrhage associated with the wound path. The direction of the wound path is slightly right to left, back to front, and slightly downward.
  
- II. **Other Injuries**  
A horizontal 3/8-inch laceration through skin and subcutaneous tissue is across the bridge of the nose. A 1 x 1/8-inch superficial abrasion is on the dorsal aspect of the right index finger.

**INTERNAL EXAMINATION****HEAD:**

The brain weighs 1510-grams and is remarkable for a 1 ½ x 1-centimeter soft, somewhat cystic area on the anterior pole of the left frontal lobe. This area is consistent with an old contusion and is not associated with any hemorrhage or other gross signs of acute injury. The skull directly overlying this area has a 1.5-centimeter in diameter thinned area, consistent with remodeling secondary to a remote fracture. The scalp is unremarkable. There is no epidural, subdural, or subarachnoid hemorrhage. Sectioning of the brain reveals no other abnormalities. The atlanto-occipital joint is stable.

**NECK:**

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

**BODY CAVITIES:**

The vertebral bodies are visibly and palpably intact. The ribs have injuries as previously described. The pleural and peritoneal cavities have no abnormal accumulation of fluid. There are 20-milliliters of serous fluid in the pericardial sac. There is no abnormal accumulation of fluid in the peritoneal cavity. The organs occupy their usual anatomic positions. The thickness of the layer of subcutaneous adipose tissue over the abdomen is 1 ¾-inches.

**RESPIRATORY SYSTEM:**

The right and left lungs weigh 880 and 1050-grams, respectively. The external surfaces are smooth and deep red-purple, with moderate anthracotic mottling. The pulmonary parenchyma is markedly congested and edematous. No mass lesions or areas of consolidation are present. The pulmonary arteries are unremarkable.

**ME04-110****CARDIOVASCULAR SYSTEM:**

The 620-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with a moderately increased fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show focally severe calcific atherosclerosis. The left main coronary artery has 20% luminal narrowing. The left anterior descending coronary artery has up to 80% luminal narrowing, most severe within the proximal third of the vessel. A diagonal branch is completely occluded. The left circumflex coronary artery has 40% luminal narrowing, most severe in the proximal portion of the vessel. The right coronary artery is a large vessel, with 40% luminal narrowing, most severe in the middle third of the vessel. The myocardium is red-brown and firm, with diffuse fibrosis but no distinct scars. The valve leaflets are thin and mobile, except for one cusp of the aortic valve that shows mild calcification. The walls of the left and right ventricles are 1.5 and 0.5-centimeters thick, respectively. The interventricular septum is 1.4-centimeters thick. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. There is mild atherosclerosis of the arch of the aorta, as well as the thoracic and abdominal aorta. The renal and mesenteric vessels are unremarkable.

**LIVER & BILIARY SYSTEM:**

The 2710-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 10-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**SPLEEN:**

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

**PANCREAS:**

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

**ADRENAL GLANDS:**

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

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 310 and 290-grams, respectively. The external surfaces are intact, with minimal granularity and no pitting. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelvis are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The urinary bladder contains approximately 90-milliliters of yellow urine. The prostate gland is slightly increased in size, with lobular, yellow-tan parenchyma and a slightly nodular architecture. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

ME04-110

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, gray-white mucosa. The stomach contains approximately 15-milliliters of dark tan, viscous material. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

**ADDITIONAL PROCEDURES**

- Documentary photographs are taken by a OAFME photographer PHC [b(6)-2] USN
- Evidence is turned over to the Army C.I.D. agent who was present during the autopsy
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous fluid, heart blood, bile, spleen, liver, lung, brain, kidney, and psoas muscle
- The dissected organs are forwarded with body
- Personal effects and clothing are released to mortuary affairs personnel at Baghdad International Airport

**MICROSCOPIC EXAMINATION**

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

**OPINION**

This 55-year-old White male, [b(6)-4] died as a result of atherosclerotic cardiovascular disease. The autopsy disclosed marked cardiomegaly with focally severe calcific atherosclerosis of the coronary arteries. Additionally, a metallic foreign body from a remote penetrating ballistic injury to the left buttock was removed from the left thigh. The portion of metal was recovered, retained, and given to the investigating agent. Toxicological studies were negative for ethanol and drugs of abuse. The manner of death is natural.

b(6)-2

[b(6)-2] MD, FS, DMO  
CDR, MC, USN  
Chief Deputy Medical Examiner



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**PRELIMINARY AUTOPSY REPORT**

Name:   
SSAN:   
Date of Birth: unknown  
Date of Death: 5 April 2004  
Date of Autopsy: 26 April 2004  
Date of Report: 23 June 2004

Autopsy No.: ME 04-309  
AFIP No.: 2924040  
Rank: Civilian, Iraqi National  
Place of Death: Mosul, Iraq  
Place of Autopsy: Mosul, Iraq

**Circumstances of Death:** This approximately 27 year-old male civilian, presumed Iraqi national, died in US custody approximately 72 hours after being apprehended.

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

**Identification:** Visual, per detention facility records

**CAUSE OF DEATH:** Pending

**MANNER OF DEATH:** Pending

This is a preliminary report based on initial examination of the remains, a final report will follow.

b7E(1)-4

**PRELIMINARY AUTOPSY DIAGNOSES:**

- I. Injuries
  - a. Minor abrasions and contusions of extremities
  - b. Laceration above right eyebrow, 1 cm
  - c. Contusion of right side of neck
  - d. Minor abrasions of left side of forehead
  - e. Subgaleal hemorrhage of bilateral frontal regions of scalp
  - f. No internal evidence of trauma
  
- II. No evidence of significant natural disease within the limitations of the examination
  - a. Heart weight, 450 gm
  - b. Pulmonary edema; right lung 700 gm, left lung 900 gm
  - c. Histology pending
  
- III. Toxicology (AFIP)
  - a. Volatiles: Mixed volatiles consistent with postmortem production; mg/dL
    - i. Blood: acetone 20, 2-propanol 7
    - ii. Urine: acetone 67, 2-propanol 3
  - b. Drugs: Consistent with resuscitation efforts
    - i. Urine: Lidocaine detected, negative for other screened medications and drugs of abuse

b7E(1)-2

**LtCol, USAF, MC, FS**  
**First Chief Deputy Medical Examiner**



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**PRELIMINARY AUTOPSY REPORT**

<b>Name:</b> [REDACTED]	<b>Autopsy No.:</b> ME 04- 357
<b>US Detainee #:</b> [REDACTED]	<b>AFIP No.:</b> pending
<b>Date of Birth:</b> 01 JAN 1960	<b>Rank:</b> Iraqi National,
<b>Date of Death:</b> 28 APR 2004	<b>Place of Death:</b> Baghdad, Iraq
<b>Date of Autopsy:</b> 17-18 MAY 2004	<b>Place of Autopsy:</b> LSA Anaconda
<b>Date of Report:</b> 18 MAY 2004	Mortuary, Balad Iraq

**Circumstances of Death:** This 44 year old male, an Iraqi National, was apprehended by US Forces in Kirkuk, Iraq after he and two accomplices fired on coalition forces with rocket propelled grenades and small arms fire on 10 April 2004. Mr. [REDACTED] sustained gunshot wounds during the firefight and was transported to the 31<sup>st</sup> Combat Support Hospital in Balad for surgery. He was later transported to the Central Baghdad Detainee Facility (Abu Ghraib) where he died on 28 April 2004.

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

**Identification:** Presumptive identification accomplished by comparison to photographs and reports supplied by the investigative agency (75th MP Detachment CID, LSA Anaconda, Balad, Iraq)

**CAUSE OF DEATH:** Multiple Gunshot Wounds with Complications

**MANNER OF DEATH:** Homicide

This is a preliminary report based on initial examination of the remains, a final report will follow.

**PRELIMINARY AUTOPSY DIAGNOSES:**

- I. Multiple Gunshot Wounds (3)**
  - A. Gunshot Wound of the Left Axilla**
    - Entrance: Left axilla with no evidence of close range discharge of a fire arm on the surrounding skin
    - Wound Path: Skin, subcutis and muscle of the left axilla, inferior to left clavicle, soft tissue of the left lateral side of the lateral neck
    - No Exit
    - Recovered: a copper colored medium caliber jacket and a portion of metal projectile core
    - Wound Direction: Slightly front to back, left to right and upward
    - Associated Injuries: grazing gunshot wound of the left medial arm (prior to reentry in the left axilla)
  - B. Gunshot Wound of the Left Hip**
    - Entrance: Left hip with no evidence of close range discharge of a firearm on the surrounding skin
    - Wound Path: Skin, subcutis and muscle of the left lateral hip, left iliac bone
    - No exit
    - Recovered: a deformed irregular portion of copper colored projectile jacket
    - Wound Direction: Left to right with minimal vertical or horizontal direction
    - Associated Injuries: Comminuted (shattered) fractures of the left iliac bone
  - C. Grazing Gunshot Wound of the Left Ankle and Foot with associated open fracture of the left 5<sup>th</sup> metatarsal bone**
    - Direction undetermined
- II. Open compound fracture of the left radius**
- III. Status post Emergent Exploratory Laporatomy and Cricothyrotomy**
- IV. Severe pulmonary congestion; pneumonia by clinical history (pending histological exam**
- V. Toxicology pending**



**AUTOPSY REPORT ME04- 357**

3

(b)(6)-4

(b)(6)-2

**CDR MC USN (FS)**  
**Deputy Armed Forces**  
**Medical Examiner**



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**PRELIMINARY AUTOPSY REPORT**

**Name:** [b)(6)-4]  
**US Detainee #:** [b)(6)-4]  
**Date of Birth:** 01 JAN 1929  
**Date of Death:** 11 MAY 2004  
**Date of Autopsy:** 17-18 MAY 2004  
**Date of Report:** 18 MAY 2004

**Autopsy No.:** ME 04- 358  
**AFIP No.:** pending  
**Rank:** Iraqi National,  
**Place of Death:** Baghdad, Iraq  
**Place of Autopsy:** LSA Anaconda  
Mortuary, Balad Iraq

**Circumstances of Death:** This 75 year old male, an Iraqi National, was a detainee at the Central Baghdad Detainee Facility (Abu Ghraib). On 11 May 2004 he reportedly abruptly collapsed and became unconscious. Resuscitation was initiated and continued during transport to the facility hospital where he died. Mr [b)(6)-4] had a past medical history significant for diabetes mellitus, hypertension and previous myocardial infarction.

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

**Identification:** Presumptive identification accomplished by comparison to photographs and reports supplied by the investigative agency (75th MP Detachment CID, LSA Anaconda, Balad, Iraq)

**CAUSE OF DEATH:** Severe Atherosclerotic Coronary Vascular Disease

**MANNER OF DEATH:** Natural

This is a preliminary report based on initial examination of the remains, a final report will follow.

0704-  
[Redacted]

**PRELIMINARY AUTOPSY DIAGNOSES:**

- I. Severe Atherosclerotic Coronary Vascular Disease**
  - a. Right Coronary Artery: 95% to pinpoint stenosis**
  - b. Left Coronary Artery: 80% stenosis with concentric calcification**
  - c. Proximal Left Descending Coronary Artery: 90% stenosis**
  - d. Status Post Remote Posterior Ventricular-Septal Infarction**
  - e. Severe Aortic Atherosclerosis**
  
- II. Aortic Aneurysm (8cm)**
  
- III. Cardiomegaly (810gm)**
  
- IV. Marked Nephrosclerosis**
  
- V. No external injuries noted**
  
- VI. Toxicology pending**

0704-2  
[Redacted]  
**CDR MC USN (FS)**  
**Deputy Armed Forces**  
**Medical Examiner**



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**PRELIMINARY AUTOPSY REPORT**

Name: (b)(6)-4	Autopsy No.: ME04-386
Prisoner # (b)(6)-4	AFIP No.: Pending
Date of Birth: BTB 1940	Rank: CIV
Date of Death: BTB 23 May 2004	Place of Death: Abu Ghraib Prison
Date of Autopsy: 1 June 2004	Place of Autopsy: BIAP Morgue
Date of Report: 1 June 2004	

**Circumstances of Death:** This male died while in US custody in Abu Ghraib prison.

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

**Identification:** BTB, DNA sample obtained

**CAUSE OF DEATH:** Atherosclerotic cardiovascular disease

**MANNER OF DEATH:** Natural

**These findings are preliminary, and subject to modification pending further investigation and laboratory testing.**

(b)(6)-4

**PRELIMINARY AUTOPSY DIAGNOSES:**

- I. Atherosclerotic cardiovascular disease
  - A. Left anterior descending coronary artery with multifocal stenoses ranging from 50-80%
  - B. Right coronary artery with multifocal stenoses ranging from 50-85%
  - C. Left circumflex coronary artery with focal 50% stenosis
  - D. Moderate to severe atherosclerosis of the distal aorta
  - E. Thickening of the mitral valve leaflets
  - F. Pulmonary congestion (right 800 grams, left 650 grams)
  - G. Prominent facial suffusion
  - H. Bilateral earlobe creases (Frank's sign)
- II. Pleural adhesions
- III. Status post appendectomy, remote
- IV. Fractures of the anterior ribs (right #5, left 3-7) consistent with cardiopulmonary resuscitation
- V. No significant trauma
- VI. Toxicology pending

(b)(6)-2

MAJ, MC, USA  
Deputy Medical Examiner



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**PRELIMINARY AUTOPSY REPORT**

Name:   
SSAN  
Date of Birth: Unkown  
Date of Death: BTB 19 May 2004  
Date of Autopsy: 1 June 2004  
Date of Report: 1 June 2004

Autopsy No.: ME04-387  
AFIP No.: Pending  
Rank: Civ  
Place of Death: Abu Ghraib Prison  
Place of Autopsy: BIAP Morgue

**Circumstances of Death:** This male died while in US custody at Abu Ghraib prison. There is a verbal report only of pain.

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

**Identification:** By family members only, DNA sample obtained

**CAUSE OF DEATH:** Peritonitis of undetermined etiology

**MANNER OF DEATH:** Natural

**These findings are preliminary, and subject to modification pending further investigation and laboratory testing.**

b7E-4

**PRELIMINARY AUTOPSY DIAGNOSES:**

- I. Peritonitis
  - A. 3 liters of cloudy brown liquid with feculent material and fibrinous adhesions
  - B. Dense peri-splenic adhesions
  - C. No perforations or injuries of the stomach, small bowel, or colon identified at autopsy
- II. Pulmonary edema and congestion (right lung 1000 grams, left lung 750 grams)
- III. Healing 3/8 inch abrasion of the right shin
- IV. Tooth number 8 absent due to decay (used by family members as identification)
- V. No significant trauma
- VI. Toxicology and histology pending

b7E-2

MAJ, MC, USA  
Deputy Medical Examiner



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Rockville, MD 20850  
1-800-944-7912



**PRELIMINARY AUTOPSY REPORT**

Name: <input type="text"/>	Autopsy No.: ME04-388
SSAN: <input type="text"/>	AFIP No.: Pending
Date of Birth: Unknown	Rank: Civ
Date of Death: 24 May 2004	Place of Death: Balad, Iraq
Date of Autopsy: 1 June 2004	Place of Autopsy: BLAP Morgue
Date of Report: 1 June 2004	

**Circumstances of Death:** By verbal report, this Iraqi male was shot in a firefight and lived to be transported to a US hospital where he underwent multiple surgeries but died due to complications of his wounds.

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

**Identification:** By prisoner number only, DNA sample obtained

**CAUSE OF DEATH:** Gunshot wound of the abdomen

**MANNER OF DEATH:** Homicide

**These findings are preliminary, and subject to modification pending further investigation and laboratory testing.**



EX01-4

**PRELIMINARY AUTOPSY DIAGNOSES:**

- I. History of remote gunshot wound of the abdomen
  - A. No gunshot wound defect or tract evident due to multiple surgical interventions
  - B. Direction of wound indeterminate
  - C. Status post small bowel resection and anastomosis with sigmoid colostomy, and rectal stump
  - D. Feculent peritonitis (300 ml of pus and feces) and fibrinous adhesions
  - E. Right pleural adhesions and bilateral purulent pleural effusions, status post chest tube placement
  - F. Pulmonary edema and bilateral pneumonia (right lung 1150 grams, left lung 1000 grams)
  - G. Purulent pericardial effusion (50 ml)
  - H. Minute radiopaque fragments visible on sub optimal radiographs, no projectiles recovered
- II. No other significant trauma
- III. Toxicology and histology pending

EX01-2

MAJ, MC, USA  
Deputy Medical Examiner



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**FINAL AUTOPSY REPORT**

Name: [b(7)(C)-4]  
National Detainee Reporting System: [b(7)(C)-4]  
Date of Birth: 1 January 1962  
Date of Death: 14 June 2004  
Date of Autopsy: 19 June 2004  
Date of Report: 13 October 2004

Autopsy No.: ME04-434  
AFIP No.: 2931951  
Rank: Iraqi civilian  
Place of Death: Abu Ghraib, Iraq  
Place of Autopsy: Baghdad, Iraq

**Circumstances of Death:** This 42 year-old male Iraqi civilian was in US custody at the Baghdad Central Confinement Facility in Abu Ghryeb, Iraq. By report, he began making gasping sounds, which awoke another detainee. The decedent was found to be unresponsive and pulseless, and resuscitation efforts were unsuccessful.

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

**Identification:** Visual and documentation accompanying the body; fingerprints and DNA sample obtained

**CAUSE OF DEATH:** Undetermined

**MANNER OF DEATH:** Undetermined

**AUTOPSY REPORT ME04-434**

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DX-4

**FINAL AUTOPSY DIAGNOSES:**

- I. No evidence of any definitive significant trauma
  - a. Minor contusions of abdomen and left arm
  
- II. Cardiovascular Findings (AFIP Cardiovascular Pathology consultation)
  - a. Mild coronary atherosclerosis
    - i. 40% luminal narrowing of proximal left anterior descending coronary artery
    - ii. 20% luminal narrowing of proximal left circumflex coronary artery
    - iii. 30% luminal narrowing of proximal right coronary artery by intimal thickening
  - b. Moderate dysplasia of atrioventricular nodal artery
    - i. No increased fibrosis of septum
  
- III. Additional Findings; probable artifacts of resuscitation or freezing of body
  - a. Film of peritoneal blood of upper abdomen, < 50 ml
  - b. Hepatic findings
    - i. Subcapsular accumulation of blood over right lobe of liver; capsule grossly intact
    - ii. Parenchymal clefts and focal disruption of right lobe of liver
      1. Histologically, no inflammatory response, fibrin or clot formation, or other evidence of any vital reaction
  
- IV. Medical Intervention
  - a. Endotracheal tube in place
  - b. Intravenous catheter in left antecubital fossa
  - c. One adhesive EKG tab on abdomen
  
- V. Early to moderate decomposition
  - a. Marbling of torso, arms and legs
  - b. Marked facial and scalp congestion and dark discoloration
  - c. Corneal opacification
  
- VI. Toxicology (AFIP)
  - a. Volatiles: Heart blood and urine negative for ethanol
  - b. Cyanide: Heart blood negative
  - c. Drugs: Heart blood negative for screened medications and drugs of abuse

**AUTOPSY REPORT ME04-434**

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b7D-4

**EXTERNAL EXAMINATION**

The body is that of a well developed, well-nourished male clad in a pair of yellow "Reebok" shorts, a pair of grey drawstring pants, and a previously cut, white t-shirt. The body weighs approximately 150 pounds, is 67" in height and appears compatible with the reported age of 42 years. The body is cold, the temperature that of the refrigeration unit. Rigor is waning. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure, and over the face and head.

Early to moderate decompositional changes are present, consisting of diffuse marbling of the back, upper arms and legs; early marbling of the sides of the abdomen; partial corneal opacification; and dark discoloration and congestion of the face, scalp and neck.

The scalp is covered with black hair with frontal and parietal alopecia but otherwise in a normal distribution, averaging 3 cm in length. Facial hair consists of a dark mustache and full beard. The irides appear dark, but are partially obscured by corneal clouding. The sclerae and conjunctivae are congested, especially of the left eye, but there are no petechiae. The earlobes are not pierced. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton is palpably intact. The lips are without evident injury. The teeth are natural and in good condition.

Examination of the neck reveals the trachea to be midline and mobile. The chest is symmetric and well developed. No injury of the ribs or sternum is evident externally. The abdomen is slightly protuberant and soft. There is a 2 x 1 cm dark macule on the mid right side of the back.

The extremities are well developed with normal range of motion. There is a 2 x 1 cm hyperpigmented patch on the back of the right wrist. There are thick calluses on lateral aspect of the right ankle and on the soles of the feet, which are also dirt stained. The fingernails are short and intact. No tattoos are noted. The external genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is partially shaved but present in a normal distribution. The buttocks and anus are unremarkable.

There is an identification band with the name and photograph of the decedent around the left wrist, and there is an identification tag with the name of the decedent and date of death on the first toe of the left foot. There are creases around the lateral aspects of the ankles consistent with postmortem securing of the body.

**EVIDENCE OF THERAPY**

There is an endotracheal tube in place secured with white tape around the head, and there is an adhesive EKG tab on the lower right side of the abdomen. There is a needle puncture mark with surrounding ecchymosis in the right antecubital fossa, and there is an intravenous catheter secured with white tape in the left antecubital fossa.

**AUTOPSY REPORT ME04-434**

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b7C-4

**EVIDENCE OF INJURY**

There is a 2 x 0.3 cm red contusion just above the umbilicus, and there is a 3.5 x 2.5 cm red contusion of the lower right aspect of the abdomen. On the anterior (palmar) aspect of the left lower forearm and wrist, there is a 4 x 3 cm red brown contusion, and there is a 3 x 2 cm contusion of the left thenar region.

On external examination of the body, there is no other evidence of trauma.

**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 the pleural or pericardial cavities. There is a film of blood in the upper peritoneal cavity, less than 50 ml. No adhesions or abnormal collections of fluid are present in the peritoneal cavity. All body organs are present in the normal anatomical position. The subcutaneous fat layer of the abdominal wall is 2 cm thick. There is no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

**HEAD: (CENTRAL NERVOUS SYSTEM)**

The scalp is reflected, and there is marked subgaleal congestion and fixed lividity, but no subgaleal hemorrhage or skull fractures found. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebrospinal fluid is dark with decompositional change, most prominent over the occiput; however, there is no evidence of any subarachnoid hemorrhage. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. Coronal sections through the cerebral hemispheres revealed no lesions, and there is no evidence of infection, tumor, or trauma. Transverse sections through the brain stem and cerebellum are unremarkable. The dura is stripped from the basilar skull, and no fractures are found. The atlanto-occipital joint is stable. The brain weighs 1455 grams.

**NECK:**

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

**AUTOPSY REPORT ME04-434**

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b(6)-4

**CARDIOVASCULAR SYSTEM:**

See "Cardiovascular Pathology Report" below. The pericardial surfaces are smooth, glistening and unremarkable; the pericardial sac is free of significant fluid and adhesions. A moderate amount of epicardial fat is present. The coronary arteries arise normally in a right dominant pattern and follow the usual distribution. There is mild atherosclerosis with focal areas of luminal stenosis of the coronary arteries, without evidence of thrombosis. The myocardium is dark red-brown, firm and unremarkable; the atrial and ventricular septa are intact. The left ventricle is 1.5 cm in thickness and the right ventricle is 0.4 cm in thickness. The aorta and its major branches arise normally, follow the usual course and are widely patent, free of significant atherosclerosis and other abnormality. The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi. The heart weighs 435 grams.

**RESPIRATORY SYSTEM:**

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is red-purple and edematous, exuding a moderate amount of bloody fluid; no focal lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 605 grams; the left 480 grams.

**LIVER & BILIARY SYSTEM:**

The hepatic capsule is smooth, glistening and intact, covering dark red-brown, moderately congested parenchyma. There is focal accumulation of subcapsular blood and underlying parenchymal disruption, with clefts and splitting of the parenchyma without associated hemorrhage, consistent with resuscitation or postmortem changes. 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. The liver weighs 1940 grams.

**ALIMENTARY TRACT:**

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

**GENITOURINARY SYSTEM:**

The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. There is a single dark calculus in the right renal pelvis. The calyces, pelves and ureters are otherwise unremarkable. White bladder mucosa overlies an intact bladder wall. The urinary bladder contains 20 ml of cloudy, yellow urine. The prostate gland is symmetrical with lobular, yellow-tan parenchyma and no nodules or masses. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities. The right kidney weighs 210 grams; the left 220 grams.

**AUTOPSY REPORT ME04-434**

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b(6)-4

**RETICULOENDOTHELIAL SYSTEM:**

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

**ENDOCRINE SYSTEM:**

The pituitary, thyroid and adrenal glands are unremarkable.

**MUSCULOSKELETAL SYSTEM:**

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

**MICROSCOPIC EXAMINATION**

**HEART:** See "Cardiovascular Pathology Report" below.

**BRAIN:** See "Neuropathology Report" below.

**LUNGS:** The alveolar spaces and small air passages are expanded and contain no significant inflammatory component or edema fluid. The alveolar walls are thin and mildly congested. The arterial and venous vascular systems are normal. The peribronchial lymphatics are unremarkable.

**LIVER:** There are numerous clefts and splits of the parenchyma, focally with lakes of red blood cells. However, there is no inflammatory response or evidence of organization of the hemorrhage, with no fibrin or clot formation. The hepatic architecture is otherwise intact. The portal areas show no increased inflammatory component or fibrous tissue. The hepatic parenchymal cells are well-preserved with mild focal steatosis but no evidence of cholestasis, or sinusoidal abnormalities.

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

**ADRENALS:** The cortical zones are distinctive and well supplied with lipid. The medullae are not remarkable.

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

**TESTES:** Unremarkable

**THYROID GLAND:** Unremarkable

**AUTOPSY REPORT ME04-434**

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b(6)-4

**CARDIOVASCULAR PATHOLOGY REPORT**

Department of Cardiovascular Pathology, AFIP:

**"AFIP DIAGNOSIS: ME04-434**

1. Moderate dysplasia of atrioventricular nodal artery
2. Mild coronary artery atherosclerosis

**History:** 42 year old male Iraqi detainee, 67", 150 lbs, death in custody

**Heart:** 435 grams (predicted normal value 322 grams, upper limit 425 grams for a 150 lbs male); normal epicardial fat; closed foramen ovale; left ventricular hypertrophy: left ventricular cavity diameter 35 mm, left ventricular free wall thickness 15 mm, ventricular septum thickness 15 mm; right ventricle thickness 4 mm, without gross scars or abnormal fat infiltrates; grossly unremarkable valves and endocardium; enlarged membranous septum; no gross myocardial fibrosis or necrosis; histologic sections show mild left ventricular myocyte hypertrophy, otherwise unremarkable

**Coronary arteries:** Normal ostia; right dominance; mild atherosclerosis: 40% luminal narrowing of proximal left anterior descending, 20% narrowing of proximal left circumflex, and 30% narrowing of proximal right coronary artery by pathologic intimal thickening

**Conduction System:** The sinoatrial node is unremarkable. The sinus nodal artery shows minimally increased proteoglycan. The atrioventricular (AV) nodal artery shows moderate dysplasia in its posterior approaches to the compact AV node and in its penetrating branches in the ventricular septum, but fibrosis is not significantly increased in the septum. The penetrating bundle is centrally located between the node and ventricular septum. The right proximal bundle branch is unremarkable. The left proximal bundle is not seen in these sections.

**Comment:** We do not see an obvious cardiac cause of death. Moderate dysplasia of the atrioventricular nodal artery is often associated with increased fibrosis in the crest of the ventricular septum, representing a potential substrate for cardiac arrhythmia. However, increased fibrosis is not seen in this case. We cannot exclude the possibility of cardiac arrhythmia related to various ion channelopathies or coronary vasospasm."

**NEUROPATHOLOGY REPORT**

Department of Neuropathology and Ophthalmic Pathology, AFIP:

"We reviewed multiple small fragments of dura, cerebrum, brainstem and cerebellum submitted in formalin in reference to this case. No gross abnormalities are present. Representative sections were processed in paraffin and sections stained with H&E, and immunohistochemical methods for beta amyloid precursor protein (BAPP), and glial fibrillary acidic protein (GFAP). This material was reviewed in conference by the staff of Neuropathology. Sections show few neurons within the cerebral cortex with shrunken or vacuolated cytoplasm and hyperchromatic nuclei, findings interpreted as non-specific acute neuronal injury. Stains for BAPP and GFAP are negative."



**AUTOPSY REPORT ME04-434**

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(b)(7)-A

**ADDITIONAL PROCEDURES**

- Documentary photographs are taken by OAFME photographers
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous fluid, heart blood, urine, and bile
- The dissected organs are forwarded with the body
- Personal effects are released to the appropriate mortuary operations representative

**OPINION**

Based on available investigation and complete autopsy examination, no definitive cause of death for this 42 year-old male Iraqi civilian in US custody in Iraq could be determined. There is no evidence of any significant trauma to explain the death. There is a film of blood in the upper abdomen, and a small accumulation of subcapsular blood over the right lobe of the liver with associated subcapsular parenchymal disruption. However, the minimal amount of hemorrhage, lack of capsular laceration, and microscopic lack of vital reaction indicates this is likely a post-mortem artifact, either from resuscitation efforts or freezing of the body. There are non-specific cardiac findings, including moderate dysplasia of the atrioventricular nodal artery. However, there is no associated increased septal fibrosis, which can be a potential substrate for cardiac arrhythmia. There is also mild coronary artery atherosclerosis, but no luminal narrowing greater than 40% was found. A cardiac arrhythmia related to various ion channelopathies or coronary vasospasm cannot be excluded.

Therefore, the cause of death is best classified as undetermined, and the manner of death is undetermined.

(b)(7)-A

LtCol, USAF, MC, FS  
First Chief Deputy Medical Examiner

(b)(7)-A

bX3-1



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

REPLY TO  
ATTENTION OF

AFIP-CME-T

TO:

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

PATIENT IDENTIFICATION

AFIP Accessions Number      Sequence

2931951

01

Name

b1(6)-4

SSAN:                      Autopsy: ME04-434

Toxicology Accession #: 043002

Date Report Generated: June 30, 2004

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident:

Date Received: 6/22/2004

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

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

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

None were found.

bX6)-2

Certifying Scientist, Forensic Toxicology Laboratory  
Office of the Armed Forces Medical Examiner

bX6)-2

Director, Forensic Toxicology Laboratory  
Office of the Armed Forces Medical Examiner



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**FINAL AUTOPSY REPORT**

Name: [REDACTED] Autopsy No.: ME04-435  
National Detainee Reporting System: [REDACTED] AFIP No.: 2931952  
Date of Birth: 7 January 1952 Rank: Iraqi civilian  
Date of Death: 10 June 2004 Place of Death: Abu Ghraib, Iraq  
Date of Autopsy: 19 June 2004 Place of Autopsy: Baghdad, Iraq  
Date of Report: 22 September 2004

**Circumstances of Death:** This 52 year-old male Iraqi civilian collapsed while speaking to other detainees while in US custody at the Baghdad Central Confinement Facility in Abu Ghruyeb, Iraq, and resuscitative efforts were unsuccessful.

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

**Identification:** Visual and documentation accompanying the body; fingerprints and DNA sample obtained

**CAUSE OF DEATH:** Atherosclerotic Cardiovascular Disease

**MANNER OF DEATH:** Natural

**FINAL AUTOPSY DIAGNOSES:**

- I. Atherosclerotic Cardiovascular Disease
  - a. Severe coronary atherosclerosis with calcification
    - i. Left main coronary artery, 50% luminal narrowing by fibrocalcific plaque
    - ii. Total occlusion of proximal left anterior descending artery (LAD) with healed plaque rupture and organized thrombus; 75% narrowing of mid LAD by fibroatheroma; 65% narrowing of distal LAD by fibrocalcific plaque; total occlusion of ramus intermedius by healed rupture with fibrointimal thickening and smooth muscle proliferation
    - iii. Total occlusion of proximal to mid left circumflex artery (LCA) by organized and recanalized thrombus; 70% fibrocalcific narrowing of distal LCA; 90% narrowing of obtuse marginal artery with fibrointimal thickening and smooth muscle proliferation
    - iv. Right coronary artery (RCA), 25% narrowing of proximal RCA by fibrocalcific plaque; 40% narrowing of mid RCA by fibroatheroma; 70% fibrocalcific narrowing of distal RCA; 95% narrowing of posterior descending artery by fibrocalcific plaque and smooth muscle proliferation
  - b. Healed transmural myocardial infarction
    - i. Involves anterior, septal and lateral left ventricle mid ventricle to apex
    - ii. Microscopically, transmural fibrosis and fat replacement in anterior, septal and lateral walls of left ventricle
    - iii. Aneurysmal dilatation
    - iv. Epicardial fibrous adhesions at apex of left ventricle
  - c. Cardiomegaly with biventricular hypertrophy
    - i. Heart 666 gm (predicted normal value 343 gm)
    - ii. Left ventricular cavity diameter 60 mm
    - iii. Left ventricular free wall thickness 10 mm
    - iv. Microscopically, biventricular myocyte hypertrophy with subendocardial and perivascular interstitial fibrosis
  - d. Moderate to severe atherosclerosis of the aorta
    - i. Diffuse calcific intimal plaque formation
    - ii. Focal plaque rupture with associated hemorrhage
  - e. Pulmonary edema
    - i. Right lung 965 grams
    - ii. Left lung 818 grams
- II. No evidence of any significant trauma
  - a. Abrasion, 4 x 3 cm on back of right forearm
  - b. Contusion, 7 x 4 cm on back of right hand

1000-4

- III. Additional Findings
  - a. Subcutaneous lipoma of anterior left side of neck
  - b. Right renal calculus (kidney stone)
  - c. Prostatic hypertrophy
  - d. Symmetrically enlarged thyroid gland
  
- IV. Medical Intervention
  - a. Endotracheal tube in place
  - b. Three adhesive EKG tabs on body
  
- V. Early to moderate decomposition
  - a. Diffuse marbling of body
  - b. Corneal opacification
  
- VI. Toxicology (AFIP)
  - a. Volatiles: Heart blood and urine negative for ethanol
  - b. Cyanide: Heart blood negative
  - c. Drugs: Heart blood negative for screened medications and drugs of abuse

**EXTERNAL EXAMINATION**

The body is that of a well developed, well-nourished male clad in a previously cut, white long sleeve shirt-dress ("dish dash") and white boxer shorts. The body weighs approximately 170 pounds, is 71" in height and appears compatible with the reported age of 52 years. The body is cold, the temperature that of the refrigeration unit. Rigor is waning. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure, and is especially pronounced on the face.

Early to moderate decompositional changes are present, consisting of diffuse marbling and discoloration of the body and corneal opacification.

The scalp is covered with black and grey hair in a normal distribution, averaging 4 cm in length. Facial hair consists of a dark mustache and grey facial stubble. The irides appear dark, but are partially obscured by corneal clouding. The sclerae and conjunctivae are congested, especially on the left, with no petechiae. The earlobes are not pierced. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton is palpably intact. The lips are without evident injury. The teeth are natural and in good condition.

Examination of the neck reveals the trachea to be midline and mobile. There is a palpable 3 x 2 cm subcutaneous nodule on the anterior left side of the neck. The chest is symmetric and well developed. No injury of the ribs or sternum is evident externally. The abdomen is slightly protuberant and soft. The extremities are well developed with normal range of motion. There is a 4 x 1.5 cm scar on the upper anterior aspect of the right forearm, and there are irregular scars over the left knee. The fingernails are short and intact. No tattoos are noted, and needle tracks are not observed. The external genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable. There is an identification tag on the first toe of the left foot.

**EVIDENCE OF THERAPY**

There is an endotracheal tube in place secured with white tape around the head, and there are three adhesive EKG tabs on the body, two on the upper chest and one on the left thigh. There is a band-aid on the right antecubital fossa over a needle puncture mark with surrounding ecchymosis.

**EVIDENCE OF INJURY**

There is a 4 x 3 cm abrasion on the back of the right forearm and there is a 7 x 4 cm contusion on the back of the right hand. On external and internal examination of the body, there is no other evidence of trauma.

**INTERNAL EXAMINATION****BODY CAVITIES:**

The body is opened by the usual thoraco-abdominal incision, and the chest plate is removed. There is approximately 50 ml of serosanguinous fluid in each pleural space, and there are multiple pleural adhesions of the right chest cavity. No adhesions or abnormal collections of fluid are present in the peritoneal cavity. All body organs are present in the normal anatomical position. The subcutaneous fat layer of the abdominal wall is 4 cm thick. There is no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

**HEAD: (CENTRAL NERVOUS SYSTEM)**

The scalp is reflected, and there is no subgaleal hemorrhage or skull fractures found. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebrospinal fluid is dark with decompositional change, most prominent over the occiput; however, there is no evidence of any subarachnoid hemorrhage. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. Coronal sections through the cerebral hemispheres revealed no lesions, and there is no evidence of infection, tumor, or trauma. Transverse sections through the brain stem and cerebellum are unremarkable. The dura is stripped from the basilar skull, and no fractures are found. The atlanto-occipital joint is stable. The brain weighs 1180 grams.

**NECK:**

On dissection of the soft tissue of the neck, there is a well-circumscribed yellow 3 x 2 cm nodule just under the skin on the anterior left side of the neck, adjacent to the thyroid cartilage. On sectioning, the nodule is uniformly fatty, consistent with a lipoma. Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, otherwise reveals no abnormalities. The anterior strap muscles of the neck are homogeneous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa and is unobstructed. The thyroid gland is large but symmetric and red-brown, without cystic or nodular change. There is no evidence of infection, tumor, or trauma, and the airway is patent. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury, hemorrhage, or fractures of the dorsal spinous processes.

**CARDIOVASCULAR SYSTEM:**

There are dense apical adhesions of the heart to the pericardial sac, and there is marked aneurysmal dilatation of the left ventricle. See "Cardiovascular Pathology Report" below. A moderate amount of epicardial fat is present, and the heart weighs 666 grams. The aorta and its major branches arise normally and follow the usual course. There is diffuse moderate to severe atherosclerosis of the aorta with extensive calcific intimal plaque formation and focal plaque rupture with associated hemorrhage. The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi.

b7C-D  
[REDACTED]**RESPIRATORY SYSTEM:**

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. There are scattered pleural adhesions of the right chest cavity. The pleural surfaces are otherwise smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is red-purple and edematous, exuding a moderate amount of bloody fluid; no focal lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 965 grams; the left 818 grams.

**LIVER & BILIARY SYSTEM:**

The hepatic capsule is smooth, glistening and intact, covering dark red-brown, moderately congested parenchyma with no focal lesions noted. The gallbladder contains 5 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi. The liver weighs 1498 grams.

**ALIMENTARY TRACT:**

The tongue exhibits no evidence of recent injury. The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 100 ml of dark fluid. The small and large bowel are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present and is unremarkable.

**GENITOURINARY SYSTEM:**

The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. There is a single dark calculus in the right renal pelvis. The calyces, pelves and ureters are otherwise unremarkable. White bladder mucosa overlies an intact bladder wall. The urinary bladder contains 50 ml of cloudy, yellow urine. The prostate gland is enlarged but symmetrical with lobular, yellow-tan parenchyma and no nodules or masses. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities. The right kidney weighs 207 grams; the left 235 grams.

**RETICULOENDOTHELIAL SYSTEM:**

The spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The spleen weighs 278 grams.

**ENDOCRINE SYSTEM:**

The pituitary and adrenal glands are unremarkable. The thyroid gland is symmetrically enlarged, but free of nodules or masses.

**MUSCULOSKELETAL SYSTEM:**

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



**MICROSCOPIC EXAMINATION**

Heart: See "Cardiovascular Pathology Report" below.

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

**CARDIOVASCULAR PATHOLOGY REPORT**

Department of Cardiovascular Pathology, AFIP:

**"AFIP DIAGNOSIS: ME04-435**

1. Severe coronary atherosclerosis with calcification, three vessel disease
2. Healed transmural infarction with aneurysmal dilatation, anterior, septal, and lateral left ventricle
3. Cardiomegaly with biventricular hypertrophy

History: 52 year old male Iraqi detainee, 5'11", 170 lbs, found dead in bed

Heart: 666 grams (predicted normal value 343 grams, upper limit 453 grams for a 170 lbs male); focal epicardial fibrous adhesions at apex of left ventricle; closed foramen ovale; aneurysmal dilatation of left ventricle: left ventricular cavity diameter 60 mm, left ventricular free wall thickness 10 mm, ventricular septum thickness 10 mm; right ventricle thickness 4 mm; endocardial thickening in left atrium and left ventricle; unremarkable valves; healed transmural infarct, anterior and septal walls of left ventricle, mid ventricle to apex; subendocardial hyperemia, anterior and lateral walls of left ventricle; histologic sections show biventricular myocyte hypertrophy with subendocardial and perivascular interstitial fibrosis; transmural fibrosis and fat replacement in anterior, septal, and lateral walls of left ventricle.

Coronary arteries: Normal ostia; right dominance; severe calcific atherosclerosis:

Left main coronary artery: 50% luminal narrowing by fibrocalcific plaque

Left anterior descending artery (LAD): Total occlusion of proximal LAD with healed plaque rupture and organized thrombus; 75% narrowing of mid LAD by thin capped fibroatheroma and 65% narrowing of distal LAD by fibrocalcific plaque; total occlusion of ramus intermedius by healed rupture with fibrointimal thickening and smooth muscle proliferation

Left circumflex artery (LCA): Total occlusion of proximal to mid LCA by organized and recanalized thrombus, 70% fibrocalcific narrowing of distal LCA; 90% narrowing of obtuse marginal artery with fibrointimal thickening and smooth muscle proliferation

Right coronary artery (RCA): 25% narrowing of proximal RCA by fibrocalcific plaque, 40% narrowing of mid RCA by thin capped fibroatheroma, and 70% fibrocalcific narrowing of distal RCA; 95% narrowing of posterior descending artery by fibrocalcific plaque and smooth muscle proliferation."

(b)(6)-4

**ADDITIONAL PROCEDURES**

- Full body radiographs are obtained and show no evidence of trauma.
- Documentary photographs are taken by OAFME photographers
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous fluid, heart blood, urine, and bile
- The dissected organs are forwarded with the body
- Personal effects are released to the appropriate mortuary operations representative

**OPINION**

This 52 year-old male Iraqi civilian in US custody in Iraq died of atherosclerotic cardiovascular disease, with severe coronary artery disease and a healed myocardial infarction (previous heart attack), extensively involving the left ventricle. There is no evidence of any significant trauma.

The manner of death is natural.

(b)(6)-2

(b)(6)-2  
LtCol, USAF, MC, FS  
First Chief Deputy Medical Examiner



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



**PRELIMINARY AUTOPSY EXAMINATION REPORT**

**Name:** [REDACTED]  
**SSAN:** [REDACTED]  
**Date of Birth:** Unknown  
**Date of Death:** 18 AUG 2004  
**Date of Autopsy:** 30 AUG 2004  
**Date of Report:** 30 AUG 2004

**Autopsy No.:** ME04-629  
**AFIP No.:** Pending  
**Rank:** Detainee in U.S. Custody  
**Place of Death:** Iraq  
**Place of Autopsy:** BIAP Mortuary,  
Baghdad, Iraq

**Circumstances of Death:** This Iraqi male was a detainee in U.S. custody at Abu Ghraib prison in Baghdad, Iraq. A group of prisoners became unruly and the guards used lethal force to subdue the crowd. A shotgun was fired and this detainee was struck and killed.

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

**Identification:** Circumstantial identity is established by paperwork accompanying the detainee and his designation as detainee number [REDACTED]

**CAUSE OF DEATH:** Shotgun Wound of the Head

**MANNER OF DEATH:** Homicide

**These findings are preliminary, and subject to modification pending further investigation and laboratory testing.**

**PRELIMINARY AUTOPSY DIAGNOSES:**

- I. Shotgun Wound of the Head**
  - A. Penetrating Shotgun Wound of the Head**
    - 1. Entrance:** Right side of the back of the head; no evidence of close-range discharge of a firearm on the surrounding scalp
    - 2. Wound Path:** Right parietal-occipital scalp, parietal-occipital skull, right cerebrum, left cerebrum
    - 3. Recovered:** Deformed metallic foreign body located between the medial aspect of the left frontal lobe and the overlying dura
    - 4. Wound Direction:** Right to left, back to front, and upward
    - 5. Associated Injuries:** Subdural and subarachnoid hemorrhages, bilateral basilar skull fractures, cerebral contusions, and bone fragments along the hemorrhagic wound path
- II. No evidence of significant natural disease processes, within the limitations of the examination**
- III. Evidence of medical therapy**
  - A. Vascular access devices in the left arm, both antecubital fossae, and the left subclavian area**
  - B. Oral-gastric intubation**
  - C. Endotracheal intubation**
  - D. Foley catheterization**
  - E. Electrocardiogram monitoring pads on the upper right chest and the left hip**
  - F. Contusion over the sternum, consistent with cardiopulmonary resuscitation**
- IV. Changes of early to moderate decomposition**
- V. The recovered projectile is placed in a labeled container and given to the investigating agent who was present at the autopsy**
- VI. Toxicology is pending**

DX0-4

**ADDITIONAL PROCEDURES/REMARKS**

- Documentary photographs are taken by OAFME staff photographer, HM1 [REDACTED], USN
- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, spleen, liver, brain, bile, lung, kidney, and psoas muscle
- Full body radiographs are obtained and demonstrate the metallic foreign body subsequently recovered from the brain
- Selected portions of organs are retained in formalin, without preparation of histologic slides
- The dissected organs are forwarded with body

B6-2

DX0-2

**CDR MC USN**  
**Chief Deputy Medical Examiner**



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



**PRELIMINARY AUTOPSY EXAMINATION REPORT**

**Name:**   
**SSAN:**   
**Date of Birth:** Unknown  
**Date of Death:** 18 AUG 2004  
**Date of Autopsy:** 30 AUG 2004  
**Date of Report:** 30 AUG 2004

**Autopsy No.:** ME04-630  
**AFIP No.:** Pending  
**Rank:** Detainee in U.S. Custody  
**Place of Death:** Iraq  
**Place of Autopsy:** BIAP Mortuary,  
Baghdad, Iraq

**Circumstances of Death:** This Iraqi male was a detainee in U.S. custody at Abu Ghraib prison in Baghdad, Iraq. A group of prisoners became unruly and the guards used lethal force to subdue the crowd. A shotgun was fired and this detainee was struck and killed.

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

**Identification:** Circumstantial identity is established by paperwork accompanying the detainee and his designation as detainee number

**CAUSE OF DEATH:** Shotgun Wound of the Chest

**MANNER OF DEATH:** Homicide

**These findings are preliminary, and subject to modification pending further investigation and laboratory testing.**

**PRELIMINARY AUTOPSY DIAGNOSES:****I. Shotgun Wounds of the Chest and Both Arms****A. Penetrating Shotgun Wound of the Chest**

1. Entrance: Left side of the back; no evidence of close-range discharge of a firearm on the surrounding skin
2. Wound Path: Skin, subcutaneous tissue, and muscle of the left back, posterior left 9<sup>th</sup> rib (with fracture), lower lobe of left lung, left atrium, right atrium, upper lobe of the right lung, intercostal space below the anterior aspect of the right 2<sup>nd</sup> rib, muscle and subcutaneous tissue of the right upper chest
3. Recovered: Deformed metallic foreign body located in the subcutaneous tissue of the right upper chest
4. Wound Direction: Left to right, back to front, and upward
5. Associated Injuries: Bilateral hemothoraces (right 1400-milliliters; left 2100-milliliters), hemopericardium (50-milliliters)

**B. Perforating Shotgun Wound of the Right Upper Back**

1. Entrance: Right upper back; no evidence of close-range discharge of a firearm on the surrounding skin
2. Wound Path: Skin and subcutaneous tissue of the right upper back (tangential wound path)
3. Exit: Right upper back; no projectile recovered
4. Wound Direction: Left to right and slightly upward

**C. Perforating Shotgun Wound of the Right Arm**

1. Entrance: Posterior right arm; no evidence of close-range discharge of a firearm on the surrounding skin
2. Wound Path: Skin, subcutaneous tissue, and muscle of the posterior right arm; muscle, subcutaneous tissue, and skin of the anterior right arm
3. Exit: Anterior right arm; no projectile recovered
4. Wound Direction: Left to right, back to front, and slightly downward (with the body in anatomic position)

**D. Perforating Shotgun Wound of the Left Arm**

1. Entrance: Posterior left arm; no evidence of close-range discharge of a firearm on the surrounding skin
2. Wound Path: Skin, subcutaneous tissue, and muscle of the posterior left arm; muscle, subcutaneous tissue, and skin of the anterior left arm
3. Exit: Anterior left arm; no projectile recovered
4. Wound Direction: Left to right, back to front, and downward (with the body in anatomic position)

**II. No evidence of significant natural disease processes, within the limitations of the examination**

DNB-4

- III. Changes of early to moderate decomposition
- IV. The recovered projectile is placed in a labeled container and turned over to the investigating agent who was present at the autopsy
- V. Toxicology is pending

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by OAFME staff photographer, HM1 [REDACTED] *B6-2*  
[REDACTED], USN
- Specimens retained for toxicologic testing and/or DNA identification are: cavity blood, vitreous fluid, spleen, liver, brain, bile, urine, lung, gastric contents, kidney, and psoas muscle
- Full body radiographs are obtained and demonstrate the metallic foreign body subsequently recovered from the right chest wall
- Selected portions of organs are retained in formalin, without preparation of histologic slides
- The dissected organs and clothing are forwarded with body

DNB-2

CDR MC USN  
Chief Deputy Medical Examiner



CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)				
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe
BCP, BAGRAM AIR FIELD, AFGHANISTAN		AFGHANISTAN	AGE APPROX. 35 YRS	<input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
CAUCASOID Caucasique		SINGLE Célibataire		PROTESTANT Protestant
NEGROID Négróide		<input checked="" type="checkbox"/> MARRIED Marié		CATHOLIC Catholique
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf		JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicile à (Rue)		CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		
FATHER				

MEDICAL STATEMENT Declaration médicale				
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort.			BLUNT FORCE INJURIES TO LOWER EXREMITIES COMPLICATING CORONARY ARTERY DISEASE	
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire			
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives <sup>2</sup>				
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures		
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		DECEDENT WAS FOUND UNRESPONSIVE IN HIS CELL WHILE IN CUSTODY	
ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste			
SUICIDE Suicide	SIGNATURE Signature		DATE Date	
<input checked="" type="checkbox"/> HOMICIDE Homicide	MAJ, MC, USAF		13 DEC 02	
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année)	PLACE OF DEATH Lieu de décès			
	BCP, BAGRAM AF, AFGHANISTAN			
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci dessus				
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire		TITLE OR DEGREE Titre ou diplôme		
LTC (P), MC, USA		ARMED FORCES REGIONAL MEDICAL EXAMINER		
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse			
LTC (P)	LANDSTUHL REGIONAL MEDICAL CENTER			
DATE Date	S			
13 DEC 02				

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

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

**MEDICAL STATEMENT Déclaration médicale**

CAUSE OF DEATH (Enter only once cause per line) Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort		Blunt Force Injuries to Lower Extremities Complicating Coronary Artery Disease
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives <sup>2</sup>		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
<input type="checkbox"/> SUICIDE Suicide	<input type="checkbox"/> SIGNATURE Signature	
<input checked="" type="checkbox"/> HOMICIDE Homicide	DATE Date 13 Dec 2002	
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) 0200, 10 Dec 2002	PLACE OF DEATH Lieu de décès Bagram Collection	

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

NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire	TITLE OR DEGREE Titre ou diplôme
1st Lt	First Chief Deputy Medical Examiner
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
1st Lt	Dover AFB, DE 19902
DATE Date	SIGNATURE Signature
20 May 04	

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

**DD FORM 2064**  
1 APR 77

REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-RIPAS, 26 SEP 75, WHICH ARE OBSOLETE.

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)					
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)		GRADE Grade CIV	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale	
ORGANIZATION Organisation AFGHANISTAN CIVILIAN		NATION (e.g., United States) Pays AFGHANISTAN	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin	
RACE Race		MARITAL STATUS État Civil		RELIGION Culte	
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant	<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) UNKNOWN
<input type="checkbox"/> NEGROID Négruide		<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> JEWISH Juif	<input type="checkbox"/> JEWISH Juif	
NAME OF NEXT OF KIN Nom du plus proche parent			RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicile à l'us			CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		
MEDICAL STATEMENT Déclaration médicale					
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)					INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort:		MULTIPLE BLUNT FORCE INJURIES COMPLICATED BY PROBABLE RHABDOMYOLYSIS			
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire				
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire				
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives <sup>2</sup>					
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures		
<input type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie LTC(P), USA, MC				
<input type="checkbox"/> ACCIDENT Mort accidentelle					
<input type="checkbox"/> SUICIDE Suicide					
<input checked="" type="checkbox"/> HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste LTC(P), USA, MC	DATE Date 13 NOV 2003	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non		
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) 1430, 6 NOV 2003		PLACE OF DEATH Lieu de décès HELMAND PROVINCE, AFGHANISTAN			
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus					
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire LTC(P), USA, MC		TITLE OR DEGREE Titre ou diplôme ARMED FORCES REGIONAL MEDICAL EXAMINER			
GRADE Grade LTC(P) / O-5	INSTALLATION OR ADDRESS Installation ou adresse BAGRAM AIR FIELD, AFGHANISTAN				
DATE Date 13 NOV 2003					
<sup>1</sup> State disease, injury or complication which <sup>2</sup> State conditions contributing to the death. <sup>3</sup> Specify in nature of the condition, de la blessure ou de la complication qui a contribué à la mort, mais non la nature de maladie, telle qu'un arrêt du cœur, etc. <sup>4</sup> Specify the condition which is contributory to the death, but is not the cause of death.					

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)					
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale	
ORGANIZATION Organisation BCP, BAGRAM AIR FIELD, AFGHANISTAN		NATION (e.g., United States) Pays AFGHANISTAN	DATE OF BIRTH Date de naissance APPROX 1974	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin	
RACE Race		MARITAL STATUS État Civil		RELIGION Culte	
CAUCASOID Caucasique		SINGLE Célibataire		PROTESTANT Protestant	
NEGROID Nègre		MARRIED Marié		CATHOLIC Catholique	
<input checked="" type="checkbox"/> OTHER (Specify) Autr. (Spécifier) PASHTUN		WIDOWED Veuf		<input checked="" type="checkbox"/> MUSLIM	
SEPARATED Séparé		JEWISH Juif			
NAME OF NEXT OF KIN Nom du plus proche parent			RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
FATHER					
STREET ADDRESS Domicile à (Rue)			CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		
MEDICAL STATEMENT - Déclaration médicale					
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)					INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort					PULMONARY EMBOLISM DUE TO BLUNT FORCE INJURY TO THE LEGS
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire			
OTHER SIGNIFICANT CONDITIONS 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		DECEDENT WAS FOUND UNRESPONSIVE IN HIS CELL WHILE IN CUSTODY		
ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste				
SUICIDE Suicide	LTC (P), MC, USA				
<input checked="" type="checkbox"/> HOMICIDE Homicide	DATE Date		AVIATION ACCIDENT Accident à Avion		
DATE OF DEATH (Hour) Date de décès (Heure)		Lieu de décès		<input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	
2014Z, 3 DEC 02		BCP, BAGRAM AF, AFGHANISTAN			
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à, le suite des causes énumérées ci dessus					
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire		TITLE OR DEGREE Titre ou diplôme		ARMED FORCES REGIONAL MEDICAL EXAMINER	
LTC (P), MC, USA					
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse				
LTC (P)	LANDSTUHL REGIONAL MEDICAL CENTER				
DATE Date					
14 DEC 02					
<sup>1</sup> State illness, injury or complication which <sup>2</sup> State conditions contributing to the death, if <sup>3</sup> Precise the nature of the disease, the lesion or the complication which contributed to the death, in the manner of a report, such as an arrest of breath, etc. <sup>4</sup> Precise the condition which contributed to the death, but in no way report with the disease or the condition which preceded the death.					

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

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

**MEDICAL STATEMENT *Déclaration médicale***

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

MODE OF DEATH <i>Condition de décès</i>	AUTOPSY PERFORMED <i>Autopsie effectuée</i> <input checked="" type="checkbox"/> YES <i>Oui</i> <input type="checkbox"/> NO <i>Non</i>	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES <i>Circonstances de la mort suscitées par des causes extérieures</i> <b>Mode of Death: Pending</b>
NATURAL <i>Mort naturelle</i>	MAJOR FINDINGS OF AUTOPSY <i>Conclusions principales de l'autopsie</i>	
ACCIDENT <i>Mort accidentelle</i>		
SUICIDE <i>Suicide</i>	NAME OF PATHOLOGIST <i>Nom du pathologiste</i> [Redacted] LtCol, MC, USAF	
HOMICIDE <i>Homicide</i>	SIGNATURE <i>Signature</i> [Redacted]	DATE <i>Date</i> 26 Apr 2004
		AVIATION ACCIDENT <i>Accident à Avion</i> <input type="checkbox"/> YES <i>Oui</i> <input checked="" type="checkbox"/> NO <i>Non</i>
DATE OF DEATH <i>(Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année)</i> 05 Apr 2004	PLACE OF DEATH <i>Lieu de décès</i> Iraq	

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.  
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 <i>Nom du médecin militaire ou du médecin sanitaire</i> [Redacted]	TITLE OR DEGREE <i>Titre ou diplôme</i> First Chief Deputy Medical Examiner
GRADE <i>Grade</i> 1st Col	INSTALLATION OR ADDRESS <i>Installation ou adresse</i> Dover AFB, DE 19902
DATE <i>Date</i> 14 May 04	SIGNATURE <i>Signature</i> [Redacted]

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

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)					
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale	
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe	
DETAINEE NUMBER: 0318-4		IRAQ		<input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin	
RACE Race		MARITAL STATUS État Civil		RELIGION Culte	
CAUCASOID Caucasique		SINGLE Célibataire		PROTESTANT Protestant	
NEGROID Nègre		MARRIED Marié		CATHOLIC Catholique	
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf		<input checked="" type="checkbox"/> UNKNOWN	
SEPARATED Séparé		JEWISH Juif			
NAME OF NEXT OF KIN Nom du plus proche parent			RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicile à (Rue)			CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		
MEDICAL STATEMENT Déclaration médicale					
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Indiquer qu'une cause par ligne)					INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort.			STRANGULATION		
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORRID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire				
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire				
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> 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		DECEDENT FOUND UNRESPONSIVE IN OUTSIDE ISOLATION; WHITEHORSE DETAINMENT FACILITY		
ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste				
SUICIDE Suicide	LTC(P), USA, MC				
<input checked="" type="checkbox"/> HOMICIDE Homicide	DATE Date	10 JUN 2003		AVIATION ACCIDENT Accident à Avion	
				<input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année)	PLACE OF DEATH Lieu de décès				
1230, 6 JUNE 2003	NASYRAH, 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			TITLE OR DEGREE Titre ou diplôme		
LTC(P), USA, MC			ARMED FORCES REGIONAL MEDICAL EXAMINER		
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse				
LTC(P) / 0-5	LANDSTUHL REGIONAL MEDICAL CENTER, APO AE 09180				
DATE Date					
10 JUNE 2003					
<sup>1</sup> Since disease, injury or complication which. <sup>2</sup> Since conditions contributing to the death, or <sup>1</sup> Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non le manière de mourir, telle qu'un arrêt du cœur, etc. <sup>2</sup> Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.					

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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) b(7)-4		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale b(6)-4
ORGANIZATION Organisation		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance 01 Jan 1960	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Nègre	<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"/> WIDOWED Veuf	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		

**MEDICAL STATEMENT Déclaration médicale**

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

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle		
<input type="checkbox"/> SUICIDE Suicide		
<input checked="" type="checkbox"/> HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste b(6)-2 CDR, MC, USN	DATE Date 18 May 2004
DATE OF DEATH (Date de décès (l'heure, le jour, le mois)) 28 Apr 2004	PLACE OF DEATH Lieu de décès Baghdad, Iraq	AVIATION ACCIDENT Accident à Avion <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 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)-2	TITLE OR DEGREE Titre ou diplôme Deputy Medical Examiner
GRADE Grade CDR	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902
DATE Date June 04	b(6)-2

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

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

NAME OF DECEASED (Last, First, Middle, Nom du décédé (Nom et prénoms)) (b)(6)-4		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)-4
ORGANIZATION Organisation		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance 01 Jan 1929	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Negride	<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"/> CATHOLIC Catholique	<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)
<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> JEWISH Juif			
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		

**MEDICAL STATEMENT Déclaration médicale**

CAUSE OF DEATH (Enter only once cause per line) Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort <sup>1</sup>	Severe atherosclerotic cardiovascular disease	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 Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives <sup>2</sup>		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle		
<input type="checkbox"/> SUICIDE Suicide		
HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)-2 CDR, MC, USN	DATE Date 18 May 2004
		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non

DATE OF DEATH (Hour, day) Date de décès (l'heure, le jour) 11 May 2004	PLACE OF DEATH Lieu de décès Baghdad, Iraq
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I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.  
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.

NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)-2	TITLE OR DEGREE Titre ou diplôme Deputy Medical Examiner
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GRADE Grade CDR	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902
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DATE Date 2 June 04	(b)(6)-2
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<sup>1</sup> State disease, injury or complication which caused death.  
<sup>2</sup> State conditions contributing to the death, but not related to the disease or condition causing death.  
<sup>1</sup> Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du cœur, etc.  
<sup>2</sup> Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.



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

NAME OF DECEASED (Last, First, Middle) <i>Nom du décédé (Nom et prénoms)</i> b(6)-4		GRADE <i>Grade</i>	BRANCH OF SERVICE <i>Armée</i>	SOCIAL SECURITY NUMBER <i>Numéro de l'Assurance Sociale</i>
ORGANIZATION <i>Organisation</i> Detainee in Iraq		NATION (e.g., United States) <i>Pays</i> USA	DATE OF BIRTH <i>Date de naissance</i>	SEX <i>Sexe</i> <input checked="" type="checkbox"/> MALE <i>Masculin</i> <input type="checkbox"/> FEMALE <i>Féminin</i>
RACE <i>Race</i>		MARTIAL STATUS <i>État Civil</i>		RELIGION <i>Culte</i>
<input checked="" type="checkbox"/> CAUCASOID <i>Caucasique</i>	<input type="checkbox"/> NEGROID <i>Négre</i>	<input type="checkbox"/> SINGLE <i>Célibataire</i>	<input type="checkbox"/> DIVORCED <i>Divorcé</i>	<input type="checkbox"/> PROTESTANT <i>Protestant</i>
<input type="checkbox"/> OTHER (Specify) <i>Autre (Spécifier)</i>	<input type="checkbox"/> MARRIED <i>Marié</i>	<input type="checkbox"/> WIDOWED <i>Veuf</i>	<input type="checkbox"/> SEPARATED <i>Séparé</i>	<input type="checkbox"/> CATHOLIC <i>Catholique</i>
NAME OF NEXT OF KIN <i>Nom du plus proche parent</i>		RELATIONSHIP TO DECEASED <i>Parenté du décédé avec le susdit</i>		
STREET ADDRESS <i>Domicilié à (Rue)</i>		CITY OR TOWN AND STATE <i>(Include ZIP Code) Ville (Code postal compris)</i>		

**MEDICAL STATEMENT** *Déclaration médicale*

CAUSE OF DEATH (Enter only once cause per line) <i>Cause du décès (N'indiquer qu'une cause par ligne)</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Intervalle entre l'attaque et le décès</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> <i>Maladie ou condition directement responsable de la mort.</i>		Blunt force injuries complicated by compromised respiration
ANTECEDENT CAUSES <i>Symptômes précurseurs de la mort.</i>	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE <i>Condition morbide, s'il y a lieu, menant à la cause primaire</i>	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE <i>Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire</i>	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> <i>Autres conditions significatives</i>		

MODE OF DEATH <i>Condition de décès</i>	AUTOPSY PERFORMED <i>Autopsie effectuée</i> <input checked="" type="checkbox"/> YES <i>Oui</i> <input type="checkbox"/> NO <i>Non</i>	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES <i>Circonstances de la mort suscitées par des causes extérieures</i>
NATURAL <i>Mort naturelle</i>	MAJOR FINDINGS OF AUTOPSY <i>Conclusions principales de l'autopsie</i>	
ACCIDENT <i>Mort accidentelle</i>		
SUICIDE <i>Suicide</i>	NAME OF PATHOLOGIST <i>Nom du pathologiste</i> b(8)-2 CDR MC USN	
<input checked="" type="checkbox"/> HOMICIDE <i>Homicide</i>	DATE <i>Date</i> 09 Nov 2003	AVIATION ACCIDENT <i>Accident à Avion</i> <input type="checkbox"/> YES <i>Oui</i> <input checked="" type="checkbox"/> NO <i>Non</i>
DATE OF DEATH (Hour, day, month, year) <i>Date de décès (l'heure, le jour, le mois, l'année)</i> 04 Nov 2003	PLACE OF DEATH <i>Lieu de décès</i> Baghdad, Iraq	

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.  
J'ai examiné les restes mortels du 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 <i>Nom du médecin militaire ou du médecin sanitaire</i> b(6)-2		TITLE OR DEGREE <i>Titre ou diplôme</i> Deputy Medical Examiner
GRADE <i>Grade</i> CDR	INSTALLATION OR ADDRESS <i>Installation ou adresse</i> Dover AFB, DE 19902	
DATE <i>Date</i> 13 MAY 2004	SIGNATURE <i>Signature</i> b(6)-2	

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

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) bX(8)-4		GRADE Grade bX(9)-4	BRANCH OF SERVICE Arme
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance
RACE Race		MARITAL STATUS État Civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Nègre	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> JEWISH Juif	<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only once cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et la décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort <sup>1</sup>			Asphyxia due to smothering and chest compression
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives <sup>2</sup>			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste bX(8)-2 MAJ MC USA		
<input checked="" type="checkbox"/> HOMICIDE Homicide	DATE Date 02 Dec 2003	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) 26 Nov 2003		PLACE OF DEATH Lieu de décès Al Qaim, Iraq	
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt 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 bX(8)-2		TITLE OR DEGREE Titre ou diplôme Deputy Medical Examiner	
GRADE Grade MAJ	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902		
DATE Date 12 May 2004	bX(8)-2		
<sup>1</sup> State disease, injury or complication which contributed to the death. <sup>2</sup> State conditions contributing to the death, but not the cause of death. <sup>1</sup> Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc. <sup>2</sup> Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.			

DD FORM 2064

1 APR 77

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

MEDCOM - 178

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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) b(x)6-4		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique		SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant
<input type="checkbox"/> NEGROID Nègre		MARRIED Marié		CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf	SEPARATED Séparé	JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		

**MEDICAL STATEMENT Déclaration médicale**

CAUSE OF DEATH (Enter only once cause per line) Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort <sup>1</sup>		Closed Head Injury with a Cortical Brain Contusion and Subdural Hematoma
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives <sup>2</sup>		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle		
<input type="checkbox"/> SUICIDE Suicide		
<input checked="" type="checkbox"/> HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste b(x)6-2 LtCol, MC, USAF	DATE Date 17 Jun 2003
	SIGNATURE Signature b(x)6-2	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (Hour, day, month) Date de décès (l'heure, le jour, le mois, l'année) 13 Jun 2003	PLACE OF DEATH Lieu de décès Iraq	

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

NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire b(x)6-2	TITLE OR DEGREE Titre ou diplôme First Chief Deputy Medical Examiner
GRADE Grade LtCol	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902
DATE Date 14 May 04	SIGNATURE Signature b(x)6-2

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

**DD FORM 2064**  
1 APR 77

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

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) 0X6-4		GRADE Grade	BRANCH OF SERVICE Arme
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance 07 Jan 1957
RACE Race		MARITAL STATUS État Civil	SEX Sexe
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input checked="" type="checkbox"/> MALE Masculin
<input type="checkbox"/> NEGROID Negride	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> FEMALE Féminin
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf	PROTESTANT Protestant	OTHER (Specify) Autre (Spécifier)
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit	
STREET ADDRESS Domicilié à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only once cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort <sup>1</sup>		Blunt Force Injuries and Asphyxia	
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives <sup>2</sup>			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste 0X6-2 CDR, MC, USN		
<input checked="" type="checkbox"/> HOMICIDE Homicide	SIGNA 0X6-2	DATE Date 11 Jan 2004	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, l'année) 09 Jan 2004		PLACE OF DEATH Lieu de décès Al Asad, 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 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 0X6-2		TITLE OR DEGREE Titre ou diplôme Chief Deputy Medical Examiner	
GRADE Grade CDR	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902		
DATE Date 13 MAY 2004	SIGNA 0X6-2		
<sup>1</sup> State disease, injury or complication which caused death. <sup>2</sup> State conditions contributing to the death, but not the cause of death. <sup>1</sup> Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc. <sup>2</sup> Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.			

DD FORM 2064  
1 APR 77

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

**CERTIFICATE OF DEATH (OVERSEAS)**

Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) (b)(6)-4		GRADE Grade	BRANCH OF SERVICE Armée	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Nègre	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant <input type="checkbox"/> CATHOLIC Catholique <input type="checkbox"/> JEWISH Juif <input type="checkbox"/> OTHER (Specify) Autre (Spécifier)
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		

**MEDICAL STATEMENT Déclaration médicale**

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

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input type="checkbox"/> NATURAL Mort naturelle <input checked="" type="checkbox"/> ACCIDENT Mort accidentelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)-2 MAJ, MC, USA	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
<input type="checkbox"/> HOMICIDE Homicide	DATE Date 23 Oct 2003	
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) 22 Aug 2003	PLACE OF DEATH Lieu de décès Iraq	

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.  
J'ai examiné les restes mortels du défunt 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)-2	TITLE OR DEGREE Titre ou diplôme Deputy Medical Examiner
GRADE Grade MAJ	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902
DATE Date 12 May 2004	

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

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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) bX(1)-4		GRADE Grade	BRANCH OF SERVICE Armée Iraqi Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS Etat Civil		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique		SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant
NEGROID Nègre		MARRIED Marié		CATHOLIC Catholique
OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf	SEPARATED Séparé	JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		

**MEDICAL STATEMENT - Déclaration médicale**

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

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
ACCIDENT Mort accidentelle		
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste bX(1)-2 MAJ, MC, USA	
HOMICIDE Homicide	bX(1)-2	DATE Date 28 Feb 2004
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) 08 Feb 2004		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
PLACE OF DEATH Lieu de décès Tikrit, 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 bX(1)-2	TITLE OR DEGREE Titre ou diplôme Deputy Medical Examiner
GRADE Grade MAJ	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902
DATE Date 13 MAY 04	bX(1)-2

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

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

NAME OF DECEASED (Last, First, Middle) Nom du défunt (Nom et prénoms) (b)(6)-4		GRADE Grade	BRANCH OF SERVICE Armée Iraq Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance 01 Jan 1950	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique		SINGLE Célibataire	DIVORCED Divorcé	OTHER (Specify) Autre (Spécifier)
NEGROID Nègre		MARRIED Marié	SEPARATED Séparé	
OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf	SEPARATED Séparé	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du défunt avec le susdit		
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		

**MEDICAL STATEMENT Déclaration médicale**

CAUSE OF DEATH (Enter only once cause per line) Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort		Acute Peritonitis secondary to Perforating Gastric Ulcer
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives <sup>2</sup>		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
ACCIDENT Mort accidentelle		
SUICIDE Suicide		
HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)-2 MAJ, MC, USA	DATE Date 28 Feb 2004
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) 19 Feb 2004	PLACE OF DEATH Lieu de décès Abu Ghraib Prison, Iraq	AVIATION ACCIDENT Accident à Avion <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 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)-2	TITLE OR DEGREE Titre ou diplôme Deputy Medical Examiner
GRADE Grade MAJ	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902
DATE Date 13 MAY 04	(b)(6)-2

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

**DD FORM 1 APR 77 2064**

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

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED <sup>(b)(6)-(4)</sup> <i>(First, Middle, Last)</i> Nom du décédé (Nom et prénoms)		GRADE <i>Grade</i>	BRANCH OF SERVICE <i>Arme</i>
ORGANIZATION <i>Organisation</i> Detainee in Iraq		NATION <i>(e.g., United States)</i> Pays Iraq	DATE OF BIRTH <i>Date de naissance</i> 06 Dec 1948
RACE <i>Race</i>		MARITAL STATUS <i>État Civil</i>	RELIGION <i>Culte</i>
<input checked="" type="checkbox"/> CAUCASOID <i>Caucasique</i>	<input type="checkbox"/> SINGLE <i>Célibataire</i>	<input type="checkbox"/> DIVORCED <i>Divorcé</i>	<input type="checkbox"/> PROTESTANT <i>Protestant</i>
<input type="checkbox"/> NEGROID <i>Négre</i>	<input type="checkbox"/> MARRIED <i>Marié</i>	<input type="checkbox"/> SEPARATED <i>Séparé</i>	<input type="checkbox"/> CATHOLIC <i>Catholique</i>
<input type="checkbox"/> OTHER (Specify) <i>Autre (Spécifier)</i>	<input type="checkbox"/> WIDOWED <i>Veuf</i>	<input type="checkbox"/> JEWISH <i>Juit</i>	<input type="checkbox"/> OTHER (Specify) <i>Autre (Spécifier)</i>
NAME OF NEXT OF KIN <i>Nom du plus proche parent</i>		RELATIONSHIP TO DECEASED <i>Parenté du décédé avec le susdit</i>	
STREET ADDRESS <i>Domicilié à (Rue)</i>		CITY OR TOWN AND STATE <i>(Include ZIP Code) Ville (Code postal compris)</i>	
MEDICAL STATEMENT <i>Déclaration médicale</i>			
CAUSE OF DEATH <i>(Enter only once cause per line)</i> <i>Cause du décès (N'indiquer qu'une cause par ligne)</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Intervalle entre l'attaque et le décès</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> <i>Maladie ou condition directement responsable de la mort</i>			Atherosclerotic Cardiovascular Disease
ANTECEDENT CAUSES <i>Symptômes précurseurs de la mort.</i>	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE <i>Condition morbide, s'il y a lieu, menant à la cause primaire</i>		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE <i>Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire</i>		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> <i>Autres conditions significatives</i>			
MODE OF DEATH <i>Condition de décès</i>	AUTOPSY PERFORMED <i>Autopsie effectuée</i> <input checked="" type="checkbox"/> YES <i>Oui</i> <input type="checkbox"/> NO <i>Non</i>	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES <i>Circonstances de la mort suscitées par des causes extérieures</i>	
<input checked="" type="checkbox"/> NATURAL <i>Mort naturelle</i>	MAJOR FINDINGS OF AUTOPSY <i>Conclusions principales de l'autopsie</i>		
<input type="checkbox"/> ACCIDENT <i>Mort accidentelle</i>	NAME OF PATHOLOGIST <i>Nom du pathologiste</i> <sup>(b)(6)-(2)</sup> CDR, MC, USN		
<input type="checkbox"/> SUICIDE <i>Suicide</i>	<sup>(b)(6)-(2)</sup>	DATE <i>Date</i> 10 Mar 2004	AVIATION ACCIDENT <i>Accident à Avion</i> <input type="checkbox"/> YES <i>Oui</i> <input checked="" type="checkbox"/> NO <i>Non</i>
<input type="checkbox"/> HOMICIDE <i>Homicide</i>	<sup>(b)(6)-(2)</sup>		
DATE OF DEATH <i>(Hour, day, month, year)</i> <i>Date de décès (l'heure, le jour, le mois, l'année)</i> 08 Mar 2004		PLACE OF DEATH <i>Lieu de décès</i> Baghdad, Iraq	
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. <i>J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.</i>			
NAME OF MEDICAL OFFICER <i>Nom du médecin militaire ou du médecin sanitaire</i> <sup>(b)(6)-(2)</sup>		TITLE OR DEGREE <i>Titre ou diplôme</i> Chief Deputy Medical Examiner	
GRADE <i>Grade</i> CDR	INSTALLATION OR ADDRESS <i>Installation ou adresse</i> Dover AFB, DE 19902		
DATE <i>Date</i> 13 MAY 2004	SIGNATURE <i>Signature</i> <sup>(b)(6)-(2)</sup>		
<sup>1</sup> State disease, injury or complication which caused <sup>2</sup> State conditions contributing to the death, but not necessarily the cause of death <sup>3</sup> Préciser la nature de la maladie, de la blessure ou de la complication <sup>4</sup> Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.			

DD FORM 2064

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

MEDCOM - 184



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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) (b)(6)-4		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Nègre		<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> JEWISH Juif	<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (include ZIP Code) Ville (Code postal compris)		

**MEDICAL STATEMENT Déclaration médicale**

CAUSE OF DEATH (Enter only once cause per line) Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort <sup>1</sup>		Massive hemoptysis due to tuberculosis
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives <sup>2</sup>		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle		
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)-2 CAPT, MC, USN	
<input type="checkbox"/> HOMICIDE Homicide	DATE Date 13 Jul 2003	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (Hour, Date de décès (l'heure, le jour, le mois, l'année) 12 Jul 2003	PLACE OF DEATH Lieu de décès Iraq	

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.  
J'ai examiné les restes mortels du dé 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)-2	TITLE OR DEGREE Titre ou diplôme Armed Forces Medical Examiner
GRADE Grade CDR	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902
DATE Date 14 MAY 04	(b)(6)-2 (b)(6)-2 COR MC USN AFMTE

<sup>1</sup> State disease, injury or complication which caused death, but not related to the disease or condition causing death.  
<sup>2</sup> Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du cœur, etc.  
<sup>3</sup> Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du défunt (Nom et prénoms) b(6)-4		GRADE Grade Arme	BRANCH OF SERVICE Arme
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance
RACE Race		MARITAL STATUS État Civil	RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Nègre	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> JEWISH Juif	<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du défunt avec le susdit	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT - Déclaration médicale			
CAUSE OF DEATH (Enter only once cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort. <sup>1</sup>			Undetermined atraumatic cause
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives <sup>2</sup>			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED: Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste b(x)-2 COL, MC, USA		
<input type="checkbox"/> HOMICIDE Homicide	b(x)-2	DATE Date 24 Aug 2003	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (Hour) Date de décès (l'heure) 07 Aug 2003	PLACE OF DEATH Lieu de décès Diwania, Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt 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(x)-2		TITLE OR DEGREE Titre ou diplôme Armed Forces Medical Examiner	
GRADE Grade CDR	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902		
DATE Date 14 MAY 04	b(x)-2 CDR MC USA AFME		
<sup>1</sup> State disease, injury or complication which caused the death, but which was not the primary cause of death. <sup>2</sup> State conditions contributing to the death, but which were not the primary cause of death.			

DD FORM 1 APR 77 2064

REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-RIPAS, 26 SEP 75, WHICH ARE OBSOLETE.

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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) b(x)-4		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race	MARITAL STATUS État Civil		RELIGION Culte	
<input checked="" type="checkbox"/> CAUCASOID Caucasicus	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant	OTHER (Specify) Autre (Spécifier)
<input type="checkbox"/> NEGROID Negride	<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"/> WIDDED Veuf	<input type="checkbox"/> JEWISH Juif		
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicilié à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		

**MEDICAL STATEMENT Déclaration médicale**

CAUSE OF DEATH (Enter only once cause per line) Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort. <sup>1</sup>		Atherosclerotic cardiovascular disease complicated by diabetes
ANTECEDENT CAUSES  Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives <sup>2</sup>		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle		
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste b(x)-2 COL, MC, USA	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
<input type="checkbox"/> HOMICIDE Homicide	DATE Date 24 Aug 2003	
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) 08 Aug 2003	PLACE OF DEATH Lieu de décès Abu Ghurayb Prison, Iraq	

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.  
J'ai examiné les restes mortels du défunct et 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(x)-2	TITLE OR DEGREE Titre ou diplôme Armed Forces Medical Examiner
GRADE Grade CDR	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902
DATE Date 14 MAY 04	<b>CDR MC USN AFME</b>

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

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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) D(X)B-4		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Negride	<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"/> WIDOWED Veuf	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/>			<input type="checkbox"/> JEWISH Juif	<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		

**MEDICAL STATEMENT Déclaration médicale**

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

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures.
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle		
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste D(X)B-2 MAJ, MC, USA	DATE Date 23 Aug 2003
<input type="checkbox"/> HOMICIDE Homicide		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non

DATE OF DEATH (Hour, Date de décès (l'heure, le jour, le mois, l'année) 11 Aug 2003	PLACE OF DEATH Lieu de décès Abu Ghraib Prison, 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 D(X)B-2	TITLE OR DEGREE Titre ou diplôme Deputy Medical Examiner
GRADE Grade MAJ	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902 D(X)B-2
DATE Date 12 May 2004	

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

**DD FORM 2064**  
1 APR 77

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

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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) (b)(6)-4		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Nègre	<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"/> CATHOLIC Catholique	<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)
<input type="checkbox"/> WIDOWED Veuf	NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		

**MEDICAL STATEMENT Déclaration médicale**

CAUSE OF DEATH (Enter only once causa per line) Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort <sup>1</sup>		Arteriosclerotic Cardiovascular Disease
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives <sup>2</sup>		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)-2 MAJ, MC, USA	
<input type="checkbox"/> SUICIDE Suicide	DATE Date 25 Aug 2003	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
<input type="checkbox"/> HOMICIDE Homicide	DATE OF DEATH (Hour, Date de décès (l'heure, le jour, le mois, l'année) 13 Aug 2003	PLACE OF DEATH Lieu de décès Abu Ghraib, Iraq

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE  
J'ai examiné les restes mortels du défunct et 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)-2	TITLE OR DEGREE Titre ou diplôme Deputy Medical Examiner
GRADE Grade MAJ	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902
DATE Date 12 Aug 2004	(b)(6)-2

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

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) <small>(Nom du décédé (Nom et prénoms))</small> <small>(b)(6)-4</small>		GRADE <small>Grade</small>	BRANCH OF SERVICE <small>Arme</small>
ORGANIZATION <small>Organisation</small> Detainee in Iraq		NATION (e.g., United States) <small>Pays</small> Iraq	DATE OF BIRTH <small>Date de naissance</small>
RACE <small>Race</small>		MARITAL STATUS <small>État Civil</small>	RELIGION <small>Culte</small>
<input checked="" type="checkbox"/> CAUCASOID <small>Caucasique</small>	<input type="checkbox"/> SINGLE <small>Célibataire</small>	<input type="checkbox"/> DIVORCED <small>Divorcé</small>	<input type="checkbox"/> PROTESTANT <small>Protestant</small>
<input type="checkbox"/> NEGROID <small>Négride</small>	<input type="checkbox"/> MARRIED <small>Marié</small>	<input type="checkbox"/> SEPARATED <small>Séparé</small>	<input type="checkbox"/> CATHOLIC <small>Catholique</small>
<input type="checkbox"/> OTHER (Specify) <small>Autre (Spécifier)</small>	<input type="checkbox"/> WIDOWED <small>Veuf</small>	<input type="checkbox"/> JEWISH <small>Juit</small>	<input type="checkbox"/> OTHER (Specify) <small>Autre (Spécifier)</small>
NAME OF NEXT OF KIN <small>Nom du plus proche parent</small>		RELATIONSHIP TO DECEASED <small>Parenté du décédé avec le susdit</small>	
STREET ADDRESS <small>Domicilié à (Rue)</small>		CITY OR TOWN AND STATE (Include ZIP Code) <small>Ville (Code postal compris)</small>	
MEDICAL STATEMENT <small>Déclaration médicale</small>			
CAUSE OF DEATH (Enter only once cause per line) <small>Cause du décès (N'indiquer qu'une cause par ligne)</small>			INTERVAL BETWEEN ONSET AND DEATH <small>Intervalle entre l'attaque et le décès</small>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> <small>Maladie ou condition directement responsable de la mort<sup>1</sup></small> Arteriosclerotic Cardiovascular Disease			
ANTECEDENT CAUSES <small>Symptômes précurseurs de la mort.</small>	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE <small>Condition morbide, s'il y a lieu, menant à la cause primaire</small>		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE <small>Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire</small>		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> <small>Autres conditions significatives<sup>2</sup></small>			
MODE OF DEATH <small>Condition de décès</small>	AUTOPSY PERFORMED <small>Autopsie effectuée</small> <input checked="" type="checkbox"/> YES <small>Oui</small> <input type="checkbox"/> NO <small>Non</small>	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES <small>Circonstances de la mort suscitées par des causes extérieures</small>	
<input checked="" type="checkbox"/> NATURAL <small>Mort naturelle</small>	MAJOR FINDINGS OF AUTOPSY <small>Conclusions principales de l'autopsie</small>		
<input type="checkbox"/> ACCIDENT <small>Mort accidentelle</small>	NAME OF PATHOLOGIST <small>Nom du pathologiste</small> <small>(b)(6)-2</small> MAJ. MC. USA <small>(b)(6)-2</small>		
<input type="checkbox"/> SUICIDE <small>Suicide</small>	<input type="checkbox"/> HOMICIDE <small>Homicide</small>	DATE <small>Date</small> 22 Aug 2003	AVIATION ACCIDENT <small>Accident à Avion</small> <input type="checkbox"/> YES <small>Oui</small> <input checked="" type="checkbox"/> NO <small>Non</small>
DATE OF DEATH (Hour, day, month, year) <small>Date de décès (l'heure, le jour, le mois, l'année)</small> 20 Aug 2003		PLACE OF DEATH <small>Lieu de décès</small> Abu Ghraib Prison, Iraq	
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE <small>J'ai examiné les restes mortels du défunct je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus</small>			
NAME OF MEDICAL OFFICER <small>Nom du médecin militaire ou du médecin sanitaire</small> <small>(b)(6)-2</small>		TITLE OR DEGREE <small>Titre ou diplôme</small> Deputy Medical Examiner	
GRADE <small>Grade</small> MAJ	INSTALLATION OR ADDRESS <small>Installation ou adresse</small> Dover AFB, DE 19902		
DATE <small>Date</small> 12 May 2004	<small>(b)(6)-2</small>		
<sup>1</sup> State disease, injury or complication which caused death, but not mode or way such as heart failure, etc. <sup>2</sup> State conditions contributing to the death, but not related to the disease or condition causing death. <sup>1</sup> Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du cœur, etc. <sup>2</sup> Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie, ou à la condition qui a provoqué la mort			

DD FORM 2064

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

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)					
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) 0x0-4		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale	
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance 01 Jan 1941	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin	
RACE Race		MARITAL STATUS État Civil		RELIGION Culte	
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant	<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)
<input type="checkbox"/> NEGROID Nègre		<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> JEWISH Juif	<input type="checkbox"/> JEWISH Juif	
NAME OF NEXT OF KIN Nom du plus proche parent			RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicilié à (Rue)			CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		
MEDICAL STATEMENT Déclaration médicale					
CAUSE OF DEATH (Enter only once cause per line) Cause du décès (N'indiquer qu'une cause par ligne)				INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort.		Atherosclerotic Cardiovascular Disease Resulting in Cardiac Tamponade			
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire				
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire				
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives <sup>2</sup>					
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures		
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie				
<input type="checkbox"/> ACCIDENT Mort accidentelle					
<input type="checkbox"/> SUICIDE Suicide					
<input type="checkbox"/> HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste 0x0-2 CDR MC USN	DATE Date 11 Jan 2004	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non		
DATE OF DEATH (Hour) Date de décès (Heure) 08 Jan 2004	PLACE OF DEATH Lieu de décès Abu Ghraib, Iraq				
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.					
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire 0x0-2			TITLE OR DEGREE Titre ou diplôme Chief Deputy Medical Examiner		
GRADE Grade CDR	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB DE 19902				
DATE Date 13 MAY 2004	SIGNATURE 0x0-2				
<sup>1</sup> State disease, injury or complication which causes death. <sup>2</sup> State conditions contributing to the death, but not the cause of death. <sup>3</sup> Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.		*un arrêt du coeur, etc			

DD FORM 2064  
1 APR 77

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

MEDCOM - 191

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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) b(6)-4		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasiqne	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant	OTHER (Specify) Autre (Spécifier)
<input type="checkbox"/> NEGROID Nègre	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> JEWISH Juif		
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		

**MEDICAL STATEMENT Déclaration médicale**

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

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle		
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste b(6)-2 CAPT, MC, USN	
<input type="checkbox"/> HOMICIDE Homicide	DATE Date 02 Feb 2004	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (Hour, Day, Month, Year) Date de décès (Heure, jour, mois, année) 16 Jan 2004	PLACE OF DEATH Lieu de décès Iraq	

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.  
J'ai examiné les restes mortels du dé (untel) 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)-2	TITLE OR DEGREE Titre ou diplôme Armed Forces Medical Examiner
GRADE Grade CDR	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902
DATE Date 14 JAN 2004	SIGNATURE CAPT MC USN AFMC

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



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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)		GRADE Grade	BRANCH OF SERVICE Armée	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation		NATION (i.e., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS Etat civil		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Négré	<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<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"/> WIDOWED Veuf	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> PROTESTANT Protestant
				<input type="checkbox"/> CATHOLIC Catholique
				<input type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le next of kin		
STREET ADDRESS Domicile à l'étranger		CITY OR TOWN AND STATE (include ZIP Code) Ville (Code postal compris)		
MEDICAL STATEMENT Déclaration médicale				
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)				INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE Intervalle entre l'écoulement et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort				SECONDS
SHOTGUN WOUNDS OF THE CHEST				
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire			
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives				
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort survenues 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	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie			
<input type="checkbox"/> SUICIDE Suicide	DATE AND PLACE OF DEATH Date et lieu de décès			
<input checked="" type="checkbox"/> HOMICIDE Homicide	18 AUGUST 2004 BAGHDAD, IRAQ		AVIATION ACCIDENT Accident d'avion <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 CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je certifie 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 qualifié		TITLE OR DEGREE Titre ou diplôme		
CDR, MC, USN		CHIEF DEPUTY MEDICAL EXAMINER		
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse			
CDR, MC, USN	OFFICE OF THE ARMED FORCES MEDICAL EXAMINER			
DATE Date	SIGNATURE Signature			
30 AUG 2004				
1. State disease, injury or complication which caused death. 2. State conditions contributing to the death, but not the primary cause. 3. Precise the nature of the disease, of the injury or of the condition which contributed to the death.				

DD FORM 2064 1 APR 77

REPLACES AF FORM 715, MAR 69, WHICH IS OBSOLETE.

# Detainee Autopsy Summary

23-Sep-04

04-629 [b)(6)-4] **Death:** 8/18/2004  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
8/30/2004 [b)(6)-2] Abu Ghraib Prelim 8/30/2004

**Manner:** Homicide **COD:** Shotgun wound of the head

**Circumstances:** A group of prisoners at Abu Ghraib became unruly and the guards used lethal force to subdue the crowd. A shotgun was fired, killing the detainee.

04-630 [b)(6)-4] **Death:** 8/18/2004  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
8/30/2004 [b)(6)-2] Abu Ghraib Prelim 8/30/2004

**Manner:** Homicide **COD:** Shotgun wound of the chest

**Circumstances:** A group of prisoners at Abu Ghraib became unruly and the guards used lethal force to subdue the crowd. A shotgun was fired, killing the detainee.

04-434 [b)(6)-4] **Death:** 6/14/2004  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
6/19/2004 [b)(6)-2] Abu Ghraib Pending 6/23/2004

**Manner:** Pending **COD:** Pending

**Circumstances:** Made gasping sounds, found unconscious with no pulse.

04-435 [b)(6)-4] **Death:** 6/10/2004  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
6/19/2004 [b)(6)-2] Abu Ghraib Pending 6/23/2004

**Manner:** Natural **COD:** Atherosclerotic cardiovascular disease

**Circumstances:** Collapsed while speaking to other detainees.

# Detainee Autopsy Summary

23-Sep-04

04-386 [b)(6)-4] **Death:** 5/22/2004  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
6/1/2004 [b)(6)-2] Abu Ghraib Prelim 6/7/2004

**Manner:** Natural **COD:** Atherosclerotic cardiovascular disease

**Circumstances:** Died in US custody

04-387 [b)(6)-4] **Death:** 5/10/2004  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
6/1/2004 [b)(6)-2] Abu Ghraib Prelim 6/14/2004

**Manner:** Natural **COD:** Peritonitis of undetermined etiology

**Circumstances:**

04-388 [b)(6)-4] **Death:** 5/24/2004  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
6/1/2004 [b)(6)-2] Balad, Iraq Prelim 6/16/2004

**Manner:** Homicide **COD:** Gunshot wound of abdomen  
(Combat-related)

**Circumstances:** Iraqi male was shot in a firefight and died of wounds.

04-357 [b)(6)-4] **Death:** 4/28/2004  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
5/18/2004 [b)(6)-2] Baghdad, Ira Prelim 6/2/2004

**Manner:** Homicide **COD:** Multiple gunshot wounds

**Circumstances:** Pending

# Detainee Autopsy Summary

23-Sep-04

04-358 [b)(6)-4] **Death:** 5/11/2004  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
5/18/2004 [b)(6)-2] Abu Ghraib Prelim 6/2/2004

**Manner:** Natural **COD:** Severe atherosclerotic cardiovascular disease

**Circumstances:** Suspected MI

04-309 [b)(6)-4] **Death:** 4/5/2004  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
4/26/2004 [b)(6)-2] LSA Diamon Pending 5/14/2004

**Manner:** Pending **COD:** Pending

**Circumstances:** Q by NSWT, struggled/interrogated/died sleeping

04-110 [b)(6)-4] **Death:** 3/8/2004  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
3/10/2004 [b)(6)-2] Camp Cropp Final 5/13/2004

**Manner:** Natural **COD:** ASCVD

**Circumstances:** Reported to medics with chest pain

04-100 [b)(6)-4] **Death:** 2/7/2004  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
2/28/2004 [b)(6)-2] FOB Ironhor Prelim 5/13/2004

**Manner:** Natural **COD:** ASCVD

**Circumstances:** Found in bed during headcount unresponsive

# Detainee Autopsy Summary

23-Sep-04

04-101 [b)(6)-4] **Death:** 2/19/2004  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
2/28/2004 [b)(6)-2] Abu Ghraib Prelim 5/13/2004

**Manner:** Natural **COD:** Acute Peritonitis secondary to gastric ulcer

**Circumstances:** Other detainees reported him in distress, unresponsive

04-038 [b)(6)-4] **Death:** 1/16/2004  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
2/2/2004 [b)(6)-2] Abu Ghraib Final 5/14/2004

**Manner:** Natural **COD:** Myocarditis

**Circumstances:** Collapsed during morning prayers

04-012 [b)(6)-4] **Death:** 1/8/2004  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
1/11/2004 [b)(6)-2] Abu Ghraib Final 5/13/2004

**Manner:** Natural **COD:** CV Disease

**Circumstances:** Brought to MPs by other Iraqis unresponsive

04-014 [b)(6)-4] **Death:** 1/9/2004  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
1/11/2004 [b)(6)-2] FOB Rifles, Final 5/13/2004

**Manner:** Homicide **COD:** Blunt force injuries & asphyxia

**Circumstances:** Q. by OGA, gagged in standing restraint

# Detainee Autopsy Summary

23-Sep-04

03-571 (b)(6)-4  **Death:** 11/26/2003  
**Date Autopsy** **Med. Examiner** **Location** **Autopsy Report:** **Date DC Signed**  
12/2/2003 (b)(6)-2  FOB Tiger, Final 5/12/2004

**Manner:** Homicide **COD:** Asphyxia due to smothering & chest compression

**Circumstances:** Q by MI, died during interrogation

A03-144 (b)(6)-4  **Death:** 6/11/2003  
**Date Autopsy** **Med. Examiner** **Location** **Autopsy Report:** **Date DC Signed**  
11/13/2003 (b)(6)-2  FOB Geresh Final 11/13/2003

**Manner:** Homicide **COD:** Blunt force injuries complicated by rhabdomyolysis

**Circumstances:** Found unresponsive while under guard by Afghan Mil forces

03-504 (b)(6)-4  **Death:** 11/4/2003  
**Date Autopsy** **Med. Examiner** **Location** **Autopsy Report:** **Date DC Signed**  
11/9/2003 (b)(6)-2  Abu Ghraib Final 5/13/2004

**Manner:** Homicide **COD:** Blunt Force Injury complicated by compromised respiration

**Circumstances:** Q by OGA and NSWT died during interrogation

03-367A (b)(6)-4  **Death:** 8/22/2003  
**Date Autopsy** **Med. Examiner** **Location** **Autopsy Report:** **Date DC Signed**  
10/23/2003 (b)(6)-2  Camp Sathe Final 5/12/2004

**Manner:** Accident **COD:** Heat Stroke

**Circumstances:** Found on ground in EPW Camp, Body temp 102

Thursday, September 23, 2004

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# Detainee Autopsy Summary

23-Sep-04

03-368 [b](6)-4 **Death:** 8/13/2003  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
8/25/2003 [b](6)-2 Abu Ghraib Final 5/12/2004

**Manner:** Natural **COD:** ASCVD

**Circumstances:** Brought to MPs by other Iraqis unresponsive

03-385 [b](6)-4 **Death:** 8/7/2003  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
8/24/2003 [b](6)-2 Diwania, Iraq Final 5/14/2004

**Manner:** Natural **COD:** Undetermined atraumatic cause

**Circumstances:** Distress during transport by 115th MP - later died

03-386 [b](6)-4 **Death:** 8/8/2003  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
8/24/2003 [b](6)-2 Abu Ghraib Final 5/14/2004

**Manner:** Natural **COD:** ASCVD/Diabetes

**Circumstances:** Chest pain following a fast.

03-369 [b](6)-4 **Death:** 8/20/2003  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
8/22/2003 [b](6)-2 Abu Ghraib Final 5/12/2004

**Manner:** Natural **COD:** ASCVD

**Circumstances:** Taken to medics gasping for air

Thursday, September 23, 2004

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# Detainee Autopsy Summary

23-Sep-04

03-366B [b)(6)-4] **Death:** 8/11/2003  
**Date Autopsy** **Med. Examiner** **Location** **Autopsy Report:** **Date DC Signed**  
8/11/2003 [b)(6)-2] Abu Ghraib Final 5/12/2004

**Manner:** Natural **COD:** ASCVD

**Circumstances:** No history

03-349B [b)(6)-4] **Death:** 7/12/2003  
**Date Autopsy** **Med. Examiner** **Location** **Autopsy Report:** **Date DC Signed**  
7/13/2003 [b)(6)-2] Camp Cropp Final 5/14/2004

**Manner:** Natural **COD:** Massive hemoptysis due to tuberculosis

**Circumstances:** Pulmonary hemorrhage from TB

03-273 [b)(6)-4] **Death:** 6/13/2003  
**Date Autopsy** **Med. Examiner** **Location** **Autopsy Report:** **Date DC Signed**  
6/17/2003 [b)(6)-2] Abu Ghraib Final 5/14/2004

**Manner:** Homicide **COD:** Closed head Injury; Cortical brain contusion and subdural hematoma

**Circumstances:** Died 12 hrs post escape attempt - subdued by force

A03-051 [b)(6)-4] **Death:** 6/6/2003  
**Date Autopsy** **Med. Examiner** **Location** **Autopsy Report:** **Date DC Signed**  
6/10/2003 [b)(6)-2] Nasiriyah, Ir Final 6/10/2003

**Manner:** Homicide **COD:** Strangulation

**Circumstances:** Found unresponsive outside isolation unit



# Detainee Autopsy Summary

23-Sep-04

A02-095 [b)(6)-4] **Death:** 12/10/2002  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
12/13/2002 [b)(6)-2] Bagram, Afg Final 12/13/2002

**Manner:** Homicide **COD:** Blunt force injuries to lower extremities complicating coronary artery disease

**Circumstances:** Found unresponsive in his cell.

A02-093 [b)(6)-4] **Death:** 12/3/2002  
**Date Autopsy Med. Examiner Location Autopsy Report: Date DC Signed**  
12/8/2002 [b)(6)-2] Bagram, Afg Final 12/14/2002

**Manner:** Homicide **COD:** Pulmonary embolism due to blunt force injuries to the legs

**Circumstances:** Found unresponsive, restrained in his cell

# 6 "Unnatural Causes"

Case #	Circumstances	Autopsy Done?	Investigation / Disposition
A03-51	1 strangulation Found outside isolation unit	Yes	
03-273	1 closed head injury; Died 12 hrs after escape attempt	Yes	
03-504	1 blunt force trauma and choking Died during interrogation	Yes	
03-571	1 blunt force trauma and choking Died during interrogation	Yes	
04-014	1 blunt force trauma and choking Gagged in standing restraint	Yes	
None	1 gunshot wound to abdomen: "Shot without provocation"	No/not reported	

- A) Death Certificates: Natural / Iraq 11
- B) Death Certificates: Accident / Iraq 1
- C) Death Certificates: Homicide / Iraq 5
- D) Death Certificates: Pending / Iraq 1
- E) Death Certificates: Homicide / Afghanistan 3
- F) Autopsy Reports: Natural / Iraq 11
- G) Autopsy Reports: Accident / Iraq 1
- H) Autopsy Reports: Homicide / Iraq 5
- I) Autopsy Reports: Homicide / Afghanistan 3