



Office of the Armed Forces Regional Medical Examiner
Landstuhl Regional Medical Center
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FINAL AUTOPSY REPORT
(Addendum)

Name: b(6)-4
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 4th and 5th 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

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LTC(P), MC, USA

ARMED FORCES REGIONAL MEDICAL EXAMINER

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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.

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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 ¼ inch elongated red-purple contusion. A 2 x 1 inch irregular abrasion is on the left flank. On the right lateral buttock, is a 4 x 4 inch irregular abrasion with the suggestion of a "brush burn" pattern. A 4 ¼ x 3 inch irregular red-purple contusion is on the left postero-lateral buttock. On the left lower posterior-lateral buttock is a ¼ inch greatest dimension abrasion.

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

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

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

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

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

AFIP Accession No.: 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

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LTC(P), MC, USA
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15 SEP 03