

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 (b)(6)-4	
<input type="checkbox"/> CONSULTATION SHEET (SF 512)	<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)(3)-1	
<input type="checkbox"/> PROGRESS NOTE (SF 509)		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  
 LANDSTUHL 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"/>	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

A02-93

(b)(6)-4

**I. POSTMORTEM EXAMINATION:**

**A. GENERAL:** The postmortem examination is performed in the mortuary affairs tent in Bagram Airfield, Afghanistan 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, Afghanistan.

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 MG, LTC (b)(6)-2 (b)(6)-7 (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.

A02-93

(b)(7)-4

**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.

**A02-93**

(b)(6)-4

**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.

A02-93

(b)(6)-4

**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.

A02-93

b7C-D

**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, ½ inch in greatest dimension is on the right upper forehead. On the right lower forehead above the eyebrow is a ¼ inch greatest dimension irregular crusted abrasion. Multiple irregular red-purple patchy contusions are on the right cheek covering an area of 1 ½ inches. On the prominence of the lower nose is a ½ x ¼ inch irregular crusted abrasion. On the left upper forehead just adjacent to the midline is a 1 x ¼ inch elongated crusted abrasion. To the left of this is a ½ x 1/8 inch elongated crusted abrasion. A ¾ x ½ 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 ¼ x ¼ inches with ½ 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 x ¼ 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 x 3/8 inch vertically oblique elongated abrasion. A ¼ inch greatest dimension faint gray-purple contusion is in the right lower chest. Three ovoid ¼ 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 ½ inches. This extends as a curvilinear abraded contusion to the left, along the costal margin across the

A02-93

b(6)-4

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  $2 \frac{1}{2} \times \frac{3}{4}$  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  $2 \frac{1}{2} \times \frac{3}{4}$  inches. A  $\frac{3}{4} \times \frac{1}{2}$  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.



A02-93

b(6)-4

**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.

A02-93

(b)(6)-1

**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.

21 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

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
ORGANIZATION Organisation BCP, BAGRAM AIR FIELD, AFGHANISTAN		NATION (e.g., United States) Pays AFGHANISTAN	DATE OF BIRTH Date de naissance APPROX 1974
RACE Race		MARITAL STATUS État Civil	RELIGION Culte
CAUCASOID Caucasique	SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant
NEGROID Nègre	MARRIED Marié	SEPARATED Séparé	CATHOLIC Catholique
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) PASHTUN	WIDOWED Veuf		<input checked="" type="checkbox"/> MUSLIM
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit	
STREET ADDRESS Domicile à (Rue)		CITY 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 <sup>1</sup> 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 <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 WAS FOUND UNRESPONSIVE IN HIS CELL WHILE IN CUSTODY	
ACCIDENT Mort accidentelle			
SUICIDE Suicide			
HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste LTC (P), MC, USA	DATE Date 8 DEC 02	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)	Lieu de décès		
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 la suite des causes énumérées ci dessus			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire LTC (P), MC, USA		TITLE OR DEGREE Titre ou diplôme ARMED FORCES REGIONAL MEDICAL EXAMINER	
GRADE Grade LTC (P)	INSTALLATION OR ADDRESS Installation ou adresse LANDSTUHL REGIONAL MEDICAL CENTER		
DATE Date 14 DEC 02	(b)(6)-2		
<sup>1</sup> State disease, injury or complication which <sup>2</sup> State conditions contributing to the death. It <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.			