



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
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FINAL AUTOPSY REPORT

Name: (b)(6)-4
US Detainee #: (b)(6)-4
Date of Birth: 01 JAN 1960
Date of Death: 28 APR 2004
Date of Autopsy: 18 MAY 2004
Date of Report: 18 JUN 2004

Autopsy No.: ME 04- 357
AFIP No.: 2929205
Rank: Iraqi National
Place of Death: Baghdad, Iraq
Place of Autopsy: LSA Anaconda
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. (b)(6)-4 sustained gunshot wounds during the firefight and was transported to the (b)(3)-1 (b)(3)-1 for medical treatment. 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 (b)(3)-1 (b)(3)-1 Iraq)

CAUSE OF DEATH: Multiple Gunshot Wounds with Complications

MANNER OF DEATH: Homicide

FINAL AUTOPSY DIAGNOSES:

- I. Multiple Gunshot Wounds (5)**
 - A. Gunshot Wound of the Left Axilla**
 - a. Entrance: Left axilla with no evidence of close range discharge of a fire arm on the surrounding skin**
 - b. 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**
 - c. No Exit**
 - d. Recovered: a portion of copper colored, medium caliber jacket and a portion of metal projectile core**
 - e. Wound Direction: Front to back, left to right and upward**
 - f. Associated Injuries: hemorrhage of the soft tissues of the chest and neck**

 - B. Gunshot Wound of the Left Hip**
 - a. Entrance: Left hip with no evidence of close range discharge of a firearm on the surrounding skin**
 - b. Wound Path: Skin, subcutis and muscle of the left lateral hip, left iliac bone, deep muscles of the pelvis**
 - c. No exit**
 - d. Recovered: a deformed irregular portion of copper colored projectile jacket**
 - e. Wound Direction: Left to right with minimal front to back or vertical direction**
 - f. Associated Injuries: Comminuted (shattered) fractures of the left iliac bone, hemorrhage of the pelvic muscles and contusions of the sigmoid colon**

 - C. Graze Gunshot Wound of the Left Ankle and Foot**
 - a. No evidence of close range discharge of a firearm on the surrounding skin**
 - b. Direction undetermined**
 - c. Associated open fracture of the left 5th metatarsal bone**

 - D. Graze Gunshot Wound of the Left Arm**
 - a. No evidence of close range discharge of a firearm on the surrounding skin**
 - b. Direction undetermined**

 - E. Graze Gunshot Wound of the Left Forearm**
 - a. No evidence of close range discharge of a firearm on the surrounding skin**
 - b. Direction undetermined**
 - c. Associated fracture of the left radius**

(b)(6)-4

- II. Moderate decomposition
- III. Status post Exploratory Laporatomy and Cricothyrotomy
- IV. Severe pulmonary congestion; pneumonia by clinical history
- V. Toxicology: positive for mixed volatiles consistent with postmortem decomposition; negative for drugs of abuse (see page 7)

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished 69-inch tall, 170 pounds (estimated) Caucasian male whose appearance is consistent with the reported age of 44 years. Lividity is obscured by changes of moderate decomposition, which include green discoloration of the skin of the anterior and posterior torso and prominent, diffuse skin slippage of the posterior torso. There is a moderate collection of purge fluid on the posterior aspects of the torso and lower extremities. On the left side of the lower abdomen and thigh are areas of prominent skin slippage and splitting of the soft tissues. Rigor has passed, and the temperature of the decedent is cold, that of the refrigeration unit.

The scalp is covered with dark brown hair in a normal distribution. Posterior scalp slippage secondary to decomposition is noted. There is prominent clouding of the cornea however the irides are brown and the pupils appear equal. The external auditory canals are free of abnormal secretions and blood. The external ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. Facial hair consists of a full, dark brown beard.

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 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. Injuries to the torso and extremities will be described below in the evidence of injury section. There are no significant identifying body marks such as tattoos and significant scars are not present. A toe tag is affixed to the right great toe and is inscribed Abu Ghraib

(b)(6)-4

CLOTHING AND PERSONAL EFFECTS

The deceased is unclad. There are no clothing items or personal effects accompanying the body at the time of autopsy.

MEDICAL INTERVENTION

- A 1-inch, midline cricothyrotomy incision is located in the midline of the anterior neck situated over cricothyroid cartilage
- Electrocardiogram monitoring pads are on the anterior chest and abdomen
- A vertical 6-inch sutured incision is on the mid abdomen extending from the umbilicus to the pubic symphysis
- A blue plaster cast covers the left mid arm and forearm
- A 3 x 2-inch area of ecchymosis with small puncture marks is on the right antecubital fossa consistent with previous intravenous therapy

RADIOGRAPHS

Postmortem radiographs are obtained and reflect the injuries as described in the autopsy report. Projectile fragments are visualized in the soft tissues of the left side of the neck and the left hip.

EVIDENCE OF INJURY

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

I. Multiple Gunshot wounds

A. Gunshot Wound of the Left Axilla

There is a gunshot entrance wound on the left axilla situated 15-inches below the top of the head and 8-inches left of the anterior midline. The wound is a $\frac{3}{4}$ x $\frac{1}{4}$ -inch lacerated defect. The external appearance of the gunshot wound is altered by moderate decomposition of the tissue surrounding the entrance wound. There is no evidence of close range discharge of a firearm on the surrounding skin. The bullet perforates the skin, subcutaneous tissue and muscle of the lateral aspect of the left side of the chest and passes under the left clavicle into the soft tissue of the left side of the neck. Injury to vital structures of the neck and chest are not demonstrated. Recovered from the deep strap muscles of the left side of the neck is a $\frac{1}{2}$ -inch portion of irregularly shaped, copper-colored projectile jacket and a $\frac{1}{4}$ -inch irregularly shaped core fragment. The wound direction is front to back, left to right, and upward. Associated with the wound path is extensive soft tissue hemorrhage of the muscles of the left chest wall and soft tissues of the left side of the neck.

B. Gunshot Wound of the Left hip

There is a gunshot entrance wound on the left side of the hip situated 30-inches below the top of the head and 6 $\frac{1}{2}$ -inches left of the anterior midline. The wound is an oval $\frac{3}{4}$ x $\frac{1}{2}$ -inch defect. Moderate decomposition of the tissues surrounding the entrance wound precludes determination of additional characteristics of the entrance wound. There is no evidence of close range discharge of a firearm on the surrounding skin. The bullet perforates the skin, subcutaneous tissue, and muscle of the left hip and perforates the anterior aspect of the left iliac bone, resulting in shattered fractures. The projectile continues into the deep muscles of the pelvis and left psoas muscle where a $\frac{1}{2}$ -inch

portion of irregularly shaped, copper-colored projectile jacket is recovered. The wound direction is from left to right with minimal back to front or vertical deviation. Associated injuries include scattered contusions of the sigmoid colon.

C. Grazed Gunshot Wound of the Left Ankle

On the dorsal aspect of the left ankle extending to the dorsal-lateral aspect of the distal foot is a 5 x 1 ½-inch grazing defect. The projectile causes injury to the skin and subcutaneous tissue of the ankle and foot and causes fractures the left 5th metatarsal bone. No bullet or bullet fragments are recovered from within the wound. The wound direction is undetermined. There is no evidence of close range discharge of a firearm on the surrounding skin.

D. Graze Gunshot Wound of the Left Arm

There is a graze gunshot wound of the anterior-medial aspect of the mid left arm situated 7-inches below the top of the left shoulder. The wound is an oblique 4 x 1-inch grazing laceration. There is no evidence of close range discharge of a firearm on the surrounding skin and directionality is undetermined. Injuries to vital structures of the arm are not demonstrated. The location and characteristics of the graze gunshot wound to the left arm make it likely that a single projectile grazed the arm and re-entered the axilla (GSW A).

E. Graze Gunshot Wound of the Left Forearm

There is a graze gunshot wound on the anterior-lateral aspect of the left forearm situated 17- inches below the top of the shoulder. The wound is a 2 x 1-inch lacerated defect. There is no evidence of close range discharge of a firearm on the surrounding skin and directionality of the wound path is undetermined. Associated with wound is fracture of the radius. The location and characteristics of the graze wound to the left forearm make it likely that a single projectile grazed the forearm and reentered the left hip (GSW B).

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. The brain weighs 1450 gm and has unremarkable gyri and sulci. The brain parenchyma is extremely soft secondary to decomposition however; coronal sections demonstrate no 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:

Injuries to the neck have been described. Otherwise, the anterior strap muscles of the neck are red-brown and unremarkable. The thyroid cartilage and hyoid bone are intact.

(b)(6)-4

The larynx is lined by unremarkable mucosa. The thyroid gland is symmetric and red-brown. 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 40 ml of the decomposition fluid in each pleural cavity. The pericardial and peritoneal cavities are unremarkable. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 800 and 700 gm, respectively. There are bilateral pleural adhesions. The external surfaces of the lungs are deep red-purple. The pulmonary parenchyma is markedly 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 minimal 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 1.3 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 1400 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 5 ml of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 200 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is markedly softened secondary to decomposition.

PANCREAS:

The pancreas has undergone marked autolytic change, however the lobular architecture is maintained. No mass lesions or other abnormalities are seen.

ADRENALS GLANDS:

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 160 and 170 gm, respectively. The external surfaces are intact and smooth. The cut surfaces are brown and congested, with uniformly thick

(b)(6)-4

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:

Injury to the sigmoid colon has been described. The esophagus is intact and lined by grey mucosa. The stomach is empty. 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 (b)(6)-2 OAFME
- Projectile fragments are turned directly over to SA (b)(6)-1
- Specimens retained for toxicologic testing and/or DNA identification are: cavity blood, lung, liver, spleen, kidney, brain, bile, heart blood, psoas muscle
- The dissected organs are forwarded with body
- Attending the autopsy are SA (b)(6)-1 (b)(3)-1
- Personal effects are released to the appropriate mortuary operations representatives

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin, with preparation of the following histologic slides:

Lungs: marked hemorrhagic edema, advanced decomposition preclude further histologic assessment

Liver: advanced decomposition preclude histologic assessment

TOXICOLOGY

AFIP Accession Number (b)(6)-4 Dated 10 June 2004

Volatiles: Blood and Bile-mixed volatiles: mg/dL

Blood- Acetaldehyde 10; Ethanol 53; 1-Propanol trace

Bile- Acetaldehyde 5; Ethanol 52; 1-Propanol trace

Drugs: Blood-drugs of abuse are not detected; Meperidine 0.11 mg/L; Normeperidine 0.37 mg/L; Acetaminophen 13 mg/L

(b)(6)-4

OPINION

This 44-year-old male, (b)(6)-4 died of complications from multiple gunshot wounds. The gunshot wound to the left side of the hip caused bleeding into the soft tissues and fractured the hipbone resulting in internal bleeding. The gunshot wound to the left axilla caused extensive hemorrhage into the soft tissue of the chest and neck. Clinically, the history of Klebsiella pneumonia complicated the hospital course. The manner of death is Homicide.