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

Name: (b)(6)-4
SSAN: (b)(6)-4
Date of Birth: Unknown
Date of Death: 18 AUG 2004
Date of Autopsy: 30 AUG 2004
Date of Report: 12 OCT 2004

Autopsy No.: ME04-630
AFIP No.: 2940933
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 (b)(6)-4

CAUSE OF DEATH: Shotgun Wound of the Chest

MANNER OF DEATH: Homicide

FINAL AUTOPSY DIAGNOSES:

I. Shotgun Wounds of the Torso 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 9th 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 2nd 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 and back to front (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**

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 negative for ethanol and drugs of abuse**

EXTERNAL EXAMINATION

The remains are received clad in a cut away green shirt and white, boxer type shorts. No identification band is noted on the body, but the sequence of numbers (b)(6)-4 is written on the lower chest left of the anterior midline. The body is in an early to moderate state of decomposition, with changes that include clouding of the corneae, loss of turgor of the globes of the eyes, marbling of the soft tissue, and generalized skin slippage. Bloody fluid is present in the oral cavity.

The body is that of a well-developed, well-nourished appearing, 70 ½-inches, 180-pounds (estimated), White male. The age of the individual is unknown. Lividity is posterior and fixed, except in areas exposed to pressure. Rigor has passed. The body temperature is that of the refrigeration unit.

The scalp is covered with medium length, black hair in a normal distribution. Facial hair consists of a black beard. The irides are brown and the pupils are round and equal in diameter. The external ears are unremarkable. The nose and maxillae are palpably stable. The teeth are natural and in fair condition.

The neck is mobile and the trachea is midline. The chest is symmetric. The abdomen is flat. The external genitalia are those of a normal adult, circumcised, male. Both testes are descended into the scrotum. Pubic hair is present in a normal distribution. There is no evidence of external trauma to the urogenital area. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are intact. No tattoos or other significant identifying body marks are noted.

EVIDENCE OF MEDICAL INTERVENTION

- Electrocardiogram monitoring pads on both sides of the upper chest and on the left lower quadrant of the abdomen
- Gauze dressing is tied around the wrists and feet

RADIOGRAPHS

Full body radiographs are obtained and show a metallic foreign body on the right side of the upper torso.

EVIDENCE OF INJURY

I. Shotgun Wounds of the Torso and Both Arms

A. Penetrating Shotgun Wound of the Chest

There is an entrance shotgun wound on the left side of the back, situated 18-inches below the top of the head and 3 ½-inches left of the posterior midline. No soot deposition or gunpowder stippling is present on the surrounding skin. The 3/16-inch wound has a 1/8-inch marginal abrasion between 5 and 8 o'clock. The wound path goes through the skin, subcutaneous tissue, and muscle of the left side

of the back and enters the pleural cavity through the posterior aspect of the left 9th rib, which is fractured. The path then continues through the lower lobe of the left lung, the pericardium, both atria of the heart, the pericardium, and the upper lobe of the right lung. The wound path then exits the right pleural cavity below the anterior aspect of the right 2nd rib and perforates the chest wall musculature. A deformed, metallic projectile is recovered from the subcutaneous tissue of the right upper chest. The projectile is placed in a labeled container and turned over to the investigating USACID agent. Injuries associated with the wound path include bilateral hemothoraces (right 1400 milliliters; left 2100-milliliters) and hemopericardium (50-milliliters). The direction of the wound path is left to right, back to front, and upward.

B. Perforating Shotgun Wound of the Right Upper Back
There is an entrance shotgun wound on the right upper back, situated 16-inches below the top of the head and 7 1/8-inches right of the posterior midline of the body. The 5/16-inch wound has a ½ x 5/8-inch eccentric marginal abrasion between 6 and 12 o'clock. No soot deposition or gunpowder stippling is present on the surrounding skin. The wound path goes through skin and subcutaneous tissue prior to exiting the body through a ¼-inch skin defect situated 15-inches below the top of the head and 8-inches right of the posterior midline. A ¼ x ¼-inch eccentric marginal abrasion is present between 12 and 6 o'clock. No bullet or bullet fragments are recovered. The direction of the wound path is left to right and slightly upward.

C. Perforating Shotgun Wound of the Right Arm
There is an entrance shotgun wound on the posterior aspect of the right arm, situated 6-inches below the top of the right shoulder and 2-inches medial of the posterior midline of the right arm. The 1/4-inch, irregular, defect is surrounded by a minimal ring of contusion. No soot deposition or gunpowder stippling is present on the surrounding skin. The wound path goes through the skin, subcutaneous tissue, and muscle of the posterior right arm and the muscle, subcutaneous tissue, and skin of the anterior right arm. A ¼-inch exit wound within a 1 ½ x 1-inch area of contusion is situated 6-inches below the top of the right shoulder and 1 ¾-inches lateral to the anterior midline of the right arm. No bullet or bullet fragments are recovered. The direction of the wound path is left to right and back to front.

D. Perforating Shotgun Wound of the Left Arm
There is an entrance shotgun wound on the posterior aspect of the left arm, situated 5-inches below the top of the left shoulder and 2-inches medial to the posterior midline of the left arm. The 1/4-inch, irregular, ovoid defect has no associated abrasion or contusion. No soot deposition or gunpowder stippling is present on the surrounding skin. The wound path goes through the skin, subcutaneous tissue, and muscle of the posterior left arm and the muscle, subcutaneous tissue, and skin of the anterior left arm. A ¼-inch exit wound within a 1-inch area of contusion is situated 7 1/4-inches below the top of the left

shoulder and ¼-inch medial to the anterior midline of the left arm. No bullet or bullet fragments are recovered. The direction of the wound path is left to right, back to front, and downward.

INTERNAL EXAMINATION

HEAD:
The scalp is uninjured. There are no skull fractures or other evidence of significant trauma present. The calvarium is removed to demonstrate an absence of epidural or subdural hemorrhage. Examination of the brain reveals a normal pattern of gyri and sulci. Serial sectioning reveals no evidence of traumatic or atraumatic abnormalities. The vessels at the base of the brain have a normal distribution and appearance. The brain weighs 1380-grams.

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 ribs, sternum, and vertebral bodies are visibly and palpably intact. Injuries to the chest and mediastinum have been described previously. There is no abnormal accumulation of fluid in the peritoneal cavity. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:
The right and left lungs weigh 320 and 180-grams, respectively, and have the previously described injuries. The external surfaces are deep red-purple. No mass lesions or areas of consolidation are present. The pulmonary arteries are free of emboli.

CARDIOVASCULAR SYSTEM:
The 310-gram heart has the previously described injuries. 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 1.4 and 0.5-centimeters thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:
The 1450-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 is empty. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:
The 180-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is soft, maroon, and congested, with early decompositional changes.

PANCREAS:
The pancreas exhibits early to moderate decompositional changes.

ADRENAL GLANDS:
The right and left adrenal glands are symmetric, with yellow cortices, gray medullae, and early decompositional changes. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:
The right and left kidneys weigh 140 and 110-grams, 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 urinary bladder contains 150-milliliters of light yellow urine.

GASTROINTESTINAL TRACT:
The esophagus is intact and lined by smooth, hemorrhagic appearing mucosa. The stomach contains approximately 100-milliliters food particles, including beans and rice. 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.

MICROSCOPIC EXAMINATION

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

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by OAFME staff photographer, (b)(6)-2 (b)(6)-2
- Specimens retained for toxicologic testing and/or DNA identification are: cavity blood, 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
- The dissected organs and clothing are forwarded with body

OPINION

This White male detainee in U.S. custody died as a result of a shotgun wound to the chest that caused injury to the lungs and heart. There was also extensive bleeding into the chest cavity. A metallic projectile was recovered from the subcutaneous tissue of the right upper chest and turned over to the USACID Agent who was present at the autopsy. Additional shotgun wound paths involved the right upper back and both arms. The location and appearance of the wound paths involving the right upper back and right arm make it likely that a single projectile resulted in both wounds, with re-entry of the projectile into the right arm after exiting the right back. The manner of death is homicide.