



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
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Rockville, MD 20850
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FINAL AUTOPSY REPORT

Name: Al-Jamadi, Manadel
SSAN: N/A
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

K9-1

Al-Jamadi, Manadel

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**

K9-2

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 1/4-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 1/4-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 1/4-inch irregularly shaped scar is on the left lower back. A vertical 3/4 x 1/4-inch scar is on the upper aspect of the right buttock. A 1 x 1/4-inch vertical scar is present on the left buttock. There is an oblique 3 x 1/4-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 1/4-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 1/2-inch scar. On the dorsal aspect of the left foot is a 1x 1/2-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.

K9-3

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 1/4 x 3/4-inch contusion is on the right side of the face, lateral to right eye. There is a 3/4 x 1/4-inch contusion on the left side of the nose, immediately adjacent to the left medial canthus. A 1/4 x 1/4-inch round contusion is on the right lower lip. There is a 1 x 1/2-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 1/4-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 3/4 x 3/4-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

K9-4

Al-Jamadi, Manadel

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 1/2-inches. Immediately inferior to this is a 2 1/2 x 1/2-inch contusion and the most inferior contusion, located at the mid anterior thigh, measures 4 x 1/2-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 1/2 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 1/2-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 1/2-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 1/4-inch linear horizontal contusion and on the back of the right wrist is 2 x 1/4-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 3/4-inch contusion, extending to the left thumb. On the back of the left wrist is a 2 1/4 x 1/2-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 1/2 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

K9-5

Al-Jamadi, Manadel

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.

K9-6

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]
- Attending the autopsy is Special Agent [REDACTED]
- 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

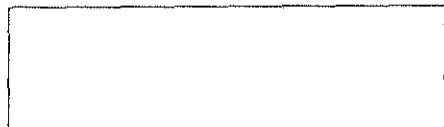
Cyanide: Blood- negative

Drugs of abuse: Blood-negative

K9-7

OPINION

Manadel Al-Jamadi, 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. Al-Jamadi 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. Al-Jamadi 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.



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K9-8