ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
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Rockville, MD 20850
1-800-944-7912

FINAL AUTOPSY EXAMINATION REPORT

Name: Ghafar, Husham N.
SSAN: Detainee Number (b)(6)
Date of Birth: Unknown
Date of Death: (b)(6) 2004
Date of Autopsy: 30 AUG 2004
Date of Report: 12 OCT 2004

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
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)

CAUSE OF DEATH: Shotgun Wound of the Head

MANNER OF DEATH: Homicide

FINAL AUTOPSY DIAGNOSES:

I. **Shotgun Wound of the Head**

   A. **Penetrating Shotgun Wound of the Head**
      1. **Entrance: Right side of the back of the head; no evidence of close-range discharge of a firearm on the surrounding scalp**
      2. **Wound Path: Right parietal-occipital scalp, parietal-occipital skull, right cerebrum, left cerebrum**
      3. **Recovered: Deformed metallic foreign body located between the medial aspect of the left frontal lobe and the overlying dura**
      4. **Wound Direction: Right to left, back to front, and upward**
      5. **Associated Injuries: Subgaleal, subdural and subarachnoid hemorrhages, bilateral basilar skull fractures, cerebral contusions, and bone fragments along the hemorrhagic wound path**

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 given to the investigating agent who was present at the autopsy**

V. **Toxicology is positive for morphine at a concentration of 0.23 mg/L in the blood. No ethanol or other drugs of abuse are detected.**

EXTERNAL EXAMINATION

The remains are received without clothing. No identification bands are present on the body. The unclad body is that of a well-developed, well-nourished appearing, 69-inches, 140-pounds (estimated), White male. The age of the individual is not known. Lividity is posterior and fixed, except in areas exposed to pressure. Rigor has passed. The body temperature is that of the refrigeration unit. Early to moderate decomposition changes are present, including mild skin slippage, prominent vascular marbling, and clouding of the corneae.

The scalp is covered with medium length, brown hair in a normal distribution. Facial hair consists of a beard and mustache. 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. Bloody fluid is present in the nares. 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 male. Pubic hair is shaved. There is no evidence of external trauma to the urogenital area. The buttocks and anus are unremarkable. There are areas of hypopigmentation present on the lower trunk and the extremities.

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are intact. No tattoos or significant identifying body marks are present. Black writing is present on both sides of the chest; (b)(6) is on the right side and a series of illegible numbers is on the left side.

EVIDENCE OF MEDICAL INTERVENTION

- Vascular access devices in the left arm, both antecubital fossae, and the left subclavian area
- Oral-gastric intubation
- Endotracheal intubation
- Foley catheterization
- Electrocardiogram monitoring pads on the upper right chest and the left hip
- Contusion over the sternum, consistent with cardiopulmonary resuscitation

RADIOGRAPHS

Full body radiographs are obtained and show a metallic foreign body in the head.

EVIDENCE OF INJURY

I. Shotgun Wound of the Head

There is a penetrating ballistic entrance wound on the right side of the back of the head, situated 4 3/8-inches below the top of the head and 2 ¼-inches right of the posterior midline. The ovoid wound is ¼ x 3/16-inches, with a 1/16-inch marginal

abrasion from the 3 to 6 o'clock positions. No soot deposition or gunpowder stippling is present on the surrounding skin. The wound path goes through the occipital scalp and includes a 5/16 x 3/8-inch defect in the right side of the occipital bone, with appropriate beveling. The wound path through the brain perforates the right occipital, right parietal, and both frontal lobes. A slightly deformed, round, metallic projectile is recovered from the dura overlying the medial aspect of the left frontal lobe of the brain at the anterior midline. The projectile is placed in a labeled container and turned over to the investigating USACID agent present at the autopsy. The wound direction is right to left, back to front, and upward. Injuries associated with the wound path include fine linear fractures extending across the middle fossae of the basilar skull, a 1-inch linear fracture of the occipital bone extending from the 4 o'clock position of the entrance wound skull defect, and subgaleal, subdural, and subarachnoid hemorrhages. Scattered cerebral contusions and bone fragments along the hemorrhagic wound path are also present.

INTERNAL EXAMINATION

HEAD:
Injuries of the head have been described previously. The vessels at the base of the brain have a normal distribution and appearance. The brain weighs 1150-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. Both pleural cavities contain 100-milliliters of decomposition fluid and the pericardial sac contains 20-milliliters of decomposition fluid. 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 580 and 550-grams, respectively. The external surfaces are smooth and deep red-purple, with moderate anthracotic mottling. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present. The pulmonary arteries are unremarkable.

CARDIOVASCULAR SYSTEM:
The 220-gram 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. The myocardium is homogenous, red-brown, and soft, with early decompositional changes. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.1 and 0.3-centimeters thick, respectively. The endocardium is smooth. The aorta gives rise to three intact and patent arch vessels. Fatty streaking of the aorta is noted. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:
The 1050-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture and changes of early decomposition. No mass lesions or other abnormalities are seen. The gallbladder contains 15-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:
The 240-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is soft, maroon, and congested, with changes of early decomposition.

PANCREAS:
The pancreas has the usual lobular architecture and early decompositional changes. No mass lesions or other abnormalities are seen.

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

GENITOURINARY SYSTEM:
The right and left kidneys weigh 150 and 120-grams, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and distinct 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 is empty. The prostate gland is unremarkable. The testes have no masses and exhibit no evidence of trauma.

GASTROINTESTINAL TRACT:
The esophagus is intact and lined by smooth, hemorrhagic appearing mucosa. The stomach contains approximately 70-milliliters of dark brown fluid. 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) (b)(6)
- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, spleen, liver, brain, bile, lung, kidney, adipose, and psoas muscle
- Full body radiographs are obtained and demonstrate the metallic foreign body subsequently recovered from the brain
- The dissected organs are forwarded with body

OPINION

This White male detainee in U.S. custody died as a result of a shotgun wound of the head that caused injury to the skull and brain. Toxicology was positive for morphine, which was likely the result of medical therapy received prior to death. One metallic projectile was recovered from the head and turned over to the investigating USACID agent who was present at the autopsy. The manner of death is homicide.

(b)(6)

(b)(6) **Medical Examiner** (b)(6)

DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

REPLY TO ATTENTION OF

AFIP: (b)(6)

TO:

OFFICE OF THE ARMED FORCES MEDICAL EXAMINER
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

PATIENT IDENTIFICATION
AFIP Accessions Number Sequence
(b)(6)
Name
GHAFAR, HUSHAM N. (b)(6)
SSAN: Autopsy: (b)(6)
Toxicology Accession #: (b)(6)
Date Report Generated: September 27, 2004

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS **REPORT OF TOXICOLOGICAL EXAMINATION**

Condition of Specimens: GOOD
Date of Incident: (b)(6) 2004 **Date Received:** 9/7/2004

VOLATILES: The **BLOOD AND BILE** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

DRUGS: The **BLOOD** was screened for acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, salicylates, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

Positive Opiate: Morphine was detected in the blood by immunoassay and confirmed by gas chromatography/mass spectrometry. The blood contained 0.23 mg/L of morphine as quantitated by gas chromatography/mass spectrometry.

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