



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
Office of the Armed Forces Medical Examiner  
1413 Research Blvd., Bldg. 102  
Rockville, MD 20850  
1-800-944-7912



**FINAL AUTOPSY EXAMINATION REPORT**

**Name:** BTB Kadr, Mohammed M.

**Detainee Number:** (b)(6)

**Date of Birth:** (b)(6) 1976

**Date of Death:** (b)(6) 2005

**Date of Autopsy:** 3 MAY 2005

**Date of Report:** 24 MAY 2005

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

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

**Rank:** Civilian/Detainee

**Place of Death:** Iraq

**Place of Autopsy:** Port Mortuary,  
Dover AFB, DE

**Circumstances of Death:** This 29-year-old Iraqi male was killed during an altercation at the Camp Bucca, Iraq detainee facility. According to the investigative information available, a fight had broken out between two groups of inmates.

**Authorization for Autopsy:** Armed Forces Medical Examiner, per 10 U.S. Code 1471

**Identification:** Presumptive identification is accomplished via accompanying paperwork and the detainee identification number provided. A postmortem dental examination and fingerprinting is performed and a DNA sample is taken during the autopsy, but antemortem specimens are not available for comparison.

**CAUSE OF DEATH:** Blunt Force Injuries of the Head and Sharp Force Injuries of the Neck

**MANNER OF DEATH:** Homicide

**FINAL AUTOPSY DIAGNOSES:**

**I. Blunt Force Injuries**

**A. Injuries of the Head**

1. Deep stellate laceration of the scalp, with underlying comminuted fracture of the calvarium
2. Two linear lacerations of the scalp that extend to the skull
3. Multiple lacerations of the face
4. Comminuted fractures of the basilar skull, with lacerations of the inferior aspect of the brain and subarachnoid hemorrhage
5. Laceration over the left eye, associated with fractures of the left orbit and left zygomatic bone
6. Comminuted fracture of the left maxilla; lacerations of the alveolar tissue above teeth 9 and 10
7. Fracture of the mandible, associated with separation between teeth 24 and 25
8. Laceration/avulsion of the helix and lobe of the left ear

**B. Injuries of the Torso**

1. Large, horizontal abraded-contusions across the lower chest and upper abdomen
2. Multiple large contusions and abraded-contusions of the right upper chest, back, right flank, and right buttock
3. Multiple small contusions, abrasions, and contused-abrasions of the torso

**C. Injuries of the Extremities**

1. Multiple abrasions, contusions, and contused-abrasions of the upper extremities, becoming confluent in some locations
2. Multiple abrasions, contusions, and contused-abrasions of the lower extremities, becoming confluent in some locations

**II. Sharp Force Injuries**

- A. Penetrating wound (stab wound) of the upper, lateral, left side of the neck through skin, subcutaneous tissue, and muscle (situated 7 ¼-inches below the top of the head and 6-inches left of the anterior midline; irregular 5/16-inch puncture wound)
- B. Penetrating wound (stab wound) of the lower, anterior-lateral, left side of the neck through skin, subcutaneous tissue, and muscle, with transection of the external jugular vein (situated 10-inches below the top of the head and 1 ¼-inches left of the anterior midline; ¼-inch puncture wound)

- C. Penetrating wound (stab wound) of the chin, through skin, subcutaneous tissue and muscle (situated 9 ½-inches below the top of the head and 1 ½-inches left of the anterior midline; 15/16 x ¼-inch curvilinear avulsion of skin and soft tissue)
  - D. Superficial cutting wound (1-inch in length) of the palm of the right hand
- II. Atherosclerotic cardiovascular disease, focally moderate
  - III. Prominent steatosis of the liver
  - IV. Toxicology is negative for screened drugs of abuse, ethanol, and cyanide. The carboxyhemoglobin level is 4 percent.

### EXTERNAL EXAMINATION

The remains are received clad only in blue shorts. A ball cap accompanies the body. The body is that of a well-developed, well-nourished appearing, 66-inches, 170-pounds male, whose appearance is consistent with the reported age of 29 years. Lividity is fixed on the posterior surface of the body, except in areas exposed to pressure. Rigor is present but passing and there are signs of early decomposition changes, including patchy blue-green discoloration of soft tissue and marbling. The body temperature is that of the refrigeration unit.

The scalp is covered by long (averages 7-inches), black hair. The corneae are cloudy. The sclerae are unremarkable, without petechial hemorrhages. The irides are brown and the pupils are round and equal in diameter. The head and face are remarkable for injuries that will be described. The teeth are natural and in fair condition, with injuries that will be described. Facial hair consists of a black mustache and beard stubble.

The neck is mobile and the trachea is midline. The chest is symmetric. The abdomen is scaphoid. The external 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 remarkable only for injuries that will be described.

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are intact. Identifying body marks include two circular areas of atrophic skin, each averaging 1 ¼-inches in diameter, on the posterior left leg and on the right lower back/flank. (b)(6) ; tattoo (b)(6)  
(b)(6)

### MEDICAL INTERVENTION

There is no evidence of medical intervention on the body at the time of the autopsy.

### RADIOGRAPHS

Total body postmortem radiographs are obtained and demonstrate the injuries as described and no recoverable metallic foreign objects.

### EVIDENCE OF INJURY

#### **I. Multiple Blunt Force Injuries**

##### **A. Injuries of the Head and Neck**

There is a 1 ¼-inch laceration on the left side of the forehead, above the left eye, that extends to underlying skull. A ½-inch laceration is over the right eye and inferior to the eyebrow. There is marked periorbital ecchymosis. A 1 ¼ x ½-inch abrasion is on the lower left side of the face with a small, irregular laceration of the adjacent upper lip and an additional ¼-inch laceration lateral to the abrasion. The skin above the upper lip is abraded. Three lacerations are on the occiput and top of the head. The largest is a 4 ¼ x 2 ½-inch stellate wound. The other wounds are two linear lacerations, 3-inches and 1 ½-inches in length. A 1 ½-inch jagged laceration has resulted in avulsive loss of part of the helix of the left ear. There is a 1 ¼-inch laceration involving the lower left ear that extends through the earlobe. Fractures of

the left orbit and left zygomatic bone are noted. Comminuted fractures of the left maxilla are associated with lacerations of alveolar tissue above teeth 9 and 10. There is a displaced fracture of the mandible associated with separation between teeth 24 and 25. Reflection of the scalp reveals a 2 ½ x 2-inch area of subgaleal hemorrhage over the right temporal area and subgaleal hemorrhage covering the entire left temporal-parietal area. There is a ¼-inch laceration of the buccal aspect of the lower lip. Comminuted fractures involve both anterior fossae of the basilar skull, particularly on the left. There are fractures involving the right sphenoid wing and the left petrous ridge along with disruption of the sella area.

#### **B. Injuries of the Torso**

There is a 8 x 1 ½-inch pattern contusion on the right upper chest. A ¼-inch abrasion is on the mid upper chest/lower neck. There is a 3 x 1/8-inch abrasion on the left side of the chest. Inferior to that is a large area consisting of multiple punctate, superficial penetrating wounds and small abrasions. Three horizontally oriented, pattern contused-abrasions, each 8 x 1 ¼-inches, are on lower chest and abdomen. A 6 x 3-inch contused-abrasion is on the left upper back. There is a 1 ½ x 1/8-inch abrasion on the posterior right shoulder. A 1 ½ x 1-inch abrasion is on the right upper back. There is a 4 ½ x 4-inch contusion on the mid back, left of the posterior midline. A 7 ½ x 5-inch purple-red contusion is on the right mid back. There is a 6 x 4-inch contusion on the right lower back. A 3 ½ x 2-inch abraded-contusion is on the lower back, left of the posterior midline. Three contusions, up to 3 x ¾-inches in greatest dimensions, are on the right buttock. A 2 x 1-inch contusion is on the lateral left hip.

#### **C. Injuries of the Extremities**

There is a 3 ½ x 2-inch area of purple ecchymosis over the anterior right wrist. Multiple linear abraded-contusions, up to 2 ¼ x ½-inches in greatest dimensions, are on the posterior-lateral right arm. A 4 ½ x 2-inch abraded-contusion covers the posterior aspect of the right elbow. Two 1-inch contusions are on the posterior aspect of the right forearm. There is a 2 x 2 ½-inch contusion on the dorsal right hand. Nearly the entire anterior-lateral aspect of the left upper extremity is covered by ecchymosis. A 5 x 3-inch contusion is on the proximal, lateral left arm. Multiple small abrasions, up to ½-inch in greatest dimension, are on the posterior right upper extremity. Two abrasions, 1 ½ x ½-inches and ½ x ¼-inch, are on the posterior aspect of the right forearm.

Two abrasions and one abraded-contusion, up to 3 x 3-inches in greatest dimensions, are on the anterior aspect of the right lower extremity, beginning just above the knee. A 5 x 2-inch area of ecchymosis is on the lateral right thigh. There is a 3 x 2-inch contusion on the medial aspect of the left knee. Scattered small abrasions are on the anterior left leg. There is a 5 x 1 ½-inch contused-abrasion on that covers the left medial malleolus and adjacent areas of the left foot. A 3 x ½-inch abrasion is on the posterior-lateral left knee. There is a 2 x ½-inch abrasion on the proximal, posterior-lateral left leg.

## II. Sharp Force Injuries

### A. Stab Wound of the Upper, Lateral Left Side of the Neck

There is an irregular stab wound to the upper, lateral, left side of the neck, situated 7 ¼-inches below the top of the head and 6-inches left of the anterior midline. The 5/16-inch puncture wound goes through skin, subcutaneous tissue, and muscle to a depth of approximately ¼-inch, without a distinct sharp or dull margin. The wound path is directed left to right and slightly front to back.

### B. Stab Wound of the Lower, Anterior-Lateral, Left Side of the Neck

There is an irregular stab wound to the lower, anterior-lateral, left side of the neck, situated 10-inches below the top of the head and 1 ¾-inches left of the anterior midline. The ¼-inch puncture wound goes through skin, subcutaneous tissue, and muscle to a depth of approximately 1-inch, with transection of the external jugular vein. There is associated hemorrhage into the adjacent strap muscles of the left side of the neck. No sharp or dull margin can be appreciated. The wound path is directed left to right and slightly front to back.

### C. Stab Wound of the Chin,

There is an irregular stab wound to the chin, situated 9 ½-inches below the top of the head and 1 ½-inches left of the anterior midline. The wound is a 15/16 x ¼-inch curvilinear avulsion of skin and subcutaneous tissue only.

### D. Cutting Wound of the Right Hand

There is a superficial cutting wound on the palm of the right hand that is 1-inch in length and goes through skin and superficial subcutaneous tissue only.

## INTERNAL EXAMINATION

### HEAD:

The scalp, skull and brain have the previously described injuries. The brain weighs 1340-grams. No non-traumatic abnormalities are noted. The atlanto-occipital joint is stable.

### NECK:

The strap muscles of the anterior neck are homogenous and red-brown, with the previously described area of hemorrhage. 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 has no contusions or other injuries.

### BODY CAVITIES:

The sternum, and vertebral bodies are visibly and palpably intact. The rib injuries have been previously described. There is no excess accumulation of fluid in the left pleural or pericardial cavities. The organs occupy their usual anatomic positions.

**RESPIRATORY SYSTEM:**

The right and left lungs weigh 570 and 410-grams, respectively, and are diffusely congested. The external surfaces are deep red-purple, with moderate anthracotic mottling. Sectioning reveals no mass lesions or areas of consolidation present. The pulmonary arteries are unremarkable.

**CARDIOVASCULAR SYSTEM:**

The 340-gram heart is contained in an intact pericardial sac. The epicardial surface has minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. There is 50% luminal narrowing of the proximal left anterior descending coronary artery and 40% luminal narrowing of the left circumflex coronary artery. The right coronary artery is free of significant atherosclerosis. The thicknesses of the left ventricle, septum, and right ventricle are 1.2, 1.1, and 0.4-centimeters, respectively. Sectioning of the heart reveals normal appearing myocardium, chambers, and heart valves. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

**LIVER & BILIARY SYSTEM:**

The 2510-gram liver is intact. The parenchyma is yellow-tan, greasy, and congested with the usual lobular architecture. No mass lesions or other non-traumatic abnormalities are noted. The gallbladder contains 2-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**SPLEEN:**

The 90-gram spleen is uninjured. The parenchyma is maroon, firm, and slightly congested.

**PANCREAS:**

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

**ADRENAL GLANDS:**

The right and left adrenal glands are symmetric, with bright yellow cortices and gray medullae. There are no areas of hemorrhage or masses identified.

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 120 and 130-grams, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and slightly 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 contains 80-milliliters of light yellow urine. The prostate gland 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.

Autopsy (b)(6)

BTB Kadr, Mohammed M.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, gray-white mucosa. The gastric wall is intact. The stomach lumen contains 550-milliliters of partially digested food. 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.

**ADDITIONAL PROCEDURES/REMARKS**

- Documentary photographs are taken by OAFME staff photographers
- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, spleen, liver, brain, lung, bile, kidney, urine, adipose tissue, gastric contents, and psoas muscle
- Full body radiographs are obtained and demonstrate the injuries as described
- Selected portions of organs are retained in formalin, without preparation of histologic slides
- The dissected organs are forwarded with the body
- Personal effects are released to the mortuary affairs representative

**OPINION**

This Iraqi male detainee died as a result of blunt force injuries of the head and sharp force injuries of the neck sustained in a fight with other detainees at Camp Bucca. In addition to the lethal injuries, he sustained multiple blunt force injuries of the torso and extremities. Toxicology was negative for screened drugs of abuse, ethanol, and cyanide. Carboxyhemoglobin levels were not elevated. 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

KADR, MOHAMMED (b)(6)

SSAN:

Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: May 12, 2005

**CONSULTATION REPORT ON CONTRIBUTOR MATERIAL**

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident (b)(6) 2005

Date Received: 5/10/2005

**CARBON MONOXIDE:** The carboxyhemoglobin saturation in the blood was 4% as determined by spectrophotometry with a limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.

**CYANIDE:** There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

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

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

None were found.

(b)(6)

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CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Ouïr-Mor)			
NAME OF DECEASED (Last, First, Middle) Nom du défunt (Nom et prénoms) BTB Kadr, Mohammed		GRADE Grade Civilian	BRANCH OF SERVICE Armée Civilian
ORGANIZATION Organisation Iraqi Detainee		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1976
RACE Race		MARITAL STATUS État civil	RELIGION Confession
<input checked="" type="checkbox"/> CAUCASOID Caucasiens	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Négroïde	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du défunt avec le sujet	
STREET ADDRESS (Donnés à (Rue))		CITY OR TOWN AND STATE (Cité ou État) (Code postal complet)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Donner uniquement la cause officielle) Cause du décès (Ne lister qu'une seule cause officielle)			INTERVAL BETWEEN ONSET AND DEATH (Intervalle entre l'apparition et la cause)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort		Blunt force injuries of the head & sharp force injuries of the neck	Seconds
ANTECEDENT CAUSES Symptômes précedant la mort	MORIBUND CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause principale		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause principale		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
L'OOE OF DEATH Condition de décès	AUTOPSY PERFORMED Acceptable effectuée <input checked="" type="checkbox"/> YES OUI <input type="checkbox"/> NO NON	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort attribuées par les causes extérieures	
<input type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Description principale de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATROL OFFICER Nom du surveillant (b)(6)		
<input checked="" type="checkbox"/> HOMICIDE Homicide	(b)(6)	DATE Date 03 May 2005	AVIATION ACCIDENT Accident d'Avion <input type="checkbox"/> YES OUI <input checked="" type="checkbox"/> NO NON
DATE OF DEATH (Hour, day, month, year) Date de décès (heure, le jour, le mois, l'année) (b)(6) 2005	PLACE OF DEATH Lieu de décès Iraq		
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 cadavre et certifie que le décès est survenu à l'heure indiquée et à, in suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin civile (b)(6)		TITLE OR DEGREE Titre ou diplôme Medical Examiner	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19002		
DATE Date 3 May 2005	(b)(6)		
1. State disease, injury or condition from which 2. State conditions contributing to the death, if 1. Préciser la maladie ou le malade, de la blessure 2. Préciser les conditions qui a contribué à la mort		Autre de cause, etc.	

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REPLACES DA FORM 1365, 1 JAN 72 AND DA FORM 1365-R/PAS, 26 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0358

(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE 5/3/2005	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and County)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

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