



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 1-301-319-0000



FINAL AUTOPSY EXAMINATION REPORT

Name: FURAYH AL MEHLAWY,
 Muntasir Hamad
 SSAN: (b)(6)
 Date of Birth: (BTB) (b)(6) 1988
 Date of Death: (b)(6) 2006
 Date/Time of Autopsy: 4 Nov 2006 @ 1000
 Date of Report: 18 Jan 2007

Autopsy No.: (b)(6)
 AFIP No.: (b)(6)
 Rank: Iraqi Civilian Detainee
 Place of Death: Al Qailm, Iraq
 Place of Autopsy: Port Mortuary,
 Dover AFB, DE

Circumstances of Death: This 18 year-old Iraqi Civilian Detainee was found unresponsive on his sleeping mat after reportedly being strangled by another detainee.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471.

Identification: Presumptive identification is established by a wrist identification band. A DNA sample is taken for profile purposes if an exemplar becomes available for positive identification.

CAUSE OF DEATH: ASPHYXIATION DUE TO LIGATURE STRANGULATION

MANNER OF DEATH: HOMICIDE

FINAL AUTOPSY DIAGNOSES

- VI. Evidence of Ligature Strangulation**
- A. There is a circumferential, discontinuous superficial patterned abrasion on the neck demonstrating 1/16-inch periodicity, directed horizontally**
 - B. The abrasion crosses the superior 1/3 of the thyroid cartilage 10 ½-inches below the top of the head and extends on both sides of the neck, passing 1 ¼-inches below both ears, and measuring up to ½-inch in width**
 - C. The layer-wise anterior neck dissection demonstrates hemorrhage in the deep musculature (cricothyroid muscles), bilaterally**
 - D. Associated injuries**
 - 1. The hyoid bone and thyroid cartilage are intact**
 - 2. The posterior neck dissection demonstrates no injury to the underlying soft tissue**
 - 3. There is confluent petechiae in the valleculae of the larynx, bilaterally**
 - 4. Petechiae are present on the mucosa of the lower lip and the right and left bulbar and inferior palpebral conjunctivae**
 - 5. Congestion of both lungs (right lung 600-grams, left lung 500-grams) and froth in both mainstem bronchi**
- II. No significant natural disease is identified within the limitations of this examination**
- III. There is no evidence of medical therapy**
- IV. Identifying Body Marks or Tattoos**
- A. Scar, left upper chest, 1-inch**
 - B. Scar, left elbow, 1-inch**
- V. There is no evidence of physical abuse**
- VI. Toxicology (AFIP)**
- A. Volatiles: No ethanol is detected in the blood and bile**
 - B. Drugs: No drugs of abuse or medications are detected in the blood**
 - C. Carbon Monoxide: The carboxyhemoglobin saturation in the blood is less than 1%**
 - D. Cyanide: No cyanide is detected in the blood**

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, muscular, 70-inch, 126-pound male whose appearance is consistent with the reported age of 18 years. Lividity is fixed and posterior (except in areas exposed to pressure), rigor is absent, and the temperature is that of the refrigeration unit.

The scalp is covered with 3-inch brown hair in a normal distribution. The irides are brown, the corneae are cloudy and the pupils are round and equal in diameter. There are petechiae in both inferior palpebral conjunctivae and on both bulbar conjunctivae. The external auditory canals are clear, and the ears are unremarkable. The nares are patent. There are petechiae on the mucosa of the lower lip. The nose and maxillae are palpably stable. The teeth appear natural and in good condition.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric with a 1-inch scar on the upper left chest. The abdomen is flat with greenish discoloration. 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 posterior torso is unremarkable. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. There is a 1-inch scar on the left elbow.

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects are present on the body at the time of autopsy:

- Orange shirt and pants
- White boxer shorts
- White T-shirt

MEDICAL INTERVENTION

- There is no evidence of medical intervention

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the following:

- No fractures or metallic foreign bodies are identified

EVIDENCE OF INJURY

There is a circumferential, discontinuous superficial patterned abrasion on the neck demonstrating 1/16-inch periodicity that is directed horizontally. The abrasion crosses the superior one-third of the thyroid cartilage 10 ½-inches below the top of the head and then extends on both sides of the neck, passing 1 ¼-inches below each ear, measuring up to ½-inch in width. The layer-wise anterior neck dissection demonstrated hemorrhage in the deep musculature (cricothyroid muscles), bilaterally. The hyoid bone and thyroid cartilage were intact. The posterior neck dissection demonstrated no injury to the underlying soft tissue. The valleculae of the larynx demonstrate confluent petechiae, bilaterally. Petechiae were present on the inner lower lip, both sclerae, and both inferior conjunctivae.

INTERNAL EXAMINATION

HEAD AND CENTRAL NERVOUS SYSTEM:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1530-gram 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 injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

See "Evidence of Injury," above. 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. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 600 and 500-grams, respectively. The external surfaces are smooth and deep red-purple. There is froth in both mainstem bronchi. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 300-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 luminal narrowing. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 0.6 and 0.2-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-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 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 100-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

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 bright yellow cortices and grey medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 100-grams each. 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. Gray-pink bladder mucosa overlies an intact bladder wall. The bladder contains no 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, gray-white mucosa. The stomach contains approximately 400-milliliters of semi-solid food material. The gastric wall is intact. The duodenum, loops of small bowel and colon are unremarkable. The appendix is absent.

MUSCULOSKELETAL SYSTEM:

There are no bone or joint abnormalities. Skeletal muscle development is normal. Superficial posterior incisions of the torso and extremities are negative for soft tissue hemorrhage.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin, with preparation of histological slides of the following organs: heart, lung, liver, kidney, and brain. The findings are:

1. Lungs: Pulmonary edema and vascular congestion
Heart: No significant microscopic abnormalities
2. Kidney and Liver: No significant microscopic abnormalities
3. Brain: No significant microscopic abnormalities

ADDITIONAL PROCEDURES

- Documentary photographs are taken by OAFME staff photographers
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous humor, blood, spleen, liver, bile, gastric contents, kidney, lung, brain, adipose tissue and psoas
- The dissected organs are forwarded with body
- Personal effects are released to the appropriate mortuary operations representatives

OPINION

This 18 year-old Iraqi detainee died as a result of asphyxiation due to ligature strangulation. There was a circumferential, discontinuous superficial patterned abrasion on the neck. The anterior neck dissection demonstrated hemorrhage in the deep musculature (cricothyroid muscles), bilaterally. The hyoid bone and thyroid cartilage were intact. The posterior neck dissection demonstrated no injury to the underlying soft tissue. The valleculae of the larynx demonstrated hemorrhage bilaterally. Petechiae were present on the mucosa of the lower lip, both sclerae, and both inferior eyelids. There was no evidence of physical abuse. Microscopic studies were non-contributory to the cause of death. Toxicology studies were negative for ethanol and drugs of abuse. The manner of death is homicide.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

(b)(6)

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Furayh Al Mehlaw, Muntasir, Hamad		GRADE Grade (b)(6)	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1988
		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE Race		MARITAL STATUS État Civil	
CAUCASOID Caucasique		SINGLE Célibataire	
NEGROID Négre		MARRIED Marié	
OTHER (Specify) Autre (Spécifier)		DIVORCED Divorcé	
<input checked="" type="checkbox"/>		SEPARATED Séparé	
		WIDOWED Veuve	
		RELIGION Culte PROTESTANT Protestant CATHOLIC Catholique JEWISH Juif <input checked="" type="checkbox"/> Muslim	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Indiquer qu'une cause par ligne) Asphyxia due to ligature strangulation			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'assaut et le décès Minutes
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort			
ANTECEDENT CAUSES Symptômes précursseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
SUICIDE Suicide	SIG (b)(6)	DATE Date 4 November 2006	AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
<input checked="" type="checkbox"/> HOMICIDE Homicide			
DATE OF DEATH (day, month, yr) Date de décès (le jour, le mois, l'année) (b)(6) 2006	PLACE OF DEATH Lieu de décès Al Qaim 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 défunct et conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus			
NAME OF MEDICAL OFFICER Nom du médecin		TITLE OR DEGREE Titre ou diplôme Medical Examiner	
GRADE Grade (b)(6)		INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE	
DATE Date 9 NOV 06		SIGNATURE Signature (b)(6)	
<small>1. State disease, injury or complication which caused death, but not morbid condition contributing to the death, but not related to the disease. 2. Precise the nature of the morbid condition, do not list the morbid condition. 3. Precise the condition which contributed to the death, but not list the morbid condition.</small>			

FORM DD APR 77 2064

REPLACES DA FORM 3364, 1 JAN 72 AND DA FORM 3448-RIPAS, 28 SEP 76, WHICH ARE OBSOLETE.

MEDCOM 0468