



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
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Rockville, MD 20850
301-319-0000



FINAL AUTOPSY EXAMINATION REPORT

Name: BTB Humaidi, Al Jughayfi Haskim Humoud Autopsy No.: (b)(6)
SSAN: (b)(6) AFIP No. (b)(6)
Date of Birth (b)(6) 1970 Rank: CIV
Date of Death (b)(6) 2006 Place of Death: Hadithah, Iraq
Date and time of Autopsy: 01 OCT 2006 0930 Place of Autopsy: Port Mortuary
Date of Report: 07 MAR 2007 Dover AFB, Dover DE

Circumstances of Death: Apprehended by Iraqi police on (b)(6) 2006. Once there he was interrogated throughout the night. The victim was later found dead in his cell.

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

Identification: Presumptive.

CAUSE OF DEATH: Multiple blunt force injuries.

MANNER OF DEATH: Homicide.

FINAL AUTOPSY DIAGNOSES

- I. Injuries of the head and neck:
 - A. Depressed skull fracture of right parietal temporal region of the calvarium.
 - B. Galeal and subgaleal hemorrhage in the frontal and right parietal regions.
 - C. Multiple facial contusions, abrasions and lacerations.
- II. Injuries of the torso:
 - A. Discontinuous and patterned contusions of the entire posterior torso involving the posterior neck, back and buttocks.
 1. Near confluent subcutaneous and intramuscular hemorrhage of the above areas.
- III. Injuries of the extremities:
 - A. Contusions, abrasions and subcutaneous hemorrhage of the dorsal surfaces of the hands and upper arms, bilaterally.
 - B. Multiple lacerations and contusions of the anterior surfaces of both lower legs.
- IV. Additional findings:
 - A. Bilateral pulmonary congestion (right 510 grams, left 600 grams).

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BTB HUMAIDI, Al Jughayfi Haskim Humoud

- V. No significant natural diseases identified, within limitations of the examination.
- VI. Toxicology: Negative.

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EXTERNAL EXAMINATION

The body is that of a nude male weighing 165 pounds, measuring 71 inches in length and appearing compatible with the reported age of 36 years. The body temperature is cool after refrigeration. Rigor is passing. Injury of the posterior surfaces (to be further described below) precludes an accurate assessment of lividity.

The scalp hair is black. Facial hair consists of a black mustache and beard. The irides are dark. The corneae are cloudy. The sclerae are unremarkable. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton is palpably intact. The teeth appear natural and in fair condition.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is flat. The extremities show evidence of injury to be described below. Scars are present on the posterior surfaces of both elbows (right 1 1/8 inch, left 1 inch). Plastic bags cover both hands. The fingernails are intact. The external genitalia are those of a normal adult male. The buttocks show evidence of injury to be described below. The anus is unremarkable.

CLOTHING AND PERSONAL EFFECTS

The body is received unclothed. The following items accompany the body:

1. A pair of brown sandals.
2. A pair of white boxer shorts.
3. A gray tunic.
4. A U.S. flag kerchief.

EVIDENCE OF INJURY

Head and neck:

A 1 1/2 x 1/2 inch contusion is present on the right frontal scalp. A patterned abrasion consisting of two parallel linear abrasions is present on the right cheek measuring 1 1/8 inch (superior) and 2 inches (inferior) and separated by 3/8 inch. A 1/4 inch laceration is present on the nasal bridge. There is a 1/2 inch laceration at the lateral margin of the left eyebrow. A 1/2 x 1/4 inch contusion is present on the mucosal surface of the right upper lip. There is a 2 x 1 1/2 inch contusion on the right lateral surface of the neck. Internal examination shows galeal and subgaleal hemorrhage in the frontal (1 1/4 x 1 inches) and right parietal temporal (superior 1 3/8 x 1/2 inches, inferior 2 x 2 inches) regions. There is a depressed fracture (1 1/2 x 3/4 inches) in the right temporal region of the calvarium. Intramuscular hemorrhage is present focally in the right sternocleidomastoid muscle and the deep muscles of the right side of the neck.

Torso:

A 5/16 x 1/4 inch superficial penetrating injury is present in the mid clavicular region of the left shoulder. There is a 4 x 1 1/4 inch contusion of the right mid chest. There are multiple confluent and discontinuous areas of ecchymosis involving the entire back, posterior surfaces of the neck, shoulders, flanks and buttocks, bilaterally. Commingled with the areas of ecchymosis are numerous patterned contusions consisting of parallel linear contusions ranging in length from 1 inch to 5 inches, measuring 1/16 inch to 1/4 inch in width and separated by a distance ranging from 1/8 inch to 3/8 inch. A patterned contusion (as described above) measuring 6 x 1/2 inch is present on the left lateral chest wall. Internal examination revealed intercostal muscle hemorrhage of the posterior chest wall (right 5 intercostal space, left 6th to 9th intercostal spaces). Incision and reflection of the skin of the back shows confluent and discontinuous intramuscular hemorrhage of the back and buttocks, bilaterally.

Extremities:

There is an 8 x 3 inch contusion of the lateral surface of the right upper arm. Within this area are two patterned contusions consisting of two parallel linear contusions measuring 1 1/2 inches (superior) and 2 1/2 inches (inferior), with an average width of 1/8 inch and separated by 1/4 inch. A 9 1/2 x 3 inch contusion is present on the dorsal surface of the right forearm, wrist and hand. A 1/2 x 1/4 inch laceration is present on the posterior surface of the right elbow. Located lateral to this is a 1/8 inch superficial penetrating injury. There is a discontinuous contusion involving the lateral and dorsal surface of the entire left upper extremity. There are subungual hematomas of the left index and middle fingers. There is discontinuous contusion of the anterior surface of the right lower thigh, knee and lower leg measuring approximately 12 x 4 inches. Multiple lacerations ranging in length from 1/8 to 1/4 inch are present on the anterior surface of the right lower leg. Multiple contusions are present on the posterior surfaces of the right lower thigh, knee and upper leg covering an area measuring 7 x 3 inches. Multiple contusions (area 16 x 5 inches) are present on the lateral and anterior surfaces of the left thigh, knee and lower leg. An irregular 3/4 x 1/2 inch laceration is present on the anterior surface of the left knee. There is a patterned contusion consisting of parallel linear contusions on the lateral surface of the left thigh measuring 12 inches in length, averaging 1/8 inch in width and separated by a distance of 1/4 inch. A patterned contusion consisting of two parallel linear contusions (2 1/4 x 1/8 inches) separated by 1/8 inch is present on the posterior surface of the left knee. Incision of the extremities reveals intramuscular hemorrhage in the posterior aspects of the shoulders, forearms and hands, bilaterally. There is also hemorrhage in the lateral aspect of the right ankle and the posterior surface of the left lower leg.

INTERNAL EXAMINATION

BODY CAVITIES:

(See above "Evidence of Injury")

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. Scattered pleural adhesions are present in the left chest cavity. All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is 1/2 inch thick.

HEAD (CENTRAL NERVOUS SYSTEM):
(See above "Evidence of Injury")

The scalp is reflected. The calvarium of the skull is removed. The dura mater and falx are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels are intact. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brainstem and cerebellum are unremarkable. The brain weighs 1580 gm.

NECK:
(See above "Evidence of Injury")

Layerwise dissection of the uninjured anterior strap muscles of the neck show them to be homogenous and red-brown. 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.

RESPIRATORY SYSTEM:

The right and left lungs weigh 510 gm and 600 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is red-purple, exuding slight to moderately amounts of blood and frothy fluid. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 370 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally, follow the usual distribution and are widely patent, without evidence of significant atherosclerosis or thrombosis. The myocardium is homogenous, red-brown, and firm; the atrial and ventricular septa are intact. The aorta gives rise to three intact and patent arch vessels. The vena cava and its major tributaries return to the heart in the usual distribution. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1220 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 approximately 9 ml of bile. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 120 gm 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 GLANDS:

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 110 gm and 120 gm, 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. Tan bladder mucosa overlies an intact bladder wall. The bladder contains less than 5 ml of cloudy 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 100 ml of liquid material. The gastric wall is intact. The duodenum, loops of small bowel and colon are unremarkable. The appendix is unremarkable.

MUSCULOSKELETAL SYSTEM:

(See above "Evidence of Injury")

Muscle development is normal. No evidence of non-traumatic bone or joint abnormalities is noted.

RADIOLOGIC EXAMINATION

No evidence of metallic foreign bodies is identified.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by the OAFME staff photographers.
- Specimens retained for toxicologic testing and/or DNA identification are: blood, gastric contents, vitreous, bile, lung, liver, brain, kidney, spleen, adipose tissue and psoas muscle.
- 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 appropriate mortuary operations representatives.

OPINION

This 36 year old male civilian died as the result of multiple blunt force injuries. According to reports, the decedent was subjected to prolonged interrogation before being found unresponsive. Autopsy examination revealed a depressed skull fracture and extensive subcutaneous hemorrhage of the posterior body surfaces. The manner of death is homicide.

(b)(6)

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

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| CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer) | | | |
|---|--|--|--|
| NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Humaidi, Al Jughayfi Haskim H. | | GRADE Grade | BRANCH OF SERVICE Arme Civilian |
| ORGANIZATION Organisation | | NATION (e.g. United States) Pays Iraq | SOCIAL SECURITY NUMBER Numéro de l'Assurance Social NA |
| | | DATE OF BIRTH Date de naissance | SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| RACE Race | | MARITAL STATUS État Civil | |
| <input checked="" type="checkbox"/> CAUCASOID Caucasique | | <input type="checkbox"/> SINGLE Célibataire | <input type="checkbox"/> DIVORCED Divorcé |
| <input type="checkbox"/> NEGROID Négre | | <input type="checkbox"/> MARRIED Marié | <input type="checkbox"/> SEPARATED Séparé |
| <input type="checkbox"/> OTHER (Specify) Autre (Spécifier) | | <input type="checkbox"/> WIDOWED Veuf | <input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) |
| 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 (N'indiquer qu'une cause par ligne) | | | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort. | | | Multiple blunt force injuries |
| ANTECEDENT CAUSES Symptômes précurseurs 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 suscitée par des causes extérieures | |
| <input type="checkbox"/> NATURAL Mort naturelle | MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie | | |
| <input type="checkbox"/> ACCIDENT Mort accidentelle | | | |
| <input type="checkbox"/> SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste (b)(6) | | |
| <input checked="" type="checkbox"/> HOMICIDE Homicide | (b)(6) | DATE Date 1 October 2006 | AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non |
| DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2006 | PLACE OF DEATH Lieu de décès Hadithah 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 je 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 militaire ou du médecin civil (b)(6) | | TITLE OR DEGREE Titre ou diplôme Medical Examiner | |
| GRADE Grade (b)(6) | INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE (b)(6) | | |
| DATE Date 01 Oct 06 | | | |
| <small>1 State disease, injury or complication which caused death. 2 State conditions contributive to the death but not held to be necessary condition of same death. 3 Préposer la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la nature de mourir, telle qu'un arrêt du cœur, etc. 4 Préposer la condition qui a contribué à la mort, mais n'était aucun rapport avec la maladie ou la condition qui a provoqué la mort.</small> | | | |

DD FORM 1 APR 77 2064

REPLACES DA FORM 3585, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

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