



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
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AUTOPSY EXAMINATION REPORT

Name: BTB Mussa/Muhammed, Amer
 (b)(6)
 ISN: (b)(6)
 Date of Birth: (b)(6) 1969
 Date of Death: (b)(6) 2006
 Date/Time of Autopsy: 28 JUL 2006
 @ 1200 hrs
 Date of Report: 15 AUG 2006

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 37 year-old civilian was a detainee at the Theater Internment Facility, Camp Bucca, Iraq when, as reported, he was found by other detainees lying on his back, unresponsive, in an empty detainee barracks building. The detainee was bleeding from his nose, mouth and eye areas. A string was secured tightly around his neck. Emergency medical service personnel arrived and found no pulse or respirations. The detainee was transported to the Theater Internment Facility hospital. Attempts to revive the detainee were made. Despite those attempts the detainee died and was pronounced dead by the Chief of Emergency Medicine at the Hospital.

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

Identification: Presumptive identification is made by examination of accompanying paperwork and ID tags

CAUSE OF DEATH: Ligature Strangulation

MANNER OF DEATH: Homicide

PRELIMINARY AUTOPSY DIAGNOSIS

- I. Ligature Strangulation:
 - A. Circumferential ligature furrow with only slight upward deviation
 - B. Focal hemorrhage of both thyrohyoid muscles
 - C. Focal Hemorrhage into the soft tissues surrounding the left superior horn of the thyroid cartilage
 - D. Fracture of the left superior horn of the thyroid cartilage
 - E. Petechial hemorrhages of the conjunctiva of the right lower eyelid
- II. Other Injuries:
 - A. Contusion of the left side of the tongue, ¼-inch
 - B. Contusion of the right side of the face, medial to the right eye, 1 x ¼-inch, with associated swelling of the soft tissues surrounding the right eye
 - C. Subscleral hemorrhage of the right eye
 - D. Yellow-orange abrasion of the right ankle, ½-inch
 - E. Remote healing fracture of the distal left ulna
- III. Medical Intervention:
 - A. Combitube (properly placed)
 - B. Intravenous access: Right groin
 - C. Urethral catheter
- IV. Post-mortem changes:
 - A. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure
 - B. Rigor is passing
 - C. Faint green discoloration of the right lower quadrant of the abdomen
 - D. Skin slippage on the face and neck
- V. No natural disease is identified within the limits of the examination
- VI. Toxicology (AFIP):
 - A. VOLATILES: No ethanol is detected in the blood and urine
 - B. DRUGS: Mirtazapine is detected in the urine and blood (0.08 mg/L). No other screened medications or drugs of abuse are detected in the urine
 - C. CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood is 1%
 - D. CYANIDE: No cyanide is detected in the blood

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, muscular, 72-inch tall, 186-pounds male whose appearance is consistent with the reported age of 37-years. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure. Rigor is passing, and the skin is cold to touch.

The scalp is covered with short black, hair in a normal distribution. There are two ½-inch scars on the vertex of the scalp and a ¾-inch area of thick rough skin on the center of the forehead. There is a black moustache. The irides are brown, and the pupils are round and equal in diameter. There are scattered petechial hemorrhages of the conjunctiva of the right lower eyelid. The external auditory canals are unremarkable. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in good condition. A mild amount of skin slippage is noted on the neck and nose.

The neck is described under "Evidence of Injury". The chest is symmetric. The abdomen is flat. 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. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema.

There is a 3-inch oblique scar of the right side of the upper abdomen and lower chest. There is a faint green discoloration of the left lower abdominal skin. There are scars that measure 1 x ½-inch on both shins. There is a 1 x ½-inch scar on the posterior-medial aspect of the left thigh. The heels of both feet are dry and cracked.

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects are present on the body at the time of autopsy: The body is received unclad. Accompanying the body is a pair of white underwear.

MEDICAL INTERVENTION

- Combitube (properly placed)
- Intravenous access: Right groin
- Urethral catheter

RADIOGRAPHS

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

- A healing fracture of the left ulna
- Trauma to the right orbit with soft tissue swelling and displacement of the lens of the globe
- Fluid in the trachea and main bronchi

EVIDENCE OF INJURY

Ligature Strangulation: There is a 16-inch circumferential, tan-brown, continuous ligature furrow on the skin of the neck that is directed in a predominant horizontal direction with only slight upward deviation. On the anterior aspect of the neck there are two furrows that converge and co-mingle into one furrow on the posterior neck. On the anterior neck the ligature furrows cross below the thyroid cartilage 11-inches below the top of the head and along the superior third of the thyroid cartilage 10-inches below the top of the head. Both of the furrows on the anterior neck extend slightly superiorly on both sides of the neck, passing 3 ½-inches below the right ear, and 3 ½-inches below the left ear. The highest point of the furrow is on the posterior neck, located 8 ½-inches below the top of the head, and on the posterior midline. The width of the furrow ranges from 1/16 to 1/8-inch. The anterior neck dissection shows focal hemorrhage into both thyrohyoid muscles and into the soft tissues surrounding the left superior horn of the thyroid cartilage. The left superior horn of the thyroid cartilage is fractured. The hyoid bone is intact. There are associated petechial hemorrhages of the conjunctiva of the right lower eyelid.

Other Injuries: There is a ¼-inch contusion on the left side of the tongue. Medial to the right eye is a 1 x ¼-inch contusion with associated swelling of the soft tissues surrounding the right eye and displacement of the lens of the globe of the right eye. There is subcleral hemorrhage of the right eye. On the right ankle is a ½-inch yellow-orange abrasion. There is a remote healing fracture of the distal left ulna.

INTERNAL EXAMINATION

HEAD:

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 1690-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". The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change.

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 1000 and 860-grams, respectively. The 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 480-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. The coronary arteries are 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 1.0 and 0.3-centimeters 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 2100-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 a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 170-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:

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 160 and 170-grams, 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 scant 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-milliliters of partially digested food. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff photographers.
2. Full body radiographs are obtained and demonstrate the injuries as described as well as fluid in the trachea and main bronchi and central consolidation of both lungs.
3. Specimens retained for toxicology testing and/or DNA identification are: blood, vitreous fluid, bile, urine, liver, lung, spleen, brain, kidney, adipose, muscle and gastric contents
4. The dissected organs are forwarded with the body.
5. Selected portions of organs are retained in formalin, without preparation of histological slides.
7. Identifying marks include: Two scars on the scalp, a callus on the center of the forehead, one scar on the left side of the abdomen and one scar on each leg.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin, without preparation of histologic slides.

OPINION

This 37 year-old male died of ligature strangulation. As reported he was found by other detainees unresponsive in an empty detainee barracks building with a string secured tightly around his neck. A predominately horizontal ligature furrow with underlying fracture of the thyroid cartilage and hemorrhage into both thyrohyoid muscles was evident at autopsy. Further, there were blunt force injuries of the right side of the face. The toxicology screen was negative for cyanide, drugs of abuse and ethanol. The carboxyhemoglobin saturation is 1%. Mirtazapine is detected in the urine and blood. The manner of death is homicide.

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(b)(6) Medical Examiner

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