



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 1-301-319-0000
 (FAX 1-301-319-0635)



FINAL AUTOPSY REPORT

Name: AL-ISAWI, Mohammed Ajimi
ISN: (b)(6)
Date of Birth: (b)(6) 1976 (31 years)
Date of Death: (b)(6) 2007
Date of Autopsy: 26 AUG 2007, 0900 hours
Date of Report: 04 SEP 2007

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

Circumstances of Death:

Preliminary investigation revealed that a detainee was murdered by other detainees, members of the (b)(6) and buried in a grave inside the detention facility compound. A subsequent search revealed the human remains suspected to be that of (b)(6). He was allegedly sentenced to death by the (b)(6) for speaking against the compound leadership (detainees' leadership).

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

Identification:

Detainee (b)(6) is identified by transportation documents and the accompanied CID Investigation Report. Fingerprints, dental radiographs and a sample for DNA identification are obtained on 26 Aug 2007.

CAUSE OF DEATH:

Multiple Injuries

MANNER OF DEATH:

Homicide

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished Caucasian male, clad in a yellow shirt, yellow pants and yellow shorts. Postmortem adipocere changes are noted. A towel is tied around the neck. The legs are loosely tied by a black thin rope. The hands are loosely entangled/tied with a yellow draw string made from the same material as the clothing. The body weighs 79 pounds and is approximately 71" in height. The age of the decedent can not be definitely determined but appears to be of a middle aged man.

The scalp hair is black. The scalp hair is focally disappeared and small scattered patches of hair are noted, due to postmortem changes. Patches of a mustache hair and a beard are noted. The eyelids are unremarkable with no apparent trauma. The eye globes are protruding and collapsed, with no apparent trauma. The irides are pale and grayish. The corneae are whitish and cloudy. The sclerae are white with no apparent hemorrhage or petechiae. The external auditory canals, external nares and oral cavity are free of foreign material or apparent trauma. The nasal skeleton is palpably intact. The tongue is unremarkable with no significant trauma or evidence of sharp force injuries. The lips are unremarkable with no apparent injury. The teeth are natural and are unremarkable.

The neck is surrounded by a towel with a knot on the left side. Focal area of skin discoloration (possible contusion) is noted on the left.

The chest is unremarkable. No injury of the ribs or sternum is evident externally. The abdomen is unremarkable with no evidence of major surgical scars or sharp force trauma. The posterior torso reveals contusions on the back of the chest and upper abdomen. The external genitalia are deformed and reveal extensive postmortem adipocere precluding proper examination. The torso reveals no evidence of sharp force injuries.

The extremities reveal presence of contusions and deformities of the upper extremities at the wrist joints, and fracture of both legs. The left leg is separated/amputated from the proximal leg. The right leg is partially amputated; the distal leg is attached to the proximal leg by thin stripes of skin and subcutaneous tissue. No evidence of sharp force trauma is identified.

No tattoos, major surgical or characteristic scars or other identifying marks are noted.

EVIDENCE OF INJURY

Multiple injuries are noted of the neck, torso and extremities and are described below. No evidence of trauma to the eyes or the tongue and no evidence of sharp force injuries are noted.

A. Injuries of the Head:

No evidence of blunt or sharp force trauma to the head. No Subgaleal hemorrhage is seen. No skull fractures or evidence of intracranial injury or hemorrhage.

B. Injuries of the Neck:

1. Ligature Strangulation:

A wide ligature furrow is noted around the neck with a knot impression on the left side of the neck. Examination of the subcutaneous tissue and the muscles of the neck reveal no hemorrhage under the ligature furrow, except focally on the left side. No thyroid cartilage or hyoid bone fractures are noted. An area of localized hemorrhage is noted on the back of the neck, left of the posterior midline (left of the spinal processes of the cervical vertebrae C4-C7). (See below)

2. Neck Trauma:

External examination of the neck reveals abnormal hypermobility. Further dissection of the neck reveals focal areas of hemorrhage in the muscles of the neck, mainly on the left side, anteriorly and posteriorly. Removal of the neck organs reveals underlying hemorrhage of the cervical vertebrae C4-C7, under the anterior ligament, left of the midline. The anterior part of the lower cervical vertebrae is removed to document the presence of hemorrhage. The vertebral segment is photographed for documentation, stored in formalin, and retained by OAFME. No gross evidence of fracture is noted. The hemorrhage is consistent with abnormal neck manipulation by hyperflexion or hyperextension.

C. Blunt Force Trauma to the Torso:

External examination of the torso reveals suspected contusions on the left shoulder, upper left chest and the back, more prominent on the left side of the posterior midline. Reflection of the skin and subcutaneous tissue reveals no evidence of trauma to the left shoulder or chest. Examination of the back reveals areas of intramuscular hemorrhages on both sides of the thoracic spine, more prominent on the left side. Amount of hemorrhage is considerable though it can not be definitely determined due to post mortem changes. The hemorrhage is also noted in the intercostal spaces of the chest cavity. No evidence of lung injury, rib fractures or compromise of the parietal pleura and chest cavity.

D. Blunt Force Trauma to the Extremities:

Examination of the upper extremities reveals deformity of both wrists without fractures. No hemorrhage is noted of the wrist joints. Examination of the subcutaneous tissue and

AL-ISAWI, Mohammed Ajimi

muscles reveals an area of hemorrhage on the posterior left arm. No associated fracture is noted.

Examination of the lower extremities reveals areas of contusions on the anterior proximal thighs. No femoral fractures are noted. Examination of the legs reveals bilateral comminuted fractures of the tibia and fibula on both sides. The fractures reveal no surrounding hemorrhage, suggestive of being the result of postmortem trauma. The left leg is completely amputated from the proximal leg. The right leg is essentially amputated, and is only attached to its proximal part by a stripe of skin and subcutaneous soft tissue.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. No adhesions or abnormal collections of fluid are present in any of the body cavities. All body organs are present in the normal anatomical position. The lungs and heart are collapsed. There is no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region. No abnormal collection of blood or fluid is noted in the body cavities.

HEAD: (CENTRAL NERVOUS SYSTEM)

The scalp is reflected. No evidence of trauma is noted. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebral parenchyma reveals extensive postmortem decomposition precluding proper examination of the intracranial contents. No trauma or hemorrhage is noted. The brain weighs 880 grams.

NECK:

Examination and dissection of the soft tissues of the neck, layer-by-layer, reveal abnormal mobility and focal neck trauma. The thyroid cartilage and hyoid bone are intact. See "Evidence of Injury" above".

CARDIOVASCULAR SYSTEM:

The pericardium is intact. The pericardial sac is free of fluid and adhesions. The coronary arteries arise normally, follow the usual distribution and are patent, without evidence of atherosclerosis or thrombosis. The chambers and valves exhibit the usual size-position relationship and are unremarkable. The myocardium is pale brown and reveal marked postmortem changes. The atrial and ventricular septa are intact. The aorta and its major branches arise normally, follow the usual course and are unremarkable without significant atherosclerosis and other abnormality. The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi. The heart weighs 80 grams.

AL-ISAWI, Mohammed Ajimi**RESPIRATORY SYSTEM:**

The upper airway is clear of debris and foreign material; the mucosal surfaces are unremarkable except for postmortem changes. The pleural surfaces are unremarkable bilaterally. The pulmonary parenchyma is grey and reveals no focal lesions. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right and left lung weigh 70 grams and 60 grams, respectively.

LIVER & BILIARY SYSTEM:

The hepatic capsule is smooth and intact, covering dark brown parenchyma with no apparent focal lesions. The gallbladder is intact and contains no bile; the mucosa is unremarkable. The extrahepatic biliary tree is without evidence of calculi. The liver weighs 390 grams.

ALIMENTARY TRACT:

The tongue exhibits no evidence of injury, except a small contusion on the right side. No evidence of significant injury or sharp force trauma. The esophagus is lined by gray-white mucosa. The gastric mucosa is autolysed with thin wall and no rugal folds. The lumen contains a black pasty material submitted for toxicology. The small and large bowel is unremarkable. The pancreas is autolysed. The appendix is present and unremarkable.

GENITOURINARY SYSTEM:

The renal capsules are smooth and thin and strip with ease from the underlying renal smooth brown cortical surfaces. The cortices are delineated from the medullary pyramids, and unremarkable. The calyces, pelves and ureters are unremarkable. The urinary bladder mucosa is unremarkable and contains no urine. The right and left kidneys weigh 20 and 30 grams, respectively. The external genitalia are those of an adult male, but could not be properly examined secondary to the marked postmortem changes. The testes are grossly unremarkable.

RETICULOENDOTHELIAL SYSTEM:

The spleen has a smooth, intact capsule covering pasty purple parenchyma; and grossly unremarkable. No enlarged lymph nodes are seen. The spleen weighs 20 grams.

ENDOCRINE SYSTEM:

The pituitary, thyroid and adrenal glands are grossly unremarkable except for the prominent postmortem changes.

MUSCULOSKELETAL SYSTEM:

Muscle development is normal. No non-traumatic bone or joint abnormalities are noted. See "Evidence of Injury".

EVIDENCE COLLECTION

The deceased clothing, rope and a sample of muscle tissue are collected during autopsy and submitted as evidence to Special Agent (b)(6) CID, who attended the autopsy.

IDENTIFYING MARKS

No tattoos, major surgical scars or other identifying marks are noted.

NATURAL DISEASES

No evidence of natural diseases identified during the autopsy examination.

MEDICAL INTERVENTION

None.

POSTMORTEM CHANGES

Adipocere formation is noted of the skin and partially in the internal organs. Atelectasis, shrinkage and postmortem changes are noted of the internal organs.

TOXICOLOGY

- A. Carbon Monoxide: Analysis not performed. No specimen was suitable for testing.
- B. Cyanide: Analysis not performed. No specimen was suitable for testing.
- C. Volatiles:
 - Liver: Acetaldehyde, trace; ethanol, 32 mg/dL, acetone, none found; 2-propanol, 9 mg/dL; 1-propanol, 5 mg/dL
 - Muscle: Acetaldehyde, none found; ethanol, 26 mg/dL, acetone, trace; 2-propanol, 11 mg/dL; 1-propanol, 5 mg/dL
- D. Screened drugs of abuse and medications:

ADDITIONAL PROCEDURES

- Documentary photographs are taken by an OAFME photographer.
- Full body radiographs and computerized body scans are obtained.
- Specimens retained for toxicological and/or DNA identification are: Gastric contents, and tissue samples from liver, lung, kidney, spleen, brain, psoas and heart muscles, and adipose tissue.
- Representative sections of organs are retained in formalin for microscopic examination if needed in the future.
- Clothing and evidence are released to SA (b)(6) CID.

FINAL AUTOPSY DIAGNOSIS

I. Multiple Injuries:

a. Injuries of the Head:

- None. No evidence of blunt or sharp force trauma to the head.

b. Injuries of the Neck:

1. Ligature Strangulation:

- A wide ligature furrow around the neck with a knot impression on the left side of the neck.
- Hemorrhage under the ligature furrow, focally on the left side.
- No thyroid cartilage or hyoid bone fractures are noted.
- Localized hemorrhage, back of the neck, left side.

2. Neck Trauma:

- Abnormal hypermobility.
- Focal areas of hemorrhage in the muscles of the neck, left side, anteriorly and posteriorly.
- Hemorrhage around cervical vertebrae C4-C7, under the anterior ligament, left of the midline, consistent with abnormal neck manipulation by hyperflexion or hyperextension.

c. Blunt Force Trauma to the Torso:

- Contusions on the posterior torso, more prominent on the left side
- Hemorrhage of intercostal spaces of the chest cavity, more left.

d. Blunt Force Trauma to the Extremities:

- Deformity of both wrists without fractures. No hemorrhage is noted.
- Contusion posterior left arm, with no associated fractures.
- Contusions on the anterior proximal thighs. No femoral fractures are noted.
- Bilateral comminuted fractures of the tibia and fibula on both sides, postmortem.
- Amputation of the left leg and partial amputation of the right leg (postmortem).

II. Toxicology: Detected ethanol and its metabolites is consistent with postmortem changes. Negative for screened medications and drugs of abuse.

III. Evidence: The deceased clothing, rope and a sample of muscle tissue are collected during autopsy and submitted as evidence to Special Agent (b)(6) CID.

OPINION

The remains of believed to be (BTB) (b)(6) an Iraqi detainee reveal injuries consistent with strangulations, abnormal neck manipulations (Hyperextension / hyperflexion), and blunt force trauma to the back. There is no evidence of sharp force trauma, or trauma to the eyes and tongue. Toxicological studies for ethanol are consistent with postmortem changes/artifacts. No screened medications and drugs of abuse are detected. The feet were tied with rope and he was buried between two tents in the detention facility compound. Manner of death is "Homicide".

(b)(6)

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

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Al-Isawi, Mohammad, Ajimi		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation (b)(6)		NATION (e.g. United States) Pays Iraq	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
		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 type="checkbox"/> JEWISH Juif
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 ¹ Maladie ou condition directement responsable de la mort.			Multiple 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 ² Autres conditions significatives ²			
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	
<input type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
<input type="checkbox"/> SUICIDE Suicide	SIGNATURE Sig. (b)(6)	DATE Date 26 August 2007	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) 2007	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 dé funt 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 sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme Medical Examiner	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE		
DATE Date 9/13/2007	SIGNATURE Signature (b)(6)		
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure. ² State conditions contributing to the death, but not related to the disease or condition causing death. ³ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du cœur, etc. ⁴ Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.			

FORM DD 1 APR 77 **2064**

REPLACES DA FORM 3686, 1 JAN 72 AND DA FORM 3686-R(PAS), 26 SEP 76, WHICH ARE OBSOLETE.

MEDCOM 0793

(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 (b)(6)	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and Country)	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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