



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
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 1-301-319-0000



FINAL AUTOPSY REPORT

Name: Abdulkarim, Mohammed Anwar
ISN: (b)(6)
Date of Birth: (b)(6) 1976
Date of Death: (b)(6) 2007
Date of Autopsy: 3 May 2007 @ 1200
Date of Report: 23 May 2007

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

Circumstances of Death: This 30 year-old Iraqi detainee was reportedly discovered by other detainees unresponsive and suffering from multiple sharp and blunt force injuries

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

Identification: Presumptive identification is established by internment serial number. Post-mortem fingerprints and a specimen suitable for DNA analysis are obtained.

CAUSE OF DEATH: **Sharp and Blunt Force Injuries**

MANNER OF DEATH: **Homicide**

FINAL AUTOPSY DIAGNOSES:

I. Sharp and Blunt Force Injuries:

A. Incised wound of the left chest

1. **Wound characteristics: ¾ x 1/8-inch length, one sharp and one blunt edge, with an approximate depth of penetration of ½-inch**
2. **Injury to: Skin and subcutaneous tissue**
3. **Direction: Front to back, without significant left/right or up/down deviation**
4. **Associated injuries: Hemorrhage along the wound path**

B. Stab wound of the left chest:

1. **Wound characteristics: 2 1/8 x 1/8-inch length, one sharp and one blunt edge, with an approximate depth of penetration of 5 ½-inches**
2. **Injury to: Skin, subcutaneous tissue, left anterior 3rd intercostal space, pericardium, left ventricle (3-inch defect), pericardium, left lower lobe of the lung (two defects, each 1 ¼-inch), left posterior 7th intercostal space**
3. **Direction: Front to back and downward, without significant right/left deviation**
4. **Associated injuries: Left hemothorax (500 ml), laceration of the distal left anterior descending coronary artery**

C. Stab wound of the left chest:

1. **Wound characteristics: 2 ¼ x 1/8-inch length, one sharp and one blunt edge, with an approximate depth of penetration of 6-inches**
2. **Injury to: Skin, subcutaneous tissue, left anterior 3rd intercostal space, pericardium, left ventricle (1 1/4-inch defect), pericardium, left hemidiaphragm (2-inch defect), left lobe of the liver (2 ¾-inch defect), stomach (1/2-inch defect), left posterior 8th intercostal space**
3. **Direction: Front to back and downward, without significant right/left deviation**
4. **Associated injuries: Left hemothorax (500 ml), laceration of the distal left anterior descending coronary artery**

D. Stab wound of the right upper quadrant of the abdomen:

1. **Wound characteristics: 1 ¼ x 1/8-inch length, one sharp and one blunt edge, with an approximate depth of penetration of 1 1/2-inches**
2. **Injury to: Skin and subcutaneous tissue**
3. **Direction: Front to back, without significant left/right or up/down deviation**
4. **Associated injuries: Hemorrhage along the wound path**

- E. Stab wound of the left upper quadrant of the abdomen:**
- 1. Wound characteristics: 1 ¼ x 1/8-inch length, one sharp and one blunt edge, with an approximate depth of penetration of 4-inches**
 - 2. Injury to: Skin, subcutaneous tissue, omentum, pancreas (1 ½-inch defect), mesentery, descending colon**
 - 3. Direction: Front to back, without significant left/right or up/down deviation**
 - 4. Associated injuries: Hemorrhage along the wound path**

- F. Blunt force injuries of the head:**
- 1. Laceration right forehead, 1 ¼ x ¼-inch, with surrounding abrasion, 1 ½ x ½-inch, and contusion, 2 x 1 ½-inches**
 - 2. Laceration right upper eyelid, 1 x 1/8-inch**
 - 3. Petechial hemorrhage, right eye**
 - 4. Contusion right preauricular area, 1 ½ x 1-inch, with underlying 2 x 1 ¼-inch defect of the temporal skull with fracture of the right temporal bone**
 - 5. Stellate laceration left parietal/temporal scalp, 4 x up to 3-inches, with underlying 3 x 2-inch defect of the temporal skull with multiple fractures of the left temporal bone**
 - 6. Contusion left temporal scalp, 3 x 2-inches**
 - 7. Abrasion left ear, 1 x ¼-inch**
 - 8. Hinge fractures (2) of the anterior and middle cranial fossae**
 - 9. Multiple fractures of the sphenoid bone**
 - 10. Fracture of the right zygoma, right orbit, and right nasal bone**
 - 11. Fracture of the left zygoma and left maxillary sinus**
 - 12. Diffuse subarachnoid hemorrhage**

II. Additional Injuries

- A. Contusion, left upper extremity, 6 x 4-inches**
- B. Abrasion and contusions, left lower extremity, ranging from 1 x ½-inch to 4 x 2 ½-inches**

III. No significant natural disease identified within the limitations of this autopsy

IV. No evidence of medical intervention

V. Identifying marks or tattoos:

- A. Scars on the right side and midline of the abdomen, right leg, and left parietal scalp**
- B. Tatto (b)(6)**

VI. Toxicology (AFIP):

- A. Volatiles: No ethanol is detected in the blood and vitreous fluid**
- B. Drugs: No screened drugs of abuse or medications are found 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, 67-inch tall, 195-pound Middle Eastern male whose appearance is consistent with the reported age of 30 years. Lividity is on the posterior torso and fixed. Rigor is passing, and the temperature is that of the refrigeration unit.

The scalp is covered with 2-inch long straight brown hair in a normal distribution. There is a 1-inch scar on the left parietal scalp. Facial hair consists of a moustache and beard. The irides are brown, the corneae are cloudy, the right conjunctiva has petechial hemorrhage, the left conjunctiva is pale, the sclerae are white and the pupils are round and equal in diameter. There is blood in the left external auditory canal. The right external auditory canal is clear. The ears are not pierced. The nares are patent. The nose and maxillae are palpably stable. The teeth appear natural and in fair condition, with some molars missing.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is soft and slightly protuberant. There are two 1/2-inch scars on the right side of the abdomen and a 9 1/2-inch scar on the midline of the abdomen. The genitalia are those of a normal adult male. 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 tattoo (b)(6) Please refer to the evidence of injury section for injury to the head and torso.

CLOTHING AND PERSONAL EFFECTS

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

- None

MEDICAL INTERVENTION

- None

RADIOGRAPHS

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

- Skeletal trauma as described below

EVIDENCE OF INJURY

I. Sharp and Blunt Force Injuries:

A. Incised Wound of the Left Chest:

On the left chest, located 15-inches below the top of the head and centered 2-inches left of the anterior midline, is an incised wound which measures $\frac{3}{4}$ x $\frac{1}{8}$ -inch after re-approximation. This wound is horizontally oriented. The medial end is blunt and the lateral end is sharp. The incised wound penetrates skin and subcutaneous tissue. The wound path is directed front to back, without significant left/right or up/down deviation, with an approximate depth of penetration of $\frac{1}{2}$ -inch. Associated with the incised wound is hemorrhage along the wound path.

B. Stab Wound of the Left Chest:

On the left chest, located 16 $\frac{1}{2}$ -inches below the top of the head and centered 3-inches left of the anterior midline, is a stab wound which measures 2 $\frac{1}{8}$ x $\frac{1}{8}$ -inch after re-approximation. This wound is obliquely oriented along the 2 to 8 o'clock axis. The 8 o'clock end is blunt and the 2 o'clock end is sharp. The stab wound penetrates skin, subcutaneous tissue, the anterior left 3rd intercostal space, pericardium, left ventricle of the heart (3-inch defect), pericardium, lower lobe of the left lung (two defects, each 1 $\frac{1}{4}$ -inch), and the posterior left 7th intercostal space. The wound path is directed front to back and downward, without significant left/right deviation, with an approximate depth of penetration of 5 $\frac{1}{2}$ -inches. Associated with the stab wound is left hemothorax (500 ml), transection of the distal left anterior descending coronary artery, and hemorrhage along the wound path.

C. Stab Wound of the Left Chest:

On the left chest, located 17-inches below the top of the head and centered 3 $\frac{1}{2}$ -inches left of the anterior midline, is a stab wound which measures 2 $\frac{1}{4}$ x $\frac{1}{8}$ -inch after re-approximation. This wound is horizontally oriented. The medial end is blunt and the lateral end is sharp. The stab wound penetrates skin, subcutaneous tissue, the anterior left 3rd intercostal space, pericardium, left ventricle of the heart (1 $\frac{1}{4}$ -inch defect), pericardium, left hemidiaphragm, left lobe of the liver (2 $\frac{3}{4}$ -inch defect), stomach (1/2-defect), and the posterior left 8th intercostal space. The wound path is directed front to back and downward, without significant left/right deviation, with an approximate depth of penetration of 6-inches. Associated with the stab wound is left hemothorax (500 ml), transection of the distal left anterior descending coronary artery, and hemorrhage along the wound path.

D. Stab Wound of the Abdomen:

On the right upper quadrant of the abdomen, located 24-inches below the top of the head and centered 2-inches right of the anterior midline, is a stab wound which measures 1 $\frac{1}{4}$ x $\frac{1}{8}$ -inch after re-approximation. This wound is obliquely oriented along the 2 to 8 o'clock axis. The 8 o'clock end is blunt and the 2 o'clock end is sharp. The stab wound penetrates skin and subcutaneous tissue. The wound path is directed front to back without significant up/down or left/right

deviation, with an approximate depth of penetration of 1 ½-inches. Associated with the stab wound is hemorrhage along the wound path.

E. Stab Wound of the Abdomen:

On the left upper quadrant of the abdomen, located 24-inches below the top of the head and centered 2-inches left of the anterior midline, is a stab wound which measures 1 ¼ x 1/8-inch after re-approximation. This wound is obliquely oriented along the 2 to 8 o'clock axis. The 8 o'clock end is blunt and the 2 o'clock end is sharp. The stab wound penetrates skin, subcutaneous tissue omentum, pancreas (1 ½-inch defect), mesentery and descending colon. The wound path is directed front to back without significant up/down or left/right deviation, with an approximate depth of penetration of 4-inches. Associated with the stab wound is hemorrhage along the wound path.

F. Blunt Force Injuries of the Head and Extremities:

There is a laceration of the right side of the forehead, 1 ¼ x ¼-inch, with a surrounding contusion, 2 x 1 ½-inches, and abrasion, 1 ½ x ½-inch. There is a laceration of the upper right eyelid, 1 x 1/8-inch. There is a contusion of the right preauricular area, 1 ½ x 1-inch, with an underlying 2 x 1 ¼-inch defect of the temporal bone with fracture of the temporal bone. There is a stellate laceration of the left parietal/temporal scalp, 4 x up to 3-inches, with an underlying 3 x 2-inches defect of the temporal bone with multiple fractures of the temporal bone. There is a contusion of the left temporal scalp, 3 x 2-inches. There is an abrasion of the left ear, 1 x ¼-inch. There are hinge fractures of the anterior and middle cranial fossae. There are multiple fractures of the sphenoid bone. There are multiple bilateral facial fractures. There is diffuse subarachnoid hemorrhage. There is a contusion of the left arm, 6 x 4-inches. There is an abrasion, 3 x 1-inch, and contusions, ranging from 1 x ½-inch to 4 x 2 ½-inches, of the left leg.

INTERNAL EXAMINATION

HEAD:

See "Evidence of Injury". The 1330 gm brain has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other non-traumatic abnormalities.

NECK:

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 is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

See "Evidence of Injury". The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pericardial or peritoneal cavities. The organs occupy their usual anatomic positions.

Abdulkarim, Mohammed Anwar**RESPIRATORY SYSTEM:**

See "Evidence of Injury". The right and left lungs weigh 410 and 240 gm, respectively. The uninjured external surfaces are smooth and deep red-purple. The uninjured pulmonary parenchyma is moderately congested and edematous. No areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

See "Evidence of Injury". The heart weighs 320 gm. The uninjured epicardial surface is smooth, with minimal fat investment. The uninjured coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no atherosclerosis. The uninjured myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The uninjured 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:

See "Evidence of Injury". The 1900 gm liver has a smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other non-traumatic abnormalities are seen. The gallbladder contains 5 ml of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 190 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

See "Evidence of Injury". The uninjured pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other non-traumatic 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 110 and 120 gm, respectively. The external surfaces of the kidneys 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. Grey-pink bladder mucosa overlies an intact bladder wall. The bladder contains 100 ml of clear 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:

See "Evidence of Injury". The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 100 ml of dark green material. The

duodenum, loops of small bowel and uninjured colon are unremarkable. The appendix is present.

MUSCULOSKELETAL SYSTEM:

See "Evidence of Injury". There are no non-traumatic bone or joint abnormalities. Skeletal muscle development is normal.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by OAFME staff photographers
- Full body radiographs are obtained
- Specimens retained for toxicological testing and/or DNA identification are: spleen, liver, blood, brain, bile, urine, gastric contents, vitreous, psoas muscle, adipose tissue, lung and kidney
- The dissected organs are forwarded with body.
- Selected portions of organs are retained in formalin, without preparation of histological slides
- Personal effects are released to the appropriate mortuary operations representatives

OPINION

This 30 year-old male (b)(6) died of sharp and blunt force injuries. Stab wounds of the left chest (B) and (C) injured the heart and left lung, resulting in massive bleeding into the left chest cavity, and also injured the liver and stomach. Stab wound (E) of the left upper quadrant of the abdomen injured the omentum, mesentery, pancreas and large bowel. An incised wound (A) of the left chest and stab wound (D) of the right upper quadrant of the abdomen did not injure vital structures but contributed to overall blood loss. Blunt force injuries of the head resulted in diffuse bleeding on the surface of the brain and multiple skull and facial fractures, including two hinge fractures. Toxicological testing for ethanol, drugs and cyanide was negative. The carboxyhemoglobin saturation was 1%. The manner of death is homicide.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décès (Nom et prénoms)		GRADE Grade	BRANCH OF SERVICE Armée
BTB Abdulkarim, Mohammed, Anwar			Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1976
			SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS Etat civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasien		<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> NEGROID Négride		<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> WIDOWED Veuve	<input type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décès avec le ou	
STREET ADDRESS Adresse à (Rue)		CITY OR TOWN OR STATE (Inclure ZIP Code) Ville (Code postal complet)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per row) Cause du décès (Indiquer qu'une seule par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort			Blunt and sharp force injuries
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORED CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition préalable, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Cause sous-jacente, 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	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort causées par des causes extérieures	
<input type="checkbox"/> NATURAL Mort naturelle	<input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF MURDER SUSPECT Nom du suspect		
<input type="checkbox"/> SUICIDE Suicide	(b)(6)		
<input checked="" type="checkbox"/> HOMICIDE Homicide	(b)(6)	DATE 3 May 2007	AVIATION ACCIDENT <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (day, month, year) Date du décès (le jour, le mois, l'année)	(b)(6) 2007		
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 défunt et constate que le décès est survenu à l'heure indiquée et à l'âge des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin civilien		TITLE OR POSITION Titre ou position	
(b)(6)		Medical Examiner	
INSTALLATION OR ADDRESS Pays ou adresse		DATE Date	
(b)(6)		(b)(6)	
DATE 5/3/2007			

DD FORM 1300, 1 JAN 77
DD FORM 1300, 1 JAN 77 AND DA FORM 1300-RFAS, 29 SEP 74, WHICH ARE OBSOLETE.

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