



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

Name: QURUNFIR Al-Araki, Husayn Kazim  
 ISN (b)(6)  
 Date of Birth: Unknown  
 Date of Death (b)(6) 2008  
 Date of Autopsy: 25 MAY 2008, 1130 hours  
 Date of Report: 06 JUN 2008

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

**Circumstances of Death:**

Preliminary investigation revealed that (b)(6) an Iraqi detainee, was admitted to the Detainee Medical Center, Camp Remembrance II, Theater Internment Facility, Camp cropper, IZ, on (b)(6) 2008, with apparent injuries and was pronounced dead by the treating physician.

**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 25 MAY 2008.

**CAUSE OF DEATH:**

Blunt Force Injuries and Neck Compression

**MANNER OF DEATH:**

Homicide

### **EXTERNAL EXAMINATION**

The body is that of an unclad well-developed, well-nourished Caucasian male, on a gray-black blanket in a plastic body pouch. Extensive bruising of the neck, torso and extremities are noted; see "Evidence of Injury". The body weighs 124 pounds and is approximately 63" in length. The age of the decedent can not be definitely determined but appears to be of a middle aged man.

The scalp hair is black and short. A black mustache and beard are noted. The eyelids are unremarkable with no apparent trauma. The eye globes are unremarkable with no apparent trauma. The irides are pale and grayish. The corneae are whitish and slightly cloudy. The sclerae are white with a small area of hemorrhage on the right side. The external auditory canals, external nares and oral cavity are free of foreign material. The oral cavity reveal presence of mucosal trauma on both sides; see "Evidence of Injury". The nasal skeleton is palpably intact. The tongue reveals a contusion on the left margin with no associated bite marks. The lips are unremarkable with no apparent injury. The teeth are natural and are unremarkable.

The neck reveals presence of contusions anteriorly and on both sides; see "Evidence of Injury". No ligature marks are present. .

The anterior torso reveals extensive bruising of the chest and abdomen. Contusions are dusky red, and more pronounced on the abdomen. The posterior torso also reveals contusions, more pronounced on the flanks. No penetrating wounds or sharp force injuries are noted. No contusions or trauma is noted of the suprapubic area and the external genitalia. The external genitalia are those of an adult circumcised male and are grossly unremarkable.

The upper extremities reveal contusions of the left arm and right elbow region. The lower extremities reveal presence of contusions on the upper thighs, legs and feet; see "Evidence of Injury".

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 sharp force or penetrating injuries is noted.

#### **A. Injuries of the Head:**

Examination of the head reveals no gross evidence of trauma. Examination of the oral cavity reveals bilateral mucosal contusions corresponding to the lateral teeth on both sides; see "Opinion".

Reflection of the scalp reveals no subgaleal hemorrhage or evidence of skull fractures. The cranial cavity is unremarkable with no evidence of trauma or intracranial hemorrhage.

**B. Injuries of the Neck:**

Examination of the neck reveals presence of un-patterned contusions on the anterior and lateral surfaces of the neck. Reflection of the skin reveals bilateral hemorrhages of the strap muscles, more pronounced on the left side. The hyoid is intact, but an area of hemorrhage is noted on its left side. The thyroid cartilage is intact. Localised hemorrhage is noted on the right side of the upper part of the esophagus with no evidence of laceration or perforation.

Posterior dissection of the neck reveals localized hemorrhage of the posterior right neck muscles; see "Opinion". No gross evidence of cervical spinal fractures or abnormal mobility is noted.

**C. Injuries of the Torso:**

External examination of the torso reveals extensive contusions on the anterior chest and abdomen, connecting the neck contusions superiorly and sparing only the supra-pubic area inferiorly. Reflection of the anterior chest and abdominal wall reveals hemorrhage of the sternum and anterior chest cage. No rib fractures are seen. Examination of the back reveals extensive subcutaneous and intramuscular hemorrhage of the back muscles, more pronounced in both flanks. No spinal fractures are noted.

Removal of the chest plate reveals hemorrhage of its posterior surface, anterior mediastinum and anterior pericardium. No gross trauma to the heart or lungs is noted. Removal of the chest organs reveals bilateral hemorrhage of the posterior-lateral intercostal muscles, with no gross evidence of associated rib fractures.

Examination of the abdomen reveals multiple focal hemorrhagic areas of the small intestine and a single contusion of the transverse colon, midline. Hemorrhage is noted in the adipose and soft tissue surrounding the head of the pancreas with no free blood or gross pancreatic laceration. Source of hemorrhage is not identified. Bilateral severe perirenal-subcapsular hemorrhages are noted of both kidneys, more pronounced on the right side. Peri-adrenal hemorrhages are also noted, more pronounced on the right side. Severe bilateral retroperitoneal hemorrhage is noted. Hemorrhage is also noted around the prostate gland and on the anterior wall of the urinary bladder. The bladder wall is intact but empty of urine.

**D. Injuries of the Extremities:**

Examination of the upper extremities reveals marked subcutaneous and intramuscular hemorrhage of the muscles of the posterior and lateral right arm. No significant injury is noted of the right forearm or the left upper extremity.

Examination of the lower extremities reveals no significant injuries. Multiple contusions are noted on the anterior thigh and anterior-medial legs. Sections through these contusions reveal subcutaneous and intramuscular hemorrhage, though less prominent than those of the upper extremities.

Examination of both feet reveals contusions of the anterior plantar surfaces of both feet and the dorsum of both big toes. Sections through these contusions reveal subcutaneous and prominent intramuscular hemorrhages.

**INTERNAL EXAMINATION**

The injuries are listed above and will not be repeated.

**BODY CAVITIES:**

See "Evidence of Injury". The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. Bilateral adhesions are noted in the chest cavity, more prominent on the left side. No abnormal collections of fluid are present noted. All body organs are present in their normal anatomical position.

**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 is grossly unremarkable with no significant abnormality. The brain weighs 1330 grams.

**NECK:**

See "Evidence of Injury"

Examination and dissection of the soft tissues of the neck, layer-by-layer, reveals no non-traumatic abnormalities. The thyroid cartilage and hyoid bone are intact.

**CARDIOVASCULAR SYSTEM:**

See "Evidence of Injury".

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 unremarkable. 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 300 grams.

**RESPIRATORY SYSTEM:**

The upper airway is clear of debris and foreign material; the mucosal surfaces are unremarkable. The pleural surfaces are unremarkable bilaterally. The pulmonary parenchyma is grey-red and are markedly congested. No consolidation or significant abnormality is grossly noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right and left lung weighs 610 grams and 540 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 dark green bile and no gall stones. The extrahepatic biliary tree is without evidence of calculi. The liver weighs 1090 grams.

**ALIMENTARY TRACT:**

See "Evidence of Injury".

The tongue reveals no non-traumatic abnormalities. The esophagus is lined by gray-white mucosa. The gastric mucosa reveals the normal rugal folds. The stomach is distended with undigested-partially digested food; sample is submitted for toxicology. The small and large bowel is unremarkable with no non-traumatic abnormalities. The pancreas is grossly unremarkable with no non-traumatic lesions. The appendix is present and unremarkable.

**GENITOURINARY SYSTEM:**

See "Evidence of Injury".

The renal capsules are smooth and thin. 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 100 grams each. The prostate gland and testes reveal no non-traumatic abnormality.

**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 120 grams.

**ENDOCRINE SYSTEM:**

See "Evidence of Injury".

The pituitary and thyroid glands are grossly unremarkable. The adrenal glands reveal no non-traumatic abnormalities.

**MUSCULOSKELETAL SYSTEM:**

See "Evidence of Injury".

Muscle development is normal. No non-traumatic muscle, bone or joint abnormalities are noted.

**EVIDENCE COLLECTION**

None collected during autopsy.

**IDENTIFYING MARKS**

A dark mustache and beard are present. No tattoos, major surgical scars or other identifying marks are noted.

**NATURAL DISEASES**

No evidence of natural diseases is identified during the autopsy examination.

**MEDICAL INTERVENTION**

None noted during autopsy.

**POSTMORTEM CHANGES**

The body is cold due to refrigeration. Livor is consistent with supine position. Rigor is present equally in all extremities. No significant decomposition changes are noted.

**TOXICOLOGY**

- A. Volatiles (Blood and Vitreous fluid): No ethanol was detected.
- B. Screened drugs of abuse and medications (Blood): None were found.

### 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: Blood, vitreous fluid, bile, 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 without preparation of histological slides.

### FINAL AUTOPSY DIAGNOSIS

#### **I. Blunt Force Injuries:**

##### **a. Injuries of the Head:**

- Bilateral contusions of the intra-oral mucosa.
- Scleral hemorrhage, right side.

##### **b. Injuries of the Neck:**

- Extensive contusions of the neck.
- Focal areas of hemorrhage in the muscles of the neck, bilateral and posteriorly.
- Hemorrhage on the left side of the hyoid. No fractures noted.

##### **c. Injuries of the Torso:**

- Extensive contusions on the anterior and posterior torso with subcutaneous and intramuscular hemorrhage.
- Hemorrhage of intercostal spaces of the chest cavity, bilateral.
- Retroperitoneal hemorrhage, bilateral.
- Bilateral peri-renal and peri-adrenal and peri-pancreatic hemorrhages.
- Focal hemorrhages of the esophagus, small and large intestines, urinary bladder and prostate gland.

##### **d. Blunt Force Trauma to the Extremities:**

- Extensive subcutaneous and intramuscular hemorrhage of the right arm.
- Multiple contusions with subcutaneous and intramuscular hemorrhage of the lower extremities.

#### **II. Neck Compression:**

- See Injuries of the Neck above

#### **III. Toxicology:** No ethanol, screened medications or drugs of abuse were detected.

OPINION

(b)(6) an Iraqi detainee, died from blunt force injuries to his torso and extremities and possible asphyxiation by neck compression and/or smothering.

(b)(6) suffered extensive subcutaneous, intramuscular and retroperitoneal hemorrhages as well as peri-renal, peri-adrenal and peri-pancreatic hemorrhages. Though there was no evidence of skeletal fractures, the extent of the noted blunt force trauma and the resulting blood loss must have resulted in a non-reversible hemorrhagic shock. Also noted is the sternal and pericardial trauma which may have effects on the heart function and myocardial conduction system that cannot be definitively determined at autopsy. The injuries appear of the same age and are consistent with acute trauma. The multiplicity of injuries and distribution, anterior and posterior torso, extremities and the plantar surfaces of both feet are consistent with torture.

The distribution of the hemorrhage of the neck muscles is consistent with manual neck compression/strangulation. The applied force was enough to cause deep hemorrhage around the esophagus, but not enough to fracture the hyoid bone. Bilateral intraoral mucosal contusions hemorrhage is noted and is consistent with applying pressure to both cheeks forcing a contact between the teeth and the oral mucosa, consistent with smothering or forceful attempt to silence the victim. Resulting asphyxia may have caused brain damage and contributed/hastened his death.

Toxicological studies on blood and vitreous fluid are negative for ethanol, screened medications and drugs of abuse.

In summary (b)(6) died from a combination of blunt force trauma and asphyxia by neck compression and smothering. 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 Qurunfir Al-Araki, Husayn Kazim,		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		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		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Négride	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique
<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 <sup>1</sup> Maladie ou condition directement responsable de la mort.		Blut force injuries and neck compression	Unknown
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 <sup>2</sup> Autres conditions significatives <sup>2</sup>			
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 (b)(6)	DATE Date 25 May 2008	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) 2008 1055		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 funtel 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 6/12/2008		SIGNATURE (b)(6)	
<sup>1</sup> State disease, injury or complication which caused death, but not <sup>2</sup> State conditions contributing to the death, but not related to the disease or condition causing death. <sup>1</sup> 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. <sup>2</sup> Préciser la condition qui a contribué à la mort, mais n'est pas en rapport avec la maladie ou la condition qui a provoqué la mort.			

FORM DD 1 APR 77 2064

REPLACES DA FORM 3665, 1 JAN 72 AND DA FORM 3665-R(PAS), 26 SEP 76, WHICH ARE OBSOLETE.

MEDCOM 1030