



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



AUTOPSY EXAMINATION REPORT

Name: BTB Hammed, Johar Nasir

Autopsy No.: (b)(6)

Internment Serial Number (b)(6)

AFIP No.: (b)(6)

Date of Birth: Unknown

Rank: Civilian

Date of Death: (b)(6) 2005

Place of Death: Camp Anaconda, Iraq

Date of Autopsy: 06 SEP 2005

Place of Autopsy: Port Mortuary

Date of Report: 29 MAY 2006

Dover AFB, DE

Circumstances of Death: This believed to be 65 year old Iraqi male civilian detainee died from an acute intracerebral hemorrhage that occurred on 29 AUG 2005, after being detained by American forces. According to the CID investigation of the decedent's death the decedent was detained in the early morning hours on 29 AUG 2005 and suffered some abrasions and contusions by offering moderate resistance during his apprehension. Upon arrival to the detention center at approximately 0730 hrs, the decedent was reported to be awake, alert and oriented. A detention center medical team evaluated the decedent approximately 3 hours after arrival and cleared him medically. At about noon the same day, the decedent entered a portable toilet under his own power and without difficulty. Upon exiting the toilet, the decedent was witnessed to stagger and appeared dis-oriented with slurring of his speech. The decedent was transported to the local medical facility for treatment of a suspected cerebrovascular accident (stroke). The decedent was diagnosed with an acute intracerebral bleed. The decedent was hospitalized for treatment and died on (b)(6) 06.

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

Identification: Presumptive identification is established by the internment serial number and accompanying records.

CAUSE OF DEATH: Acute Cerebrovascular Accident due to Amyloid Angiopathy

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

I. Acute Intracerebral Hemorrhage

A. Acute Intracerebral Hemorrhage

1. An approximately 8 x 8 cm area of necrotic brain tissue in the right parietal lobe of the brain surrounds an intraventricular hematoma that extends to the inferior surface of the right cerebral hemisphere and is associated with approximately 30 to 40 ml of collectible subdural clotted blood and an additional 20 to 30 ml of subdural hematoma that is loosely adherent to the posterior dura mater and the superior surface of the tentorium cerebelli. The right cingulate gyrus is prominent and distorts the falx cerebri. The cerebellar tonsils are prominent. The basilar artery has minimal atherosclerosis and there are no gross aneurysms of the cerebral arteries.
2. Neuropathology consultation reveals an acute parenchymal hemorrhage of the right inferior temporal-occipital region due to amyloid angiopathy (see full consultation report below)

II. Blunt Force Injuries

A. Injuries of the Head

1. A 9.4 x 3.8 cm abraded contusion of the right cheek
2. A 4.0 x 1.0 cm area of purple discoloration of the inferior aspect of the right eye socket, probable contusion
3. A 1.4 x 1.0 cm abrasion with laceration of the lower left lip associated with a 2.0 x 2.0 cm ecchymosis of the buccal mucosa
4. A 5.2 x 2.3 cm contusion of the strap muscles of the left side of the neck, extends down to left side of thyroid cartilage
5. A 2.7 x 2.5 cm contusion of the lateral aspect of the right neck
6. An approximately 5.0 x 3.0 cm resolving subgaleal contusion (probable) of the left parietal scalp

B. Injuries of the Torso

1. Four contusions surround the right nipple, ranging in size from 0.3 x 0.3 cm to 4.6 x 2.5 cm
2. A 2.0 x 1.5 cm contusion is on the medial left chest
3. A 6.0 x 2.0 cm abraded contusion is on the right flank, overlying the anterior iliac crest
4. A 6.2 x 4.1 cm contusion is on the left buttock
5. A 1.5 x 1.0 cm contusion over the sternum, identified on dissection
6. A 2.2 x 1.2 cm contusion of the right chest wall, identified on dissection

C. Injuries of the Extremities

1. A 2.4 x 1.4 cm contusion of the right shoulder
2. A 6.0 x 4.0 cm contusion of the left upper arm, over the left biceps
3. A 3.0 x 1.5 cm contusion of the lateral left forearm
4. A 0.5 x 0.3 cm abrasion of the posterior left wrist
5. A 2.5 x 1.0 cm abrasion on the medial aspect of the right wrist
6. A 0.4 x 0.4 cm crusted abrasion of the left fourth finger
7. A 1.5 x 1.0 cm abrasion of the left knee
8. A 2.5 x 1.5 cm area of abraded callused skin of the left knee
9. A 7.0 x 2.0 cm contusion of the medial aspect of the left ankle
10. A 10.8 x 0.9 cm abrasion of the anterior aspect of the left ankle extending to the left foot
11. A 4.0 x 2.0 cm area of abraded skin on the medial aspect of the left foot
12. A 1.5 x 1.5 cm and a 2.5 x 0.5 cm contusion of the left great toe
13. A 0.7 x 0.7 cm laceration of the medial aspect of the right foot

III. Injuries Suggestive of Wrist Restraint

1. A 2.8 x 0.2 cm patterned linear abrasion of the right wrist that is 0.5 cm apart from a parallel 2.0 x 0.2 cm linear abrasion of the right wrist
2. A 1.1 x 0.5 cm patterned linear abrasion of the anterior right wrist that is 0.5 cm apart from a linear 0.5 x 0.1 cm abrasion of the anterior right wrist
3. A 1.8 x 0.2 cm abrasion of the medial right wrist
4. A 1.2 x 0.2 cm abrasion of the medial right wrist

IV. Evidence of Probable Medical Intervention

1. A 7.0 x 3.0 cm ecchymosis of the anterior left forearm
2. A 7.0 x 3.0 cm ecchymosis of the posterior surface of the left hand
3. A 7.0 x 2.0 cm ecchymosis of the posterior right forearm
4. A 0.7 x 0.7 cm ecchymosis of the lateral right wrist
5. Segment of bio-occlusive dressing on the anterior left wrist

V. Other Autopsy Findings

1. Cardiomegaly (480 grams) with bilateral ventricular dilation
2. Mild atherosclerosis (25% stenosis) of the right coronary artery and minimal abdominal aortic atherosclerosis
3. Bilateral pulmonary edema
4. Liver hemangioma (2.0 x 1.5 cm)
5. Splenomegaly (1120 grams)
6. Renal cortical cyst (3.2 cm in diameter) and granular renal cortical surfaces
7. Moderate to severe trabeculation of the urinary bladder with diverticuli formation
8. Multiple prostatic concretions

VI. Identifying Marks

1. A 4.0 x 0.3 cm horizontal scar of the left costal margin
2. A 2.1 x 1.0 cm seborrheic keratosis of the back
3. A 1.0 x 1.0 cm callus of the anterior surface of the right foot
4. Black ink writing on (b)(6)

- VII. Toxicology is negative for ethanol, cyanide and screened drugs of abuse. The blood contains 0.22 mg/L of morphine and 2% carboxyhemoglobin (normal for non-smokers 0-3% and smokers 3-10%)**

EXTERNAL EXAMINATION

The body is received wrapped in a white bed sheet and is that of a well-developed appearing 70 inch long, 161 pounds Iraqi National male whose appearance is consistent with the reported age of 65 years. Lividity is fixed along the left side of the body and posterior surface. Rigor is easily broken in the extremities.

The scalp is covered with gray with admixed black hair in a normal distribution with male patterned baldness. The medial conjunctiva of each eye is moderately edematous and slightly yellow. The irides are brown and the pupils are round and equal in diameter (6 mm). The external auditory canals are free of abnormal secretions. The ears are unremarkable. The nares are patent. The frenula of the lips are intact. The nose and maxillae are palpably stable. The facial hair consists of a gray and black mustache and a gray stubble beard. The teeth appear natural and in fair repair.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. There are several contusions of the chest described below. The abdomen is flat and free of any gross injuries. The genitalia are those of a circumcised, 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. Injuries of the extremities are described below.

CLOTHING AND PERSONAL EFFECTS

The body is received for examination without clothing or personal effects

MEDICAL INTERVENTION

The following findings represent possible prior intravascular access sites:

1. A 7.0 x 3.0 cm ecchymosis of the anterior left forearm
2. A 7.0 x 3.0 cm ecchymosis of the posterior surface of the left hand
3. A 7.0 x 2.0 cm ecchymosis of the posterior right forearm
4. A 0.7 x 0.7 cm ecchymosis of the lateral right wrist

5. A segment of bio-occlusive dressing on the anterior left wrist

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates neither acute or remote fractures nor any foreign bodies.

EVIDENCE OF INJURY

Blunt Force Trauma Injuries

Injuries of the Head:

A 9.4 x 3.8 cm abraded contusion is on the right cheek, immediately in front of the right ear. A 4.0 x 1.0 cm area of purple discoloration is along the inferior aspect of the right eye socket, representing a probable contusion. There is a 1.4 x 1.0 cm abrasion with a laceration of the lower left lip associated with a 2.0 x 2.0 cm ecchymosis of the buccal mucosa. This area is most likely secondary to blunt trauma, although the possibility of this injury being secondary to endotracheal intubation cannot be excluded. A 5.2 x 2.3 cm contusion of the strap muscles of the left side of the neck extends down to left side of thyroid cartilage. A 2.7 x 2.5 cm contusion is on the lateral aspect of the right neck. On the subgaleal membranes of the left parietal scalp is an approximately 5.0 x 3.0 cm area of a probable resolving contusion.

Injuries of the Torso:

Four contusions surround the right nipple, ranging in size from 0.3 x 0.3 cm to 4.6 x 2.5 cm. A 1.5 x 1.0 cm contusion is over the sternum and a 2.0 x 1.5 cm contusion is on the medial left chest. A 2.2 x 1.2 cm contusion of the right chest wall is revealed on examination of the intercostal muscles. A 6.0 x 2.0 cm abraded contusion is on the right flank, overlying the anterior iliac crest and a 6.2 x 4.1 cm contusion is on the left buttock.

Injuries of the Extremities:

A 2.4 x 1.4 cm contusion is on the right shoulder and a 6.0 x 4.0 cm contusion is on the left upper arm, over the left biceps muscle. A 3.0 x 1.5 cm contusion is on the lateral left forearm and there is a 0.5 x 0.3 cm abrasion of the posterior left wrist. A 0.4 x 0.4 cm crusted abrasion is on the left fourth finger. On the medial aspect of the right wrist is a 2.5 x 1.0 cm abrasion. On the left knee are a 1.5 x 1.0 cm abrasion of the left knee and a 2.5 x 1.5 cm area of abraded callused skin of the left knee. The left ankle and foot have a 7.0 x 2.0 cm contusion on the medial aspect of the left ankle, a 10.8 x 0.9 cm abrasion of the anterior aspect of the left ankle that extends the left foot, a 4.0 x 2.0 cm area of abraded skin is on the medial aspect of the left foot and a 1.5 x 1.5 cm and a 2.5 x 0.5 cm contusion of the left great toe. A 0.7 x 0.7 cm laceration is on the medial aspect of the right foot.

Injuries Suggestive of Wrist Restraint:

On the posterior surface of the right wrist is a 2.8 x 0.2 cm patterned linear abrasion that is 0.5 cm apart from a parallel 2.0 x 0.2 cm linear abrasion. A 1.1 x 0.5 cm patterned linear abrasion of the anterior right wrist is 0.5 cm apart from a linear 0.5 x 0.1 cm abrasion of the

anterior right wrist. On the medial aspect of the right wrist are a 1.8 x 0.2 cm abrasion and a 1.2 x 0.2 cm abrasion.

INTERNAL EXAMINATION

HEAD:

The calvarium is intact, as is the dura mater beneath it. Bloody cerebrospinal fluid surrounds the 1420 gm brain. There are no skull fractures. The atlanto-occipital joint is stable.

An approximately 8 x 8 cm area of necrotic brain tissue in the right parietal lobe of the brain surrounds an intraventricular hematoma that extends to the inferior surface of the right cerebral hemisphere and is associated with approximately 30 to 40 ml of collectible subdural clotted blood and an additional 20 to 30 ml of subdural hematoma that is loosely adherent to the posterior dura mater and the superior surface of the tentorium cerebelli. The right cingulate gyrus is prominent and distorts the falx cerebri. The cerebellar tonsils are prominent. The basilar artery has minimal atherosclerosis and there are no gross aneurysms of the cerebral arteries. Neuropathology consultation reveals an acute parenchymal hemorrhage of the right inferior temporal-occipital region due to amyloid angiopathy (see full consultation report below)

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:

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 990 and 930 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is moderately to severely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 490 gm 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. Cross sections of the vessels show mild (25% stenosis) atherosclerosis of the right coronary artery. The left coronary artery and its branches are free of atherosclerosis. The myocardium is homogenous, red-brown, and soft. The left ventricle is grossly dilated. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.2 and 0.2-cm 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 1930 gm liver is enlarged and has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. A 2.0 x 1.5 cm area of the inferior portion of the right lobe of the liver is consistent with a hemangioma. The gallbladder contains a minute amount of green-black bile and no stones. The gallbladder mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 1120 gm spleen is massively enlarged and has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles. There are no masses within the parenchyma.

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 130 and 160 gm, respectively. The external surface of the right kidney is intact and smooth. The left kidney contains a 3.2 cm diameter simple cyst. 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. A white bladder mucosal overlies a severely trabeculated bladder wall that has several diverticuli. The bladder contains a scant amount of urine. The prostate is normal in size, with lobular, yellow-tan parenchyma and multiple concretions. 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 80-90 ml of cloudy white liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by an OAFME photographer.
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, urine, spleen, lung, kidney, liver, bile, gastric contents, adipose and psoas muscle
- The dissected organs are forwarded with body
- Personal effects are released to the appropriate mortuary operations representatives

CONSULTATIONS

Neuropathology Consultation (Department of Neuropathology, AFIP, Washington D.C.):

This case was reviewed in conference on 12 Apr 06.

We examined the 1365-gram formalin-fixed brain submitted in reference to this case. The brainstem and cerebellum have been artifactually displaced superiorly between the occipital lobes during fixation. Subdural hemorrhage is delicately attached to the dura near the occiput; however, membrane formation is not noted. Patchy subarachnoid hemorrhage is identified over both cerebral hemispheres, left greater than right. The leptomeninges of the interpeduncular cistern, brain stem, and cerebellum are free of hemorrhage. A 5.5 x 4.0 cm, hemorrhagic defect is present in the inferior surface of the right temporal-occipital lobes. Cerebral cortical contusions are not seen. The remainder of the cerebral cortex has an unremarkable gyral pattern. The cranial nerve stumps identified are unremarkable. The circle of Willis is dissected from the brain and shows an adult pattern without aneurysms, atherosclerosis, or sites of occlusion. There is mild displacement of the right cingulate gyrus to the left, but definite herniation is not identified. There is no evidence of uncal or tonsillar herniation. The brain stem and cerebellum are normal in size, shape, and consistency. Coronal sections of the cerebrum confirm the presence of the temporal-occipital lobe hemorrhage, which extends up to 3.0 cm into the white matter and periventricular region. Focal intraventricular extension is noted. Otherwise, the ventricular system is of normal size and shape. No other abnormalities are noted in the cerebral cortex, white matter, and deep gray matter nuclei. The substantia nigra and locus ceruleus are normally pigmented for age. The cerebral aqueduct is patent and free of blood. Transverse sections of the brain stem and cerebellum show no abnormalities. The fourth ventricle has the usual size and is free of blood. The spinal cord is not available for examination.

Summary of microscopic sections: 1. Left superior and middle frontal gyri. 2. Left inferior parietal lobule. 3. Left superior and middle temporal gyri. 4. Left cingulate gyrus. 5. Left hippocampus. 6. Left caudate and putamen. 7. Left putamen and globus pallidus. 8. Left thalamus. 9. Midbrain (right inked black). 10. Pons (right inked black). 11. Medulla (right inked black). 12. Left cerebellum. 13. Cervico-medullary junction (right inked black). 14. Right uncus. 15. Right inferior parietal lobule. 16. Right inferior parietal lobule. 17. Dura with hemorrhage. 18-20. Right inferior parietal lobule.

The tissue was processed in paraffin; a section prepared from each paraffin block was stained with H&E. Additional sections prepared from selected blocks were stained with an iron stain, Halls and immunohistochemical methods for β -amyloid.

Microscopic sections show acute hemorrhage in sections of cerebral cortex and white matter with associated neutrophils and occasional macrophages. White matter rarefaction, hypereosinophilic neurons, white matter vacuolation, foci of necrosis, thickened vessels and scattered axonal spheroids are identified adjacent to the hemorrhage. Immunohistochemical staining for β -amyloid highlights amyloid deposition within vessel walls, consistent with

amyloid angiopathy. Acute subarachnoid hemorrhage is noted in several sections, confirming the findings described in the gross examination. Acute subdural hemorrhage without evidence of early organization or membrane formation is identified in the section of dura. The above features are consistent with an acute parenchymal hemorrhage most likely secondary to amyloid angiopathy with extension into the subarachnoid and subdural spaces. An associated acute infarct with accompanying edema is also present. Although the changes could be due to a hemorrhagic infarct with incidental amyloid angiopathy, the above interpretation is favored.

Sections of cerebral cortex also demonstrate numerous plaques, which are highlighted with immunohistochemical staining for β -amyloid. Sections of hippocampus exhibit scattered Hirano bodies and a few neurofibrillary tangles. These features represent non-specific neurodegenerative changes.

Multiple sections, including those from the basal ganglia, are remarkable for arteriosclerosis with associated perivascular hemosiderin-laden macrophages.

Diagnoses: Brain, autopsy: 1. Parenchymal hemorrhage, acute, right inferior temporal-occipital region, with associated acute infarction, subarachnoid hemorrhage and subdural hemorrhage.
2. Amyloid angiopathy.
3. Arteriosclerosis.
4. Non-specific neurodegenerative changes

Thank you for submitting this case for study.

Signed by (b)(6) on 12 APR 06.

MICROSCOPIC EXAMINATION

Selected portions of organs, other than the brain (noted above) are retained in formalin, without preparation of histologic slides.

OPINION

This BTB 65 year old Iraqi National male died as a result of an acute cerebrovascular accident that is due to amyloid angiopathy. Amyloid is a proteinaceous material that is produced by the body and can accumulate in the viscera and/or the blood vessels of the body and brain. In this particular case, the acute cerebral hemorrhage occurred in contemporary relationship to the decedent being detained by American forces. Review of investigative and medical records reveals that the decedent was awake and alert upon intake into the detention facility. His blood pressure was mildly elevated (152/ 98 mmHg). It was documented he had blunt force trauma injuries consistent with being forcibly detained. At noon, approximately two hours after being medically evaluated and several hours after capture, the decedent was witnessed to stumble out of a port-a-john and then quickly became unresponsive. The decedent was determined to have an acute stroke, which was confirmed on

AUTOPSY REPORT (b)(6)
BTB Hammed, Johar Nasir

Page 10 of 10

CT scan. The decedent survived in the medical treatment facility approximately (b)(6) before succumbing to the stroke. The mechanism for the stroke is presumed to be the transient increase in blood pressure within a diseased cerebral arteriole, during the process of elimination while the decedent was in the latrine. There is no definitive evidence the blunt force trauma sustained during the capture of the decedent precipitated the stroke, therefore the manner of death is natural. The morphine (narcotic analgesic) and carboxyhemoglobin present in the blood did not contribute to the death.

(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 Hammed, Johar,		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	
<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 Maladie ou condition directement responsable de la mort. Acute Cerebrovascular Accident due to Amyloid Angiopathy			Hours
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 suscitées par des causes extérieures	
<input checked="" 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 type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature	DATE Date 6 September 2005	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) 2005	PLACE OF DEATH Lieu de décès Balad 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	SIGNATURE Signature		

FORM DD 1 APR 77 2064

REPLACES DA FORM 3885, 1 JAN 72 AND DA FORM 3885-R(PA5), 26 SEP 78, WHICH ARE OBSOLETE.

MEDCOM 0293

(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	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSTION		DATE OF DISPOSTION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY <i>(Town and Country)</i>	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00