



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
1-800-944-7912



AUTOPSY EXAMINATION REPORT

Name: Unknown	Autopsy No.: (b)(6)
SSAN: Not Applicable	AFIP No.: (b)(6)
Date of Birth: Unknown	Rank: Not Applicable
Date of Death: (b)(6) 2005	Place of Death: Haqlaniyah, Iraq
Date of Autopsy: 09 JUL 2005	Place of Autopsy: Port Mortuary, Dover Air Force Base, Dover, DE
Date of Report: 31 AUG 2005	

Circumstances of Death: Iraqi Armed Forces and United States Marines detained this unknown individual for suspicious activity. He attempted to flee and, after verbal commands to stop were ignored, he was engaged with deadly force.

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

Identification: Positive identification is pending.

CAUSE OF DEATH: Multiple gunshot wounds

MANNER OF DEATH: Homicide

FINAL AUTOPSY DIAGNOSES:

I. Multiple gunshot wounds

A. Gunshot wound to the back (#1)

1. Entrance on the center of the back
2. No soot or stippling present
3. Injury to the skin; subcutaneous tissue; muscle; posterior aspect of the left 9th interspace; left lung; and antero-lateral aspects of the left 3rd, 4th, and 5th ribs
4. Exit on the left side of the chest
5. No bullet or fragments recovered
6. Direction: back to front, right to left, and upward
7. Associated injuries: penetrating injury of the left lung, fracture of the left 3rd, 4th, and 5th ribs

B. Gunshot wound to the back (#2)

1. Entrance on the left side of the back
2. No soot or stippling present
3. Injury to the skin, subcutaneous tissue, muscle, posterior-lateral aspect of the left 9th rib, left lung, heart, the anterior aspect of the left 1st interspace, and the left clavicle
4. Exit above the left clavicle
5. No bullet or fragments recovered
6. Direction: back to front, left to right, and upward
7. Associated injuries: fracture of the left 9th rib, penetrating injury of the left lung, pulpification of the heart, and fracture of the left clavicle

II. No natural disease identified within the limitations of the examination

III. No evidence of medical treatment

IV. Moderate decomposition

V. Toxicology

A. Alcohol

1. Kidney: trace acetaldehyde, 91 mg/dl ethanol, 6 mg/dl 1-propanol
2. Liver: 5 mg/dl acetaldehyde, 56 mg/dl ethanol, trace 1-propanol

B. Screened drugs of abuse and medications: none

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, muscular, 67 inch tall, 131 pounds Caucasoid male. Lividity is faint on the back and rigor is absent. Decomposition changes consist of diffuse skin slippage, marbling of the upper and lower extremities, diffuse putrefaction, and mummification of the fingers and toes.

The scalp is covered with short, straight brown hair in a normal distribution. Facial hair consists of a moustache and beard. An accumulation of insect eggs is present around the left eye. The irides are brown and the pupils are round and equal in diameter. The external auditory canals are clear. 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.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric; injuries of the chest are described below. The abdomen is flat. Injuries of the back are described below. 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.

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects are previously removed and submitted in a red plastic bag at the time of autopsy:

- two gray socks
- brown leather belt
- green briefs
- white long underwear pants
- black slacks
- tan tank top
- plaid shirt

Defects of the tank top and shirt are consistent with the underlying wounds.

MEDICAL INTERVENTION

There is no evidence of medical intervention.

RADIOGRAPHS

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

- fracture of the left clavicle
- fractures of the left ribs 3 to 5

EVIDENCE OF INJURY

The ordering of the following injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity. All wound pathways are given relative to standard anatomic position.

I. Multiple gunshot wounds

A. Gunshot wound to the back (#1)

A gunshot entrance wound is on the center of the back, located 17" below the top of the head and 1/2" left of the posterior midline. The circular wound measures 1/8" in diameter with a 1/4" eccentric marginal abrasion on the 3 o'clock border. Soot and stippling are not present on the skin surrounding the wound. The wound path injures the skin, subcutaneous tissue, muscle, the posterior aspect of the left 9th interspace, the lower and upper lobes of the left lung, and the anterior aspects of the left 3rd, 4th, and 5th ribs. The bullet exits via a 3" x 2" irregular wound, located 13-1/2" below the top of the head and 3" left of the anterior midline. No bullet or fragments are recovered from the wound path. The wound path is directed back to front, right to left, and upward. Associated injuries include a penetrating injury of the left lung and fracture of the left 3rd, 4th, and 5th ribs.

B. Gunshot wound to the back (#2)

A gunshot entrance wound is on the left side of the back, located 20-1/2" below the top of the head and 5-1/2" left of the posterior midline. The circular wound measures 1/8" in diameter with a 1/4" eccentric marginal abrasion on the 5 to 6 o'clock border. Soot and stippling are not present on the skin surrounding the wound. The wound path injures skin, subcutaneous tissue, muscle, the posterior-lateral aspect of the left 9th rib, the lower lobe of the lung, the heart, the anterior aspect of the right 1st interspace, and the left clavicle. The bullet exits via a 3/4" x 1/2" irregular wound, located 7-1/2" below the top of the head and 4-1/2" left of the anterior midline. No bullet or fragments are recovered from the wound path. The wound path is directed back to front, left to right, and upward. Associated injuries include fracture of the left 9th rib, penetrating injury of the left lung, pulpification of the heart, and fracture of the left clavicle

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. The brain weighs 1130 gm. The surface of the brain has mild to moderate putrefactive changes, however the gyri and sulci are otherwise unremarkable. Coronal sections demonstrate sharp demarcation between white and gray 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.

AUTOPSY REPORT (b)(6)
UNKNOWN

5

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

Injuries of the ribs have been described. The uninjured 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:

Injuries of the left lung have been described. The right and left lungs weigh 250 and 170 gm, respectively. The intact external surfaces are smooth with mild to moderate putrefaction. Putrefactive changes are also present on the cut surfaces of the lungs.

CARDIOVASCULAR SYSTEM:

Injury of the heart has been described. The heart weighs 180 gm. The epicardium is smooth with minimal fat investment. The myocardium has severe putrefactive changes and is soft. Injuries of the heart prevent further evaluation of the coronary arteries, heart valves, and chamber walls. The uninjured endocardium has putrefactive changes. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 720 gm 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 no bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 110 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

The pancreas is soft 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 pale yellow cortices and soft red medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 70 and 60 gm, 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 no 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 ml of mixed solids and fluids. 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.
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicologic testing and/or DNA identification are: gastric contents, brain, liver, psoas, lung, spleen, kidney, and adipose tissue.
4. The dissected organs are forwarded with body.

MICROSCOPIC EXAMINATION

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

AUTOPSY REPORT
UNKNOWN

(b)(6)

OPINION

This unknown individual died of multiple gunshot wounds. Severe wounds to the left lung and heart were sustained from two gunshot wounds to the back. No evidence of close range fire was present around the two wounds and no bullets or fragments were recovered from either wound path. Toxicology tests for alcohol suggest decomposition changes; tests for screened drugs of abuse and medications are negative. The manner of death is homicide. Since positive identification is pending, this report may be amended should this information become available.

(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 décédé (Nom et prénoms) (b)(6)		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
CAUCASOID Caucasien	SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant
NEGROID Négre	MARRIED Marié	SEPARATED Séparé	CATHOLIC Catholique
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)	WIDOWED Veuf		JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le tué	
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			Seconds to Minutes
GunsHOT wounds to the back			
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	
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
ACCIDENT Mort accidentelle			
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
<input checked="" type="checkbox"/> HOMICIDE Homicide	(b)(6)	DATE Date 9 July 2005	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (Hour, day, month, year) Date du décès (Heure, le jour, le mois, l'année)	PLACE OF DEATH Lieu du décès		
(b)(6) 2005	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		TITLE OR DEGREE Titre ou diplôme	
(b)(6)		Medical Examiner	
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse		
(b)(6)	Dover AFB, Dover DE		
DATE Date	(b)(6)		
04 Oct 05			

DD FORM 1 APR 77 2064

REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0330