



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
**Office of the Armed Forces Medical Examiner**  
1413 Research Blvd., Bldg. 102  
Rockville, MD 20850  
1-800-774-8427



**AUTOPSY EXAMINATION REPORT**

Name: BTB Ahmed, Raad Hikmet  
Capture Tag No. (b)(6)  
Date of Birth: Unknown  
Date of Death: (b)(6) 2005  
Date of Autopsy: 26 MAR 2005  
Date of Report: 24 OCT 2005

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

**Circumstances of Death:** This male Iraqi civilian was reportedly detained by Iraqi Police after coming to the police to report he and another detainee had been kidnapped and beaten up by a rival clan. The surviving detainee stated the Iraqi police physically assaulted the pair. The decedent and his associate were taken by US forces to Camp Charlie, which is controlled by Polish forces. The decedent was under Polish medical care receiving treatment for his injuries when he was pronounced deceased on (b)(6) 2005. The treatment for the injuries reportedly included intravenous fluids and antibiotics. The circumstances immediately preceding the decedent's death are still uncertain but may have included the removal of the intravenous catheters by the decedent. Polish authorities are not providing any additional information to US investigators.

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

**Identification:** Identification is presumptive based on capture tag number.

**CAUSE OF DEATH:** Undetermined

**MANNER OF DEATH:** Undetermined

**FINAL AUTOPSY DIAGNOSES:**

**I. Blunt Force Injuries**

**A. Injuries of the Head**

1. A 1.3 x 0.4 cm laceration on the vertex of the scalp.
2. A 6.0 x 2.3 cm subgaleal ecchymosis of the midline of the superior posterior parietal scalp
3. Patchy ecchymoses of the frontal scalp
4. Bilateral ecchymoses of the anterior strap muscles of the neck to the depth of the thyroid gland
5. Superficial ecchymosis of the thymus

**B. Injuries of the Torso**

1. A 4.5 x 3.5 cm ecchymosis over the anterior surface of the right acromion
2. Contusions of the left fifth and sixth intercostal spaces
3. A 8.0 x 7.0 cm contusion of the left lower quadrant of the abdomen that overlies a 10.0 x 8.0 cm contusion of the oblique muscles of the left lower quadrant of the abdomen
4. A 11.5 x 7.0 cm contusion of the right lower quadrant of the abdomen within an area of skin slippage
5. A 7.0 x 6.0 cm superficial contusion of the anterior surface of the upper lobe of the left lung
6. A 5.0 x 4.0 cm contusion of the lateral surface of the lower lobe of the right lung with yellow central portion.
7. Bilateral hemothorax (right 600 ml and left 50 ml)
8. An approximately 9.0 x 6.0 cm contusion of the right scapular area at the posterior surface of the ribs and a 7.0 x 6.0 cm area of contusion on the left scapular area at the posterior surface of the ribs
9. A 2.1 x 1.0 cm crusted area on the left flank

**C. Injuries of the Extremities**

1. A 5.0 x 2.5 cm area of abrasions on the lateral surface of the left forearm
2. A 3.8 x 0.4 cm crusted abrasion on the left knee

**II. Other Injuries**

1. A 23.7 x 19.8 cm area of discolored denuded skin with erythematous base and crust formation on the right scapula, consistent with healing burns of varying severity
2. A 22.1 x 9.6 cm area of discolored denuded skin with erythematous base and crust formation on the left scapula, consistent with healing burns of varying severity
3. A 15.1 x 1.5 cm linear area of denuded skin on the left scapula

- immediately inferior and lateral the above area, consistent with a patterned burn
- 4. A 15 x 5 cm area of scattered crusted abrasions on the central mid back
- 5. Crusted abrasions on the medial and lateral surfaces of the left wrist
- 6. Crusted abrasions of the medial, lateral and posterior surfaces of the right wrist
- 7. Superficial patterned abrasion of the medial right ankle
- 8. Two- 0.2 x 0.2 cm round abrasions with erythematous base that are 1.9 cm apart on the right palm, possible patterned injury
- 9. Ecchymoses of the posterior surface of the right upper arm, the right lower leg, the left lower leg and the right ankle are areas of purple discoloration that range in size from 2.5 x 1.5 cm to 7.0 x 3.0 cm.

**III. Medical Intervention (possible resuscitation artifacts)**

- 1. A 23.4 x 17.1 cm area of red/purple discolorations with multiple superimposed rectangular abrasions on the left chest.
- 2. A 9.5 x 8.5 cm rectangular abrasion on the right chest
- 3. Separation of the right 3<sup>rd</sup>-5<sup>th</sup> ribs from the costal cartilage, no associated ecchymoses
- 4. Separation of the left 3<sup>rd</sup> and 4<sup>th</sup> ribs from the costal cartilage, no associated ecchymoses
- 5. Fracture of the anterior aspect of the right and left second ribs, immediately lateral to the insertion into the costal cartilage
- 6. Puncture marks in the antecubital fossae (two in right, one in left)

**IV. Identifying marks**

- 1. (b)(6) tattoo (b)(6)
- 2. tattoo
- 3. tattoo
- (b)(6)
- 4. (b)(6) tattoos (b)(6)
- (b)(6)
- 5. (b)(6) tattoos (b)(6)
- (b)(6)
- 6. A horizontal scar on the right knee

**V. No significant natural diseases identified, within limitations of the examination**

**VI. Mild decomposition**

- VII. Cardiovascular pathology consultation  
"Diagnosis: (b)(6) : Heart: Focal subendocardial contraction band necrosis and myocyte necrosis with associated mixed chronic inflammatory infiltrate consisting of macrophages and lymphocytes"
- VIII. Neuropathology consultation  
"Diagnosis: (b)(6) Brain, postmortem: Patchy acute neuronal injury. Autolysis with focal bacterial overgrowth"
- IX. Toxicology is negative for ethanol and screened drugs of abuse.
- X. Vitreous electrolytes are consistent with decomposition.

**EXTERNAL EXAMINATION**

The body is that of a well-developed well-nourished appearing 70 ½ inch long, 208 pound Iraqi male civilian. His age appears to be 30-40 years. Lividity is fixed posteriorly with pressure bearing area pallor. Rigor is waning and easily broken in the extremities. There is mild decomposition changes of the remains that include discoloration of the skin of the face, chest and back, marbling of the arms and areas of skin slippage on the neck, right shoulder, right abdominal wall and left thigh.

The scalp is covered with dark brown to black hair in a normal distribution. The irides are brown and the pupils are round and equal in diameter. The conjunctivae are congested but free of any petechiae. The external auditory canals are free of abnormal secretions. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The frenula of the lips are intact. The teeth appear natural and in fair repair. The facial hair consists of a black beard and mustache.

An approximately 24 x 17 cm area of skin slippage and vesicle formation is on the right side of the neck and a 16 x 8 cm area of skin slippage and vesicle formation is on the left and anterior surface of the neck. A 21 x 16 cm area of skin slippage and vesicle formation is on the upper right chest. Each of these areas are consistent with decomposition.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is flat. The genitalia are those of a normal circumcised adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The right buttock has a 14 x 6 cm area of small-cratered scars and the left buttock has a 10 x 10 cm area of small-cratered scars. A pilonidal cyst is at the proximal tip of the natal cleft. The anus is unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema.

Identifying marks include (b)(6) tattoo (b)(6)  
(b)(6) tattoo (b)(6)

(b)(6)			
(b)(6)	tattoos	(b)(6)	tattoo (b)(6)
(b)(6)	A horizontal scar is on the right knee.		

**CLOTHING AND PERSONAL EFFECTS**

The body is received with a pair of navy blue shorts with the label "G-AMMA" on the right front pocket. The right buttock of the shorts is mud covered.

**MEDICAL INTERVENTION**

1. A 23.4 x 17.1 cm area of red/purple discolorations with multiple superimposed rectangular abrasions on the left chest.
2. A 9.5 x 8.5 cm rectangular abrasion on the right chest
3. Separation of the right 3<sup>rd</sup> through 5<sup>th</sup> ribs from the costal cartilage, no associated ecchymoses
4. Separation of the left 3<sup>rd</sup> and 4<sup>th</sup> ribs from the costal cartilage, no associated ecchymoses
5. Fracture of the anterior aspect of the right and left second ribs, immediately lateral to the insertion into the costal cartilage
6. Puncture marks in the antecubital fossae (two in right, one in left)

The above described injuries are consistent with attempted cardiopulmonary resuscitation including electrical defibrillation.

**RADIOGRAPHS**

A complete set of postmortem radiographs is obtained and demonstrates neither long bone fractures nor any foreign bodies.

**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.

**Injuries of the Head:**

On the vertex (top) of the head is a 1.3 x 0.4 cm laceration. A 6.0 x 2.3 cm subgaleal ecchymosis is in the midline of the superior posterior parietal scalp and there are scattered ecchymoses of the frontal scalp.

Anterior neck dissection reveals bilateral ecchymoses of the anterior strap muscles that penetrate down to the level of the thyroid gland. There are superficial ecchymoses of the thymus gland. Posterior neck dissection reveals congestion of the muscles consistent with livor mortis and no ecchymoses.

**Injuries of the Torso:**

On the left abdominal wall is an 8 x 7 cm red-green contusion that overlies a 10 x 8 cm contusion of the oblique muscles of the left lower quadrant of the abdomen. In the right lower quadrant of the abdomen is an 11.5 x 7.0 cm contusion that is within a 23 x 17 cm

area of skin slippage. On the medial aspect of this contusion and outside the skin slippage is a 12 x 7 cm geometric shaped blue-black area.

A 23.7 x 19.8 cm area of discolored denuded skin with erythematous base and crust formation is on the right scapular area and a 22.1 x 9.6 cm area of discolored denuded skin with erythematous base and crust formation is on the left scapular area. Within the left scapular area is a 3.8 x 1.5 cm crusted patterned injury (rectangle). Immediately inferior and lateral to the area on the left scapula is a 15.1 x 1.5 cm linear area of denuded skin. These injuries are consistent with burns of varying severity in various stages of healing.

A 15 x 5 cm area of crusted abrasions is on the central back and a 2.1 x 1.0 cm crusted area of abrasion is on the left flank.

Internal examination reveals a 4.5 x 3.5 cm ecchymosis over the anterior surface of the right acromion and contusions of the left fifth and sixth ribs. A 7.0 x 6.0 cm superficial contusion is on the upper lobe of the left lung and a resolving 5.0 x 4.0 cm contusion is on the lateral surface of the lower lobe of the right lung. There is a 600 ml hemothorax on the right side and 50 ml on the left. Lateral to the large skin burns of the scapular areas are a 9.0 x 6.0 cm contusion of the right side that extends to the posterior surfaces of the ribs and a 7.0 x 6.0 cm contusion on the left side that also extends to posterior surfaces of the ribs.

#### Injuries of the Extremities

A 5.0 x 2.5 cm area of brush abrasions is on the lateral surface of the left forearm. Multiple crusted linear abrasions are on the medial and lateral surfaces of the left wrist and the medial, lateral and posterior surfaces of the right wrist. On the right palm are two 0.2 x 0.2 cm round abrasions that have erythematous bases and are 1.9 cm apart, representing a possible patterned injury. A 3.8 x 0.4 cm crusted abrasion is on the left knee and there is a superficial patterned abrasion on the medial right ankle.

### 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. Clear cerebrospinal fluid surrounds the 1550 gm brain, which has unremarkable gyri and sulci. The brain is submitted for Neuropathology consultation (see report below). There are no skull fractures. The atlanto-occipital joint is stable.

#### NECK:

The anterior strap muscles of the neck are homogenous and red-brown. The posterior neck muscles are congested and there are no cervical spine fractures. 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:**

Except where noted above, 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.

**RESPIRATORY SYSTEM:**

The right and left lungs weigh 720 and 690 gm, respectively. Except where noted above, the external surfaces are smooth and deep red-purple. The pulmonary parenchyma is congested and edematous. No mass lesions or areas of consolidation are present.

**CARDIOVASCULAR SYSTEM:**

The 420 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 no atherosclerosis. The myocardium is homogenous, red-brown, and firm. The heart is submitted for Cardiovascular Pathology consultation (see report below).

The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

**LIVER & BILIARY SYSTEM:**

The 2160 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is soft, tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. 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 350 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 autolyzed. No masses or areas of hemorrhage are identified.

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 250 and 280 gm, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and edematous, 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 scant 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 30 ml of brown 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.
- Trace evidence and foreign material is not collected
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood (cardiac), kidney, spleen, lung, liver, bile, gastric contents, adipose tissue and psoas muscle
- The dissected organs are forwarded with body
- Personal effects are released to the appropriate mortuary operations representatives

**Cardiovascular Pathology Consultation** (Department of Cardiovascular Pathology, AFIP, Washington DC):

**“DIAGNOSIS:** (b)(6) **Heart: Focal subendocardial contraction band necrosis and myocyte necrosis with associated mixed chronic inflammatory infiltrate consisting of macrophages and lymphocytes.**

Clinical History: This male Iraqi civilian, age estimated at 25-40 years, was taken into US custody at Camp Charlie, Iraq on 3/19/05; he was pronounced deceased on (b)(6) 05; the circumstances of his death are under investigation.

Heart: 397 grams; normal epicardial fat; closed foramen ovale; left ventricular cavity diameter 2.8 cm, left ventricular free wall thickness 1.6 cm; ventricular septum thickness 1.5 cm; right ventricle thickness 0.4 cm, without gross scars or abnormal fat infiltrates; grossly unremarkable valves and endocardium; no gross myocardial fibrosis or necrosis; histologic sections show focal contraction band necrosis and myocyte necrosis with associated macrophage and lymphocytic infiltrates, predominantly in the subendocardium and interstitium.

Coronary arteries; normal ostia; right dominance; no gross coronary atherosclerosis

Comment: The cause and circumstances of the patient's initial collapse are unclear. The submitted clinical history indicates that the decedent may have received antemortem application of electrical current. We cannot rule out the possibility that electrical injury may have led to a ventricular arrhythmia if the clinical history is substantiated. There is no coronary disease to suggest an ischemic event. The subendocardial contraction band necrosis and mixed chronic inflammatory cell infiltrates are suggestive of catecholamine-induced injury that may be seen in the setting of resuscitation”.



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Signed by (b)(6) Cardiovascular Pathologist on May 4, 2005 (original signature on file)

Neuropathology Consultation (Department of Neuropathology and Ophthalmic Pathology, AFIP, Washington DC):

(b)(6) Brain, postmortem: Patchy acute neuronal injury. Autolysis with focal bacterial overgrowth.

We examined the 1535-gram formalin fixed brain submitted in reference to this case. A small piece of the falx cerebri is included with the brain. This dura is without hematoma, thrombus or neoplasm. There is some opacification of the basal leptomeninges. No leptomeningeal hemorrhage is noted. The gyral pattern is normal; the gyri are swollen and compressed. No hemorrhage or contusion is identified. The cranial nerve stumps identified are unremarkable. The circle of Willis shows a normal configuration, with no aneurysm or malformation seen. No uncal, tonsillar, or subfalcine herniation is identified. The cerebellum, brainstem and uppermost cervical spinal cord are moderately swollen but normal in shape. Coronal sections of the cerebrum show no abnormalities of the cortex, white matter or deep gray matter nuclei. No focal lesions and no hemorrhages are identified. The ventricles are compressed and without hemorrhage. The substantia nigra and locus coeruleus are normally pigmented for patient age. Cut surfaces of the cerebellum, midbrain, pons, medulla and uppermost cervical spinal cord show no focal lesions and no hemorrhage. The aqueduct and IVth ventricle are patent and without hemorrhage. Gross photographs are taken (CD enclosed).

Summary of tissue sections: 1. Right superior/middle frontal gyrus. 2. Right inferior parietal lobe. 3. Right superior/middle temporal gyrus. 4. Right cingulate gyrus. 5. Right hippocampus. 6. Right caudate/putamen. 7. Left putamen/pallidum. 8. Right thalamus/hypothalamus at the mamillary bodies. 9. Substantia nigra/midbrain. 10. Pons. 11. Medulla. 12. Right cerebellum/dentate. 13. Uppermost cervical spinal cord. Tissue was processed in paraffin for histology; slides were stained with H&E. The material was reviewed in conference by staff of the Dept. of Neuropathology and Ophthalmic Pathology.

Scattered neurons throughout the cerebrum show pale eosinophilic discoloration consistent with acute neuronal injury. There are autolytic changes with scattered foci of bacterial overgrowth, associated mostly with small blood vessels. Features diagnostic for infection or neoplasm are not observed. No pathological hemorrhage is identified".

Signed by (b)(6) Staff Pathologist, Dept. of Neuropathology and Ophthalmic Pathology on April 22, 2005 (original signature on file).

### MICROSCOPIC EXAMINATION

Skin of Back- Consistent with burns, first through third degree.

Abrupt transition from normal skin to an area with absence of the epidermis, subepidermal splitting, extensive coagulative necrosis of the papillary and reticular

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dermis, extensive nuclear debris and scattered inflammatory response, focal subepidermal abscesses destruction of some of the dermal appendages associated with mild vacuolization of the appendage glands. Bacterial colonization without inflammatory response.

Lung- Consistent with resolving contusion

An area of necrotic lung parenchyma with the presence of hemosiderin laden macrophages outlined by border of dilated blood-filled vessels with occasional microthrombi. Bacterial colonization without inflammatory response.

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

**OPINION**

This Iraqi civilian male died while being treated for blunt force trauma injuries and burns of the back while detained in Polish custody. The events immediately preceding the death of the decedent are not provided and a specific mechanism of death was not determined from autopsy examination.

The current available information suggests the decedent was physically injured by a rival clan of Iraqis (decedent's account) or by Iraqi Police (decedent's associate's account). Autopsy examination indicates the presence of contusions (bruises), abrasions and internal injuries, as well as burns of the back that are of varying severity. The features of the injuries are consistent with the injuries occurring prior to the decedent's death.

Specific injuries further indicate the possible manner in which the decedent obtained these injuries. The ecchymoses of the neck muscles is suggestive of the decedent being restrained by the neck. Abrasions of the wrist and ankles are consistent with the decedent's hands and feet being previously restrained with unspecified instruments.

The minimal information available regarding the decedent's medical treatment in Polish custody suggests the decedent was in stable condition and receiving intravenous fluids and antibiotics. The decedent's death was sudden and apparently unexpected because there is evidence the Polish medical team tried vigorously to resuscitate the decedent. Expert consultation examinations of the heart and brain reveal no contributing factors to the death and only changes that can be attributed to resuscitation efforts.

It is possible the decedent died of complications of his injuries and thus homicide would be the manner of death, but without a complete history of the events immediately preceding his death, the apparent "stable" condition of the decedent prior to death and no specific mechanism determined by autopsy examination, an intervening mechanism of death cannot be ruled out. Therefore, the cause and manner of death is assigned as Undetermined.

**CERTIFICATE OF DEATH (OVERSEAS)**  
Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) <i>Nom du décédé (Nom et prénoms)</i> BTB Ahmed, Raad Hikmet		GRADE <i>Grade</i>	BRANCH OF SERVICE <i>Arme</i> Iraqi Detainee	SOCIAL SECURITY NUMBER <i>Numéro de l'Assurance Sociale</i> (b)(6)
ORGANIZATION <i>Organisation</i> Detainee in Iraq (Camp Charlie)		NATION <i>(e.g., United States)</i> <i>Pays</i> Iraq	DATE OF BIRTH <i>Date de naissance</i>	SEX <i>Sexe</i> <input checked="" type="checkbox"/> MALE <i>Masculin</i> <input type="checkbox"/> FEMALE <i>Féminin</i>
RACE <i>Race</i>		MARITAL STATUS <i>État Civil</i>		RELIGION <i>Culte</i>
<input checked="" type="checkbox"/> CAUCASOID <i>Caucasique</i>	<input type="checkbox"/> NEGROID <i>Négre</i>	<input type="checkbox"/> SINGLE <i>Célibataire</i>	<input type="checkbox"/> DIVORCED <i>Divorcé</i>	<input type="checkbox"/> PROTESTANT <i>Protestant</i>
<input type="checkbox"/> OTHER (Specify) <i>Autre (Spécifier)</i>	<input type="checkbox"/> MARRIED <i>Marié</i>	<input type="checkbox"/> SEPARATED <i>Séparé</i>	<input type="checkbox"/> CATHOLIC <i>Catholique</i>	<input type="checkbox"/> OTHER (Specify) <i>Autre (Spécifier)</i>
<input type="checkbox"/> WIDOWED <i>Veuf</i>	<input type="checkbox"/> JEWISH <i>Juif</i>			
NAME OF NEXT OF KIN <i>Nom du plus proche parent</i>		RELATIONSHIP TO DECEASED <i>Parenté du décédé avec le suadi</i>		
STREET ADDRESS <i>Domicile à (Rue)</i>		CITY OR TOWN AND STATE <i>(Include ZIP Code) Ville (Code postal compris)</i>		

**MEDICAL STATEMENT** Déclaration médicale

CAUSE OF DEATH <i>(Enter only one cause per line)</i> <i>Cause du décès (l'indiquer qu'une cause par ligne)</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Intervalle entre l'attaque et le décès</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Maladie ou condition directement responsable de la mort</i> Pending investigation		
ANTECEDENT CAUSES <i>Symptômes précurseurs de la mort</i>	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE <i>Condition morbide, s'il y a lieu, menant à la cause primaire</i>	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE <i>Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire</i>	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> <i>Autres conditions significatives</i>		

MODE OF DEATH <i>Condition de décès</i>	AUTOPSY PERFORMED <i>Autopsie effectuée</i> <input checked="" type="checkbox"/> YES <i>Oui</i> <input type="checkbox"/> NO <i>Non</i>	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES <i>Circonstances de la mort suscitées par des causes extérieures</i> Mode of Death: Pending
NATURAL <i>Mort naturelle</i>	MAJOR FINDINGS OF AUTOPSY <i>Conclusions principales de l'autopsie</i>	
ACCIDENT <i>Mort accidentelle</i>		
SUICIDE <i>Suicide</i>	NAME OF PATHOLOGIST <i>Nom du pathologiste</i> (b)(6)	
HOMICIDE <i>Homicide</i>	DATE <i>Date</i> 26 Mar 2005	AVIATION ACCIDENT <i>Accident à Avion</i> <input type="checkbox"/> YES <i>Oui</i> <input checked="" type="checkbox"/> NO <i>Non</i>

DATE OF DEATH <i>(Hour, day, month, year)</i> <i>Date de décès (l'heure, le jour, le mois, l'année)</i> (b)(6) 2005	PLACE OF DEATH <i>Lieu de décès</i> Camp Charlie, Iraq
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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 je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.

NAME OF MEDICAL OFFICER <i>Nom du médecin militaire ou du médecin sanitaire</i> (b)(6)	TITLE OR DEGREE <i>Titre ou diplôme</i> Medical Examiner
GRADE <i>Grade</i> (b)(6)	INSTALLATION OR ADDRESS <i>Installation ou adresse</i> Dover AFB, DE 19902
DATE <i>Date</i> 29 MAR 05	(b)(6)

<sup>1</sup> State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.  
<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'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

MEDCOM 0370

(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 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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