



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: Mousa Al Jbori, Mahmood Ismaeel Mosa	Autopsy No.: (b)(6)
Intermerit Serial Number (b)(6)	AFIP No.: (b)(6)
Date of Birth: (b)(6) 1967	Rank: Iraqi national, civilian
Date of Death (b)(6) 2005	Place of Death: Bucca, Iraq
Date of Autopsy: 5 February 2005	Place of Autopsy: Baghdad, Iraq
Date of Report: 14 March 2005	

Circumstances of Death: This 38 year-old male civilian, presumed Iraqi national was in US custody at the Bucca detention facility in Iraq. By report, he was shot during a prison riot.

Authorization for Autopsy: The Armed Forces Medical Examiner, IAW 10 USC 1471.

Identification: Visual, per detention facility records; postmortem fingerprints and DNA profile obtained.

CAUSE OF DEATH: Gunshot Wound of the Torso

MANNER OF DEATH: Homicide

FINAL AUTOPSY DIAGNOSES:

- I. Penetrating Gunshot Wound of the Torso
 - a. Indeterminate range entrance wound of posterior aspect (back) of left shoulder with no surrounding soot or stippling
 - b. Wound path through skin and soft tissue of the upper left back, the left scapula, posterior aspect of the left chest wall through the 4th rib, left lower lung lobe, diaphragm, liver and stomach
 - c. Wound associated with bilateral hemothoraces, 300 ml blood in the right pleural space and 1,000 ml blood in the left pleural space; hemopericardium, 100 ml blood; hemoperitoneum, 500 ml blood; fracture of the left scapula; fracture of the posterior lateral aspect of the left 4th rib; perforation of the left lower lung lobe and left hemidiaphragm; disruption of the left lobe of the liver; and multiple perforations of the stomach
 - d. No exit wound present
 - e. Multiple metallic fragments including a fragment of copper jacket and fragments of bullet core are recovered from within the stomach and submitted to US Army CID
 - f. No evidence of close range fire on the skin
 - g. Direction of wound path: Back to front, downward, and slightly left to right

- II. No evidence of significant natural disease, within the limitations of the examination

- III. No evidence of other significant injuries
 - a. Minor abrasions of anterior aspect of left knee
 - b. Minor contusion of back of left knee

- IV. No evidence of restraint

- V. Toxicology (AFIP)
 - a. Volatiles: Blood and vitreous fluid negative for ethanol
 - b. Drugs: Blood negative for screened medications and drugs of abuse

MOUSA AL JBORI, Mahmood Ishmael Mosa

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished unclad Caucasian male. The body weighs approximately 160 pounds (estimated), is 68" in height and appears compatible with the reported age of 38 years. The body temperature is cold, that of the refrigeration unit. Rigor is present to an equal degree in all extremities. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure.

The scalp is covered with dark brown hair averaging 1.5 cm in length. Facial hair consists of a red brown beard and mustache. The irides are brown, and the corneae are slightly cloudy. The sclerae and conjunctivae are pale and free of petechiae. There are multiple freckles over the forehead. The earlobes are not pierced. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton is palpably intact. The lips are without evident injury. The teeth are natural and in fair condition.

The neck is straight and the trachea is midline and mobile. The chest is symmetric and well developed. No injury of the ribs or sternum is evident externally. The abdomen is flat and soft. Healed surgical scars are not noted on the torso. The extremities are well developed with normal range of motion. There is a 1 x 0.3 cm scar on the right knee, and there is a 1 x 2 cm tan macule on the anterior aspect of the right thigh. The fingernails are intact. The soles of the feet are calloused, but they are clean and atraumatic. No tattoos are noted, and needle tracks are not observed. The external genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. The pubic hair is shaved but present in a normal distribution. The buttocks and anus are unremarkable. An identification tag is on the right first toe.

EVIDENCE OF THERAPY

There is an endotracheal tube in place, and there is an intravenous catheter in the right antecubital fossa. There are two adhesive EKG tabs on the body, one on the upper anterior aspect of the right shoulder and one on the upper anterior aspect of the left shoulder. There are two adhesive defibrillator pads on the body, one on the upper anterior aspect of the right shoulder and one on the anterior lateral aspect of the left side of the chest. There is a "C" written on the back of the right hand in green ink.

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.

There is dried blood streaking on the back of the hands and confluent over the back of the body. The palms of the hands are free of blood. There are two abrasions, 0.2 cm in diameter and 1 x 0.2 cm on the left knee. There is a 3 x 2 cm faint purple contusion on the back of the left knee.

Gunshot Wound of the Torso

There is an indeterminate range entrance gunshot wound of the posterior aspect of the left shoulder. The wound is round, 0.3 cm in diameter, with an eccentric marginal abrasion rim from 10 o'clock to 2 o'clock with a maximum width of 0.3 cm at the 12 o'clock position. The entrance wound is located 14 cm to the left of posterior midline and 28 cm beneath the top of the head, and there is no soot or stippling surrounding the wound.

The wound path perforates the skin and soft tissue of the upper left back and the left scapula, and enters the posterior aspect of the left chest cavity through the posterior lateral aspect of the 4th left rib. The wound perforates the left lower lung lobe, the left hemidiaphragm, the liver, and stomach.

The wound is associated with bilateral hemothoraces with 300 ml of blood in the right pleural cavity and 1,000 ml of blood in the left pleural cavity; a hemopericardium with 100 ml blood in the pericardial sac; and a hemoperitoneum with 500 ml of blood in the abdominal cavity. The wound is also associated with fractures of the left scapula and posterior lateral aspect of the left 4th rib, parenchymal defects of the left lower lung lobe and the left lobe of the liver; perforation of the diaphragm; multiple perforations of the stomach; and hemorrhage and soft tissue destruction along the wound path.

A fragment of copper jacket and multiple small metallic fragments of bullet core are recovered from within the stomach. No exit wound is present, and there is no evidence of close range fire on the skin. The direction of the wound path is from back to front, left to right, and downward.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. No adhesions are present in any of the body cavities. All body organs are present in the normal anatomical position. The vertebral bodies are visibly and palpably intact. The subcutaneous fat layer of the abdominal wall is 2 cm thick.

HEAD: (CENTRAL NERVOUS SYSTEM)

The scalp is reflected, and there is no skull fractures found. 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 cerebrospinal fluid is clear. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. Coronal sections through the cerebral hemispheres reveal no lesions, and there is no evidence of infection, tumor, or trauma. The ventricles are of normal size. Transverse sections through the brain stem and cerebellum are unremarkable. The dura is stripped from the basilar skull, and no fractures are found. The atlanto-occipital joint is stable. The brain weighs 1480 grams.

NECK:

Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, reveals no abnormalities. The anterior strap muscles of the neck are homogeneous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa and is unobstructed. The thyroid gland is symmetric and red-brown, without cystic or nodular change. There is no evidence of infection, tumor, or trauma, and the airway is patent.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces are smooth, glistening and unremarkable; the pericardial sac is free of significant fluid and adhesions. A moderate amount of epicardial fat is present. The coronary arteries arise normally, follow a right dominant distribution and are widely patent, without evidence of significant atherosclerosis or thrombosis. The chambers and valves exhibit the usual size-position relationship and are unremarkable. The myocardium is dark red-brown, firm and unremarkable; the atrial and ventricular septa are intact. The left ventricle is 1.1 cm in thickness and the right ventricle is 0.2 cm in thickness. The aorta and its major branches arise normally, follow the usual course and are widely patent, free of 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 278 grams.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is red-purple, exuding a slight amount of bloody fluid. The injuries of the left lower lung lobe are as previously described. No other focal lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 383 grams; the left 237 grams.

LIVER & BILIARY SYSTEM:

The injuries of the liver are as previously described. The hepatic capsule is otherwise smooth, glistening and intact, covering dark red-brown, moderately congested parenchyma with no focal lesions noted. The gallbladder contains 3 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi. The liver weighs 1169 grams.

ALIMENTARY TRACT:

The tongue is free of bite marks, hemorrhage, or other injuries. The esophagus is lined by gray-white, smooth mucosa. The injuries of the stomach are as previously described. The gastric mucosa is otherwise arranged in the usual rugal folds and the lumen contains a film of tan fluid. The small and large bowel are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present and is unremarkable.

GENITOURINARY SYSTEM:

The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The urinary bladder contains 60 ml of clear, yellow urine. The prostate gland 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. The right kidney weighs 117 grams; the left 119 grams.

RETICULOENDOTHELIAL SYSTEM:

The spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The spleen weighs 59 grams.

ENDOCRINE SYSTEM:

The pituitary, thyroid and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM:

Muscle development is normal. No bone or joint abnormalities are noted.

MICROSCOPIC EXAMINATION

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

ADDITIONAL PROCEDURES

- Full body radiographs were obtained and reflect the injuries described above.
- Documentary photographs are taken by OAFME photographers
- Metallic fragments recovered are submitted to US Army CID
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous fluid, femoral blood, heart blood, left chest cavity blood, urine, bile, liver and spleen
- The dissected organs are forwarded with the body
- Personal effects are released to the appropriate mortuary operations representative

AUTOPSY REPORT (b)(6)
MOUSA AL JBORI, Mahmood Ishmael Mosa

OPINION

This 38 year-old male Iraqi civilian in US custody died of a gunshot wound of the torso, which perforated his left lower lung and liver, causing internal bleeding. By report, he was shot during a prison riot at the Bucca detention facility.

The manner of death is homicide.

(b)(6)

(b)(6) Medical Examiner



DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

REPLY TO
ATTENTION OF

AFIP- (b)(6)

TO:

OFFICE OF THE ARMED FORCES MEDICAL
EXAMINER
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence

(b)(6)

Name

MOUSA/AL JBORI, MAHMOOD I.

SSAN:

Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: February 24, 2005

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident (b)(6) 2005

Date Received: 2/16/2005

VOLATILES: The **BLOOD AND VITREOUS FLUID** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

DRUGS: The **BLOOD** was screened for amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phenacyclidine, phenothiazines, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

None were found.

(b)(6)

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(b)(6)

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CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Mousa Al Jbori, Mahmood, Ismaeel Mosa		GRADE Grade	BRANCH OF SERVICE Arme Iraqi Detainee
ORGANIZATION Organisation		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1967
RACE Race		MARITAL STATUS Etat Civil	RELIGION Culte
CAUCASOID Caucasique	SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant
NEGROID Nègre	MARRIED Marié	SEPARATED Séparé	CATHOLIC Catholique
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) Other	WIDOWED Veuf		JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le surdit	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only once 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 ¹ Maladie ou condition directement responsable de la mort ¹			Gunshot wound of the torso
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 Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²			
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	SIGNATURE Signature (b)(6)	DATE Date 05 Feb 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 de décès (Heure, le jour, le mois, l'année) (b)(6) 2005		PLACE OF DEATH Lieu de décès 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, DE 19902		
DATE Date 27 March 05	SIGNATURE (b)(6)		
¹ State disease, injury or complication which caused death. ² State conditions contributing to the death, but not related to the disease or condition causing death. ¹ 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 coeur, etc. ² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.			

DD FORM 2064 1 APR 77

REPLACES DA FORM 3545, 1 JAN 72 AND DA FORM 3545-R (FAS), 28 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0406

(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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