



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

Name: (BTB) HAZZAA AL DOULAIMEE, (b)(6)	Autopsy No.: (b)(6)
SSAN: (b)(6)	AFIP No.: (b)(6)
Date of Birth: (BTB) (b)(6) 1982	Rank: Iraqi Civilian Detainee
Date of Death: (b)(6) 2006	Place of Death: Camp Bucca, Iraq
Date/Time of Autopsy: 17 OCT 2006 @ 1700	Place of Autopsy: BIAP Mortuary, Baghdad, Iraq
Date of Report: 17 NOV 2006	

Circumstances of Death: This 24-year-old Iraqi Civilian Detainee sustained a gunshot wound from U.S. Army soldiers during a firefight on 30 SEP 2006. He was resuscitated, received surgery and was stabilized prior to his transfer to Camp Bucca. He was ambulating with assistance and making progress when he was found unresponsive in his room, and could not be resuscitated.

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

Identification: Presumptive identification is established by a wrist identification band. A DNA sample is taken for profile purposes if an exemplar becomes available for positive identification.

**CAUSE OF DEATH: GUNSHOT WOUND OF THE BACK
 COMPLICATED BY PULMONARY EMBOLISM**

MANNER OF DEATH: HOMICIDE

FINAL AUTOPSY DIAGNOSES

- I. Gunshot Wound of the Back**
 - A. Entrance Wound
 1. Location: On the lower right back, 25-inches below the top of the head and 4-inches right of the posterior midline of the back in the anatomic position
 2. Dimensions: An ovoid entrance wound measuring $\frac{1}{4} \times \frac{3}{16}$ -inch with eccentric marginal abrasion up to $\frac{1}{4}$ -inch on the lateral border
 - B. Wound Path: Skin and subcutaneous tissue of the lower right back, muscles of the lower right back, the spinous process of the 4th lumbar vertebra (fractured), muscles of the lower left back, subcutaneous tissue and skin of the upper left buttock
 - C. Exit Wound
 1. Location: On the upper left buttock, 29-inches below the top of the head, 38 $\frac{1}{2}$ -inches above the heel and 7-inches left of the posterior midline of the back in the anatomic position
 2. Dimensions: An ovoid defect measuring 3 $\frac{1}{4} \times 2 \frac{1}{2}$ -inches, consistent with a debrided exit wound; packing material is present surrounding the exit wound
 - D. Recovered: No bullet or bullet fragments are recovered; multiple radio-opaque metallic fragments of no evidentiary value are observed radiographically in the region of the left buttock
 - E. Direction: Slightly back to front, right to left and slightly downward
 - F. Associated Injuries
 1. A non-obstructive thromboembolus with valve markings and tributary casts is located at the bifurcation of the right and left pulmonary arteries ("saddle embolus"); multiple small obstructive thromboemboli are noted in the smaller branches of the right and left pulmonary arteries
 2. Deep venous thromboses in the deep veins of the right and left legs
 3. Bleeding into the wound tract
- II. No significant natural diseases or pre-existing conditions are identified, within the limitations of this examination.**
- III. Evidence of Medical Therapy**
 - A. A closed, 9-inch surgical incision is on the abdominal midline
 - B. A medical dressing and packing are present on the lower right back
 - C. A vacuum drain and a 3-inch closed surgical incision with packing is on the lower left back
 - D. Needle stick marks are on the right subclavian region
- IV. Post-Mortem Changes**
 - A. Rigor is passing and equal in all extremities
 - B. Livor is posterior and fixed except in areas exposed to pressure
 - C. Marbling is present in areas of livor

D. Corneal clouding, bilaterally

V. Identifying Body Marks

A. Tattoo on (b)(6)

(b)(6)

B. Multiple irregular scars on the right back in a 3 ½ x ¼-inch area and ranging in size from punctate to ½ x ¼-inch

VI. There is no evidence of physical abuse

A. Layer-wise anterior neck dissection is negative for trauma

B. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures

C. No petechiae are present on the conjunctivae or oral mucosa

D. External examination is negative for trauma

E. Radiographic skeletal survey is negative for trauma

VII. Toxicology

A. The blood and urine are tested for ethanol and none is found.

B. The urine is screened for medications and drugs of abuse and the following medications are detected:

1. Oxymorphone (a narcotic analgesic) is detected in the urine, but is not present in the blood.

2. Oxycodone (a narcotic analgesic) is detected in the urine, but is not present in the blood.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, 67-inch, 150-pounds (estimated) male whose appearance is consistent with the reported age of 24-years. Lividity is posterior and fixed with marbling in areas of lividity. Rigor is passing and equal in all extremities, and the temperature of the body is cold to touch.

The scalp is covered with black hair in a normal distribution; facial hair consists of a full beard and moustache. The irides are brown, the corneae cloudy, the conjunctivae pink without petechiae and the pupils are round and equal in diameter. The external auditory canals are patent and free of foreign material. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is remarkable for a closed, 9-inch midline surgical incision. Injury to the posterior torso is described below (see "Evidence of Injury.") 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 body is received unclothed and without personal effects.

MEDICAL INTERVENTION

- A closed, 9-inch surgical incision is on the abdominal midline
- A medical dressing and packing are present on the lower right back
- A vacuum drain and a 3-inch closed surgical incision with packing is on the lower left back
- Needle stick marks are on the right subclavian region

RADIOGRAPHS

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

- No long bone fractures
- No rib or skull fractures
- No fractures of the bones of the hands or feet
- Fracture of the spinous process of the 4th lumbar vertebra
- Multiple small radio-opaque metallic fragments are observed in the region of the left buttock

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.

Gunshot Wound of the Back

A gunshot entrance wound is on the lower right back, 25-inches below the top of the head and 4-inches right of the posterior midline of the back in the anatomic position. The ovoid entrance wound measures $\frac{1}{4}$ x $\frac{3}{16}$ -inch with eccentric marginal abrasion up to $\frac{1}{4}$ -inch on the lateral border. The wound path perforates the skin and subcutaneous tissue of the lower right back, muscles of the lower right back, the spinous process of the 4th lumbar vertebra (fractured), muscles of the lower left back, subcutaneous tissue and skin of the upper left buttock. The bullet exited via an ovoid defect measuring $3\frac{1}{4}$ x $2\frac{1}{2}$ -inches (consistent with a debrided exit wound; packing material is present surrounding the exit wound) and located on the upper left buttock, 29-inches below the top of the head, $38\frac{1}{2}$ -inches above the heel and 7-inches left of the posterior midline of the back in the anatomic position. No bullet or bullet fragments are recovered; multiple radio-opaque metallic fragments of no evidentiary value are observed radiographically in the

region of the left buttock. The wound path is directed slightly back to front, right to left and slightly downward.

Associated with the wound path is bleeding into the wound tract; a non-obstructive thromboembolus with valve markings and tributary casts is located at the bifurcation of the right and left pulmonary arteries ("saddle embolus") with multiple small obstructive thromboemboli noted in the smaller branches of the right and left pulmonary arteries, and deep venous thromboses in the deep veins of the right and left legs.

INTERNAL EXAMINATION

HEAD AND CENTRAL NERVOUS SYSTEM:

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 1,340-gram brain, which has unremarkable gyri and sulci. 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.

NECK:

Layer-wise dissection of the anterior strap muscles of the neck reveals homogenous and red-brown tissue without hemorrhage. 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.

Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

BODY CAVITIES:

The ribs and sternum 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 540 and 400-grams, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present. Multiple small occlusive thromboemboli are noted in the smaller branches of the right and left pulmonary arteries.

CARDIOVASCULAR SYSTEM:

The 350-gram 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 luminal narrowing. The myocardium is homogenous, red-brown, and firm. The valve leaflets are

thin and mobile. The walls of the left and right ventricles are 1.2 and 0.5-centimeters thick, respectively. The endocardium is smooth and glistening. Upon opening the pulmonary artery while *in situ*, a non-occlusive thromboembolus with valve markings and tributary casts is located at the bifurcation of the right and left pulmonary arteries ("saddle embolus"). The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1,870-gram 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 a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 290-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

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 gray medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 150 and 180-grams, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp cortico-medullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. Gray-pink bladder mucosa overlies an intact bladder wall. The bladder contains approximately 75-milliliters of yellow 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, gray-white mucosa. The stomach contains approximately 25-milliliters of tan fluid. The gastric wall is intact. The duodenum, loops of small bowel and colon are unremarkable. The appendix is present.

MUSCULOSKELETAL SYSTEM:

There is no non-traumatic bone or joint abnormalities. Skeletal muscle development is normal.

MICROSCOPIC EXAMINATION

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

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by AFMES staff photographers
- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, vitreous fluid, gastric contents, urine, bile, spleen, liver, lung, kidney, brain, adipose tissue, and psoas muscle
- Full body radiographs are obtained and demonstrate the skeletal trauma described above and the presence of multiple small metallic foreign bodies surrounding the exit wound
- Projectiles are not recovered
- Selected portions of organs are retained in formalin, without preparation of histological slides
- The dissected organs are forwarded with the body

OPINION

This 24-year-old Iraqi civilian detainee (b)(6) died of a gunshot of the back he sustained while in a firefight with U.S. Army personnel. He was stabilized and transported to a medical facility where he was ambulating with assistance when he was found unresponsive in his hospital bed. Aggressive resuscitation was to no avail. The gunshot entrance wound was located on the right lower back, and passed through the skin and soft tissue of the lower right back, the spinous process of the 4th lumbar vertebra and the soft tissue of the left lower back before exiting the upper left buttock. There was no evidence of close range fire, nor were any of the projectile fragments that were observed radiographically recovered. A significant complication of this gunshot wound was multiple occlusive and non-occlusive thromboemboli in the pulmonary arteries. Toxicological testing was negative for ethanol, and positive for the narcotic analgesics Oxycodone and Oxymorphone in the urine but not in the blood. The manner of death is homicide.

(b)(6)

(b)(6)

Medical Examiner

(b)(6)

CERTIFICATE OF DEATH (OVERSEAS)

Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Hazzaa Al Doulai, Ezaldin, Awanad		GRADE Grade	BRANCH OF SERVICE Arme Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1982	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
<input type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant	<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) Muslim
<input type="checkbox"/> NEGROID Négre	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique	
<input checked="" 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 ¹ Maladie ou condition directement responsable de la mort.		Days
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 ² 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 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 checked="" type="checkbox"/> HOMICIDE Homicide	DATE Date 17 October 2006	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non

DATE OF DEATH (day, month, year) Date du décès (le jour, le mois, l'année) (b)(6) 2006 (b)(6)	PLACE OF DEATH Lieu de décès Camp Bucca 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 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 officier ou du médecin capitaine (b)(6)	TITLE OR DEGREE Titre ou diplôme Medical Examiner
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Baghdad, Iraq
DATE Date 1/9/2007	SIGNATURE Signature (b)(6)

¹ State disease, injury or complication which caused death, but not related to the disease or condition causing 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 1 APR 77 **2064**

REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 76, WHICH ARE OBSOLETE.

MEDCOM 0485