



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



**AUTOPSY EXAMINATION REPORT**

Name: BTB Awad, Hashim Ibrahim	Autopsy No.: (b)(6)
SSAN: Not Applicable	AFIP No.: (b)(6)
Date of Birth: Unknown (BTB 52 years)	Rank: Civilian
Date of Death: (b)(6) 2006	Place of Death: Hamdani, Iraq
Date of Autopsy: 08 JUN 2006 @ 1300	Place of Autopsy: Port Mortuary, Dover Air Force Base, Dover, DE
Date of Report: 06 JUL 2006	

**Circumstances of Death:** Investigation reports that United States Military Personnel detained this Iraqi civilian, bound him with flexible cuffs, and shot him multiple times at different ranges of fire.

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

**Identification:** Presumptive identification is established by accompanying documentation and photographs.

**CAUSE OF DEATH:** Multiple Gunshot Wounds

**MANNER OF DEATH:** Homicide

**FINAL AUTOPSY DIAGNOSES:**

- I. Multiple gunshot wounds
  - A. Gunshot wound of the forehead
    1. Combined entrance and exit on the right side of the forehead
      - a. Dimensions: 1/2" x 1/4"
      - b. Location: 2-1/2" below the top of the head and 2" right of the anterior midline
      - c. No soot or definite stippling identified around the wound
    2. Injuries: Keyhole-type defect of the frontal bone of the skull
    3. No bullet or fragments recovered from the wound
    4. Direction: left to right
  - B, C. Gunshot wounds of the head
    1. Entrances (2) on the right side of the face
      - a. Dimensions:
        - i. Gunshot wound "B": 1/4" x 1/8"
        - ii. Gunshot wound "C": 3/8" x 1/4"
      - b. Locations:
        - i. Gunshot wound "B": 4-1/2" below the top of the head and 2-1/4" right of the anterior midline
        - ii. Gunshot wound "C": 5-1/4" below the top of the head and 2-3/4" right of the anterior midline
      - c. No soot or definite stippling identified around the entrance wounds
    2. Injuries to the maxillae, base of the skull, and calvarium (comminuted fractures)
    3. Exits on the right and posterior aspects of the head
      - a. Dimensions: 3" x 3" and 5" x 3"
      - b. Locations: 1/2" and 4" below the top of the head and 3-1/2" right of the anterior midline and 2-1/2" left of the posterior midline
    4. Recovered: irregular metal fragments from the head and a cone-shaped metal fragment from the soft tissues of the posterior scalp
    5. Direction: front to back
    6. Associated injuries: comminuted fracture of the mandible

- D. Gunshot wound of the face**
1. **Entrance on the left side of the face**
    - a. **Dimensions:** 1/4" in diameter with an eccentric marginal abrasion measuring up to 1/8" on the twelve to three o'clock border
    - b. **Location:** 5-1/4" below the top of the head and 4" left of the anterior midline
    - c. **No soot or stippling identified around the entrance wound**
  2. **Injuries to the underlying soft tissues**
  3. **Exit left side of the face, in front of the ear**
    - a. **Dimensions:** 1/2" x 1/4"
    - b. **Location:** 5" below the top of the head and 5" left of the anterior midline
  4. **No bullets or fragments recovered from the wound**
  5. **Direction:** front to back, right to left, and upward
- E. Gunshot wound of the neck**
1. **Wounds on the left side of the neck**
    - a. **Left side of the neck, below the lower jaw**
      - i. **Dimensions:** 3/8" x 1/4" with a concentric 1/16" marginal abrasion
      - ii. **Location:** 8" below the top of the head and 4-3/4" left of the anterior midline
    - b. **Inferior left side of the neck**
      - i. **Dimensions:** 1/4" x 1/8" with an eccentric marginal abrasion measuring up to 1/8" on the one o'clock border
      - ii. **Location:** 10" below the top of the head and 2-3/4" left of the anterior midline
    - c. **No soot or stippling identified around the entrance wound**
  2. **Injuries to the underlying soft tissues**
  3. **No bullets or fragments recovered from the wound**
  4. **Direction:** indeterminate

- F, G. Gunshot wounds of the chest
  - 1. Entrances (2) on the lateral right aspect of the chest
    - a. Dimensions:
      - i. Gunshot wound "F": 1/4" x 1/8"
      - ii. Gunshot wound "G": 1/8" in diameter
    - b. Location:
      - i. Gunshot wound "F": 16-1/4" below the top of the head and 8" right of the anterior midline
      - ii. Gunshot wound "G": 16-1/2" below the top of the head and 9-3/4" right of the anterior midline
    - c. No soot or stippling identified around the entrances wounds
  - 2. Injuries to the lateral aspect of the right eighth rib and posterior aspect of the right ninth intercostals space, right lung, pericardium, aorta, left lung, the posterior aspects of left ribs two through five, and left scapula
  - 3. Recovered: metal fragments from the right lung, pericardium, right clavicle and sternal notch, soft tissues of the chest, and left side of the back (no associated exit wound)
  - 4. Direction: front to back, right to left, and upward
- H. Gunshot wound of the abdomen and chest
  - 1. Entrance on the right upper quadrant of the abdomen
    - a. Dimensions: 3/16" x 1/8"
    - b. Location: 24" below the top of the head and 2-1/4" right of the anterior midline
    - c. No soot or stippling identified around the entrance wound
  - 2. Injuries to the liver, small intestine, diaphragm, and left lung
  - 3. Recovered: metal fragments from the small intestine, soft tissue around the xiphoid process, and left lung (no associated exit wound)
  - 4. Direction: front to back, right to left, and upward
- I. Gunshot wound of the right buttock and pelvis
  - 1. Entrance on the right buttock
    - a. Dimensions: 1/8" in diameter
    - b. Location: 34" above the bottom of the heel and 4-1/4" right of the posterior midline
    - c. No soot or stippling identified around the entrance wound
  - 2. Injuries to the right pubic bone and acetabulum (comminuted fractures)
  - 3. Recovered: Metal fragments from the soft tissues of the left pelvis, left buttock, and right sacro-iliac joint (no associated exit wound)
  - 4. Direction: back to front, right to left

- J. Gunshot wound of the anterior right forearm
1. Wounds on the central and medial anterior aspects of the right forearm
    - a. Dimensions:
      - i. Central wound: 1/4" x 1/8" with an eccentric marginal abrasion measuring up to 1/16" on the six o'clock border
      - ii. Medial wound: 1/8" in diameter with an eccentric marginal abrasion measuring up to 1/8" on the five o'clock border
    - b. Locations:
      - i. Central wound: 8-3/4" below the top of the elbow and at the anterior midline of the right upper extremity
      - ii. Medial wound: 6-3/4" below the top of the elbow and 1-1/2" medial of the anterior midline of the right upper extremity
    - c. No soot or stippling identified around either wound
  2. Injuries to the underlying soft tissues
  3. No bullet or fragments recovered from the wound path
  4. Direction: indeterminate

- K. Gunshot wound of the posterior right thigh
1. Entrance on the posterior right thigh
    - a. Dimensions: 1/8" in diameter with 1/16" concentric marginal abrasion
    - b. Location: 28-3/4" above the bottom of the heel and 2" lateral of the posterior midline of the right lower extremity
    - c. No soot or stippling identified around the entrance wound
  2. Injuries to the underlying soft tissues
  3. Exit on the medial right thigh
    - a. Dimensions: 9" x 2"
    - b. Location: 24" above the bottom of the heel and 4" medial of the posterior midline of the right lower extremity
  4. No bullet or fragments recovered from the wound path
  5. Direction: back to front, right to left

- II. Other injuries
- A. Superficial penetrating injury of the forehead (1/8" in greatest dimension)
  - B. Cluster of abrasions of the face (punctate to 1/16" in greatest dimension, covering an area of 1/4" x 1/8")
  - C. Laceration (1/16") of the chest with marginal abrasion (1/8" on the three o'clock border)

- III. Natural disease and pre-existing conditions
  - A. Healed fracture of the left femur with fixation wires (2) present
  - B. Changes consistent with decubitus ulcer of the back
  - C. No other significant natural disease identified within the limitations of the examination
- IV. No evidence of medical intervention
- V. Advanced decomposition
- VI. Toxicology
  - A. Volatiles (liver): no ethanol detected
  - B. Screened drugs of abuse and medications (liver): none detected

### EXTERNAL EXAMINATION

The body is that of a 59 inches, 64 pounds, Caucasoid male. Lividity cannot be assessed due to decomposition changes. Rigor has passed. The temperature is that of the refrigeration unit. Decomposition changes consist of adipocere predominantly involving the right upper and lower extremities and the anterior torso and mummification predominantly involving the left upper and lower extremities and posterior torso.

The head is deformed from maceration; injuries of the head and face are described below. The scalp is covered with gray-brown hair in a normal distribution. The right eye is collapsed. The left is brown, the cornea is cloudy, the conjunctiva is pale white, and the sclera is white. The right ear is not identified. The left external auditory canal is clear; injury of the left ear is described below. Facial features of the nose and mouth are deformed by maceration. Most teeth are missing. The neck is straight and the trachea is midline.

The chest is symmetric and the abdomen is flat. Injuries of the chest and abdomen are described below. The penis is flat and macerated. The macerated scrotum has an open defect and the testes are not identified. The back is symmetric with a 4" x 3" defect packed with gauze on the lower back. Injuries of the back are described below. Two blind defects with macerated edges, 1" and 1-1/2" in greatest dimension, are on the lateral aspect of the right buttock. The anus is unremarkable.

The upper extremities are symmetric. There is a 1" x 1/2" blind defect with macerated edges of the posterior right shoulder. The lower extremities are disarticulated at the knee joints, bilaterally. Injuries of the extremities are described below.

### CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects are present on the body at the time of autopsy:

- Soiled white sheet wrapped around the body
- Black plastic bag wrapped around the head
- White sheet wrapped as a belt around the waist
- Tan plastic bag covering the skin defect of the back

### MEDICAL INTERVENTION

There is no evidence of medical intervention, other than the gauze packing of the skin defect of the back.

### RADIOGRAPHS

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

- Fragmentation of the calvarium, maxillae, and mandible with crushing of the skull including a right facial defect
- Metallic fragments in the occipital area
- Metal fragments in the right parasternal line and sternal notch
- Metal fragments anterior to the sacrum and a bullet tip inferior to the left sacroiliac joint
- Comminuted fractures of the right pubic bone and acetabulum with associated minute metal fragments
- Bilateral disarticulation of the knee joints
- Fracture of the left scapula
- Multiple metal fragments posterior to the left hemithorax
- Multiple comminuted fractures of the posterior left ribs
- Prior surgery on proximal left femur with two fixation wires at the level of the lesser trochanter with a lucent defect in the medullary bone from the greater trochanter distally through the diaphysis

### 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 of the forehead

A combined gunshot entrance and exit wound is on the forehead located 2-1/2" below the top of the head and 2" right of the anterior midline. The ovoid wound measures 1/2" x 1/4". No soot or definite stippling are identified around the wound (see other injuries, below). The wound path involves the skin and subcutaneous tissue, and the skull, leaving a "keyhole" type defect with inward beveling on the left side of the defect and outward beveling on the right side of the defect. No bullet or fragments are recovered from the wound path. The wound path is directed left to right. Decomposition prevents further evaluation of injuries of the brain.

##### B, C. Gunshot wounds of the head

A gunshot entrance wound (gunshot wound "B") is on the right side of the face, below the eye, located 4-1/2" below the top of the head and 2-1/4" right of the anterior midline. The ovoid wound measures 1/4" x 1/8". No soot or definite stippling are identified around the entrance wound (see other injuries, below). A gunshot entrance wound (gunshot wound "C") is on the right cheek, located 5-1/4" below the top of the head and 2-3/4" right of the anterior midline. The ovoid wound measures 3/8" x 1/4". Soot or stippling are not present. The wound paths involve skin, subcutaneous tissue, the skull



(comminuted fractures of both maxilla, base of the skull, and calvarium), and the brain. Two exit wounds are identified: one exit wound, measuring 3" x 3", is on the right side of the head, located 1/2" below the top of the head and 3-1/2" right of the anterior midline; another exit wound, measuring 5" x 3", is on the posterior aspect of the head, 4" below the top of the head and 2-1/2" left of the posterior midline. Small, irregular yellow metal fragments are recovered from inside the head and a small, cone-shaped, gray metal fragment is recovered from the soft tissues of the posterior scalp. The wound paths are directed front to back. Associated injuries include a comminuted fracture of the mandible. Decomposition prevents further evaluation of injuries of the brain.

**D. Gunshot wound of the face**

A gunshot entrance wound is on the left side of the face, located 5-1/4" below the top of the head and 4" left of the anterior midline. The circular wound measures 1/4" in diameter with an eccentric marginal abrasion measuring up to 1/8" on the twelve to three o'clock border. Soot or stippling are not present. The wound path involves skin and subcutaneous tissues only. A 1/2" x 1/4" lacerated exit wound is on the left side of the face in front of the ear, located 5" below the top of the head and 5" left of the anterior midline. No bullet or fragments are recovered from the wound path. The wound path is directed front to back, right to left, and upward.

**E. Gunshot wound of the neck**

Two gunshot wounds are on the left side of the neck, just below the lower jaw and on the inferior aspect of the neck. The wound below the jaw is located 8" below the top of the head and 4-3/4" left of the anterior midline. The ovoid wound measures 3/8" x 1/4" with a concentric 1/16" marginal abrasion. The wound on the inferior aspect of the neck is located 10" below the top of the head and 2-3/4" left of the anterior midline. The ovoid wound measures 1/4" x 1/8" with an eccentric marginal abrasion measuring up to 1/8" on the one o'clock border. Soot or stippling are not present around either wound. The wounds are connected by a path involving the skin and subcutaneous tissues. No bullet or fragments are recovered from the wound path. The direction of the wound path is indeterminate.

**F, G. Gunshot wounds of the chest**

A gunshot entrance wound (Gunshot wound "F") is on the lateral right side of the chest, located 16-1/4" below the top of the head and 8" right of the anterior midline. The ovoid wound measure 1/4" x 1/8". Soot or stippling are not present. A gunshot entrance wound (Gunshot wound "G") is on the lateral right side of the chest, located 16-1/2" below the top of the head and 9-3/4" right of the anterior midline. The circular wound measures 1/8" in diameter. Soot or stippling are not present. The wound paths involve the lateral aspect of the eighth right rib (fractured), the right ninth intercostals space, the lower lobe of the right lung, the pericardium, the aorta, the upper lobe of the left lung, the posterior aspects of left ribs two through five (fractured), and the left scapula (fractured). Irregular yellow metal fragments are recovered from the right lung. Irregular gray metal fragments are recovered from the pericardium. A small, cone-shaped gray metal fragment is recovered from the right clavicle and an irregular gray metal fragment is recovered from the sternal notch. A small, cone-shaped yellow metal fragment is recovered from the soft

tissues of the chest. Multiple irregular yellow and gray metal fragments and a small, cone-shaped yellow metal fragment are recovered from the left side of the back. The wound paths are directed front to back, right to left, and upward.

**H. Gunshot wound of the abdomen and chest**

A gunshot entrance wound is on the abdomen, located 24" below the top of the head and 2-1/4" right of the anterior midline. The ovoid wound measures 3/16" x 1/8". Soot or stippling are not present. The wound path involves skin, subcutaneous tissue, muscle, the right lobe of the liver (pulpifaction), small intestine, the diaphragm, and the lower lobe of the left lung. An irregular yellow metal fragment is recovered from the soft tissues around the xiphoid process, an irregular gray metal fragment is recovered from the small intestine, and a small, cone-shaped, yellow metal fragment is recovered from the lower lobe of the left lung. The wound path is directed front to back, right to left, and upward.

**I. Gunshot wound of the right buttock and pelvis**

A gunshot entrance wound is on the right buttock, located 34" above the bottom of the heel and 4-1/4" right of the posterior midline. The circular wound measures 1/8" in diameter. Soot or stippling are not present. The wound path involves skin, subcutaneous tissue, muscle, and the right pubic bone and acetabulum (comminuted fractures). A small, cone-shaped gray metal fragment and a small, cone-shaped yellow metal fragment are recovered from the left buttock; an irregular gray metal fragment is recovered from the soft tissues of the left pelvis; and an irregular yellow metal fragment is recovered from the right sacroiliac joint. The wound path is directed back to front and right to left.

**J. Gunshot wound of the anterior right forearm**

Gunshot wounds are on the central and medial anterior aspects of the right forearm. The central wound is located 8-3/4" below the top of the elbow and at the anterior midline of the right upper extremity. The medial wound is located 6-3/4" below the top of the elbow and 1-1/2" medial to the anterior midline of the right upper extremity. The central wound measures 1/4" x 1/8" with an eccentric marginal abrasion measuring up to 1/16" on the six o'clock border. The medial wound measures 1/8" in diameter with an eccentric marginal abrasion measuring up to 1/8" on the five o'clock border. Soot or stippling are not present around either wound. The wounds are connected by a path involving the skin, subcutaneous tissues, and muscle. No bullet or fragments are recovered from the wound path. The direction of the wound path is indeterminate.

**K. Gunshot wound of the posterior right thigh**

A gunshot entrance wound is on the posterior right thigh, located 28-3/4" above the bottom of the heel and 2" lateral of the posterior midline of the right lower extremity. The circular wound measures 1/8" in diameter with a concentric 1/16" marginal abrasion. The wound path involves the skin, subcutaneous tissue, and muscle. A 9" x 2" exit wound is on the medial right thigh, located 24" above the bottom of the heel and 4" medial of the posterior midline of the right lower extremity. No bullet or fragments are recovered from the wound path. The wound path is directed back to front and right to left.

**II. Other injuries**

A 1/8" blackened, abraded superficial penetrating injury is on the forehead 1/8" medial to gunshot wound "A". A cluster of punctate to 1/16" blackened abrasions are on the face inferior to gunshot wound "B", covering area of 1/4" x 1/8". On the chest, 18" below the top of the head and 1/4" right of the anterior midline is a 1/16" laceration with a 1/8" abrasion on the three o'clock border. This laceration has no connection to any of the gunshot wound paths.

**INTERNAL EXAMINATION**

**HEAD:**

Injuries of the head and brain have been discussed (see Evidence of Injury, above). The brain weighs 80 grams. Decomposition prevents further evaluation of the brain. The atlanto-occipital joint is stable.

**NECK:**

Injuries of the neck have been described (see Evidence of Injury, above). The anterior strap muscles of the neck are gray-brown and soft, without hemorrhage. The thyroid cartilage and hyoid are intact. The internal surface of the larynx is unremarkable. The thyroid is soft and shriveled. The tongue is free of bite marks, hemorrhage, or other injuries.

**BODY CAVITIES:**

Injuries of the ribs and diaphragm have been described. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

**RESPIRATORY SYSTEM:**

Injuries of the lungs have been described (see Evidence of Injury, above). The right and left lungs weigh 140 and 100 gm, respectively. The external surfaces are smooth and gray-black. The pulmonary parenchyma is soft and gray black. No non-traumatic lesions are identified.

**CARDIOVASCULAR SYSTEM:**

Injuries of the pericardium and aorta have been described (see Evidence of Injury, above). The heart weighs 150 gm. The epicardial surface is dull gray. The coronary arteries are present in a normal distribution, however the circumflex artery is not definitively identified. Sectioning reveals patent vessels. The myocardium is tan-brown and soft. The valves are free of lesions. The endocardium is dull and gray. The uninjured aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

**LIVER & BILIARY SYSTEM:**

Injury of the liver has been described (see Evidence of Injury, above). The liver weighs 270 gm. The uninjured liver parenchyma is soft and dark brown. No non-traumatic lesions are identified. The gallbladder is empty, but otherwise unremarkable.

**SPLEEN:**

The 40 gm spleen has a smooth, intact, purple-gray capsule. The liquefied parenchyma is gray-black.

**PANCREAS:**

The pancreas is soft and yellow-gray. No mass lesions or other abnormalities are seen.

**ADRENALS:**

The right and left adrenal glands are symmetric, with dark yellow cortices and gray-brown medullae. No masses or areas of hemorrhage are identified.

**GENITOURINARY SYSTEM:**

The right and left kidneys both weigh 10 gm. The external surfaces are gray-black and soft. The cut surfaces are gray-black, with poorly defined corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. Gray bladder mucosa overlies an intact bladder wall. The bladder contains no urine. The prostate is gray and soft. The seminal vesicles are not identified. The testes are not identified.

**GASTROINTESTINAL TRACT:**

Injury of the small intestine has been described (see Evidence of Injury, above). The esophagus is not identified. The stomach is thin, gray-black and empty. The colon is gray-black, but otherwise unremarkable. The appendix is not identified.

**MUSCULOSKELETAL:**

A callous and two fixation wires surround a healed fracture of the left femur. Dissection of the skin and soft tissues of the ankles and wrists reveals no hemorrhage or other injury.

**ADDITIONAL PROCEDURES AND COMMENTS**

1. Documentary photographs are taken by AFMES staff.
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicologic testing and/or DNA identification are: spleen, lung, liver, and kidney.
4. The dissected organs are forwarded with body.
5. Trace evidence and foreign material are collected and submitted to Catherine Winslow, Special Agent, Naval Criminal Investigative Service.
6. (b)(6) Medical Examiner, (b)(6) (b)(6), served as an independent observer and assisted in the performance of this autopsy.

**MICROSCOPIC EXAMINATION**

Skin sections of areas around the gunshot wounds of the forehead and right cheek demonstrate denuded epidermis, collagen breakdown, and multiple foci of microbial overgrowth. There is no evidence of carbonaceous deposition indicative of close range firing.



**OPINION**

This Iraqi Civilian (b)(6) died of multiple gunshot wounds. A gunshot wound of the forehead (gunshot wound "A") produced a "keyhole" type defect of the skull directed from left to right with no bullet or fragments recovered from the wound; however a keyhole defect suggests that at least a fragment of the bullet entered the skull, but this fragment may have exited or been associated with the wounds of the head (gunshot wounds "B" and "C"). Gunshot wounds of the head (gunshot wounds "B" and "C") entered the right side of the face to injure the skull and brain with an associated fracture of the mandible (lower jaw bone); metal fragments were recovered from the head and scalp; the wound paths were directed front to back. A gunshot wound of the face (gunshot wound "D") entered the left side of the face and exited just anterior to the ear, injuring the underlying soft tissues; no bullets or fragments were recovered from the wound path, which was directed front to back, right to left, and upward. A gunshot wound of the neck (gunshot wound "E") had wounds just below the jaw and on the inferior aspect of the neck, injuring the underlying soft tissues; no bullets or fragments were recovered from the wound path, the direction of which could not be determined. Gunshot wounds of the chest (gunshot wounds "F" and "G") entered the lateral right side of the chest to injure ribs, both lungs, the pericardium (sac surrounding the heart), the aorta (main artery of the body), and the left scapula (shoulder blade); metal fragments were recovered from the right lung, pericardium, right clavicle (collar bone) and sternal notch (space above the breast bone), the soft tissues of the chest, and the left side of the back; the direction of the wound paths were directed front to back, right to left, and upward. A gunshot wound of the abdomen and chest (gunshot wound "H") entered the upper abdomen to injure the liver, intestine, diaphragm, and left lung; metal fragments were recovered from the intestine, the soft tissues around the xiphoid process (lower aspect of the breastbone), and the left lung; the wound path was directed front to back, right to left, and upward. A gunshot wound of the right buttock and pelvis (gunshot wound "I") entered the right buttock to injure the right side of the pelvic girdle (pubic bone and acetabulum); metal fragments were recovered from the soft tissues of the left side of the pelvis, left buttock, and right sacro-iliac joint; the wound path was directed back to front and right to left. A gunshot wound of the anterior right forearm (gunshot wound "J") had wounds on the central and medial aspects of the anterior forearm with involvement of the underlying soft tissues; no bullets or fragments were recovered from the wound path, the direction of which could not be determined. A gunshot wound of the posterior right thigh (gunshot wound "K") entered the posterior aspect of the right thigh, injured the underlying soft tissues, and exited the medial right thigh; no bullets or fragments were recovered from the wound path, which was directed back to front and right to left. None of the gunshot wounds had definitive evidence of contact, close, or intermediate range fire, however lesions of the face were suspicious for stippling, evidence of close to intermediate range of fire or an intermediate target. A superficial penetrating injury near the forehead gunshot wound (gunshot wound "A") and a cluster of abrasions near one of the gunshot wounds of the right side of the face (gunshot wound "B") have no definitive soot or stippling (evidence of contact, close, or intermediate range gunfire) either by gross examination or on histology. These injuries are likely the result of intermediary targets. Finally, a laceration of the chest was not associated with any of

**AUTOPSY REPORT** (b)(6)  
**BTB AWAD, Hashim Ibrahim**

the gunshot wounds of the torso. Dissection into the skin and soft tissues of the wrists and ankles revealed no hemorrhage or other injury, which might be expected if the individual was bound. However, considering the reported use of flexible cuffs and the degree of decomposition, the absence of such a finding may not be specific enough to exclude that the individual was bound. A defect in the back packed with gauze is consistent with a decubitus ulcer and the left femur had a healed fracture with fixation wires. These two findings suggest the individual had some degree of difficulty with ambulation. Toxicology tests for ethanol and screened drugs of abuse and medications are negative. 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)

**PATIENT IDENTIFICATION**

AFIP Accessions Number      Sequence

(b)(6)

Name

AWAD, HASHIM

SSAN:

Autopsy (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: June 19, 2006

TO:

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

**CONSULTATION REPORT ON CONTRIBUTOR MATERIAL**

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: MARKED PUTREFACTION

Date of Incident:

Date Received: 6/13/2006

**VOLATILES:** The LIVER was examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

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

None were found.

(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>BTB Awad, Hashim,</b>		GRADE Grade	BRANCH OF SERVICE Arme <b>Civilian</b>	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social
ORGANIZATION Organisation		NATION (e.g., United States) Pays <b>Iraq</b>	DATE OF BIRTH Date de naissance	SEX Sexe <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
<input checked="" type="checkbox"/>	CAUCASOID Caucasique	<input type="checkbox"/>	SINGLE Célibataire	<input type="checkbox"/>
<input type="checkbox"/>	NEGROID Négre	<input type="checkbox"/>	MARRIED Marié	<input checked="" type="checkbox"/>
<input type="checkbox"/>	OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/>	WIDOWED Veuf	<input type="checkbox"/>
DIVORCED Divorcé		SEPARATED Séparé		PROTESTANT Protestant
				CATHOLIC Catholique
				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 <sup>1</sup> Maladie ou condition directement responsable de la mort.		<b>Multiple gunshot wounds</b>
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 <sup>2</sup> Autres conditions significatives <sup>2</sup>		

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>(b)(6)</b>	
<input checked="" type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
	DATE Date <b>8 June 2006</b>	

DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) <b>(b)(6) 2006</b>	PLACE OF DEATH Lieu de décès
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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 Nom du médecin militaire ou du médecin sanitaire <b>(b)(6)</b>	TITLE OR DEGREE Titre ou diplôme <b>Medical Examiner</b>
GRADE Grade <b>(b)(6)</b>	INSTALLATION OR ADDRESS Installation ou adresse <b>Dover AFB, Dover DE</b>
DATE Date	SIGNATURE Signature

<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 coeur, etc.

<sup>2</sup> 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 3666, 1 JAN 72 AND DA FORM 3666-R(PAS), 28 SEP 76, WHICH ARE OBSOLETE.

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