



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

Name: MUSTAF, Hussavn Abid
 ISN (b)(6)
 Date of Birth: (b)(6) 1940 (66 years)
 Date of Death (b)(6) 2007
 Date of Autopsy: 07 OCT 2007, 1330 hours
 Date of Report: 15 OCT 2007

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

Circumstances of Death:

CID investigation revealed that on (b)(6) 2007, (b)(6) had lost his balance while reaching for a water bottle on a ledge over the entrance of the latrine, falling backward and striking his head on the cement floor. (b)(6) then requested medical attention. Several detainees witnessed the fall. No detainees were in the direct vicinity of the (b)(6) when he fell. (b)(6) was conscious and walking on his own when he went to the hospital.

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

Identification:

Detainee (b)(6) is identified by transportation documents and the accompanied CID Investigation Report. Fingerprints, dental radiographs and a sample for DNA identification are obtained on 07 Oct 2007.

CAUSE OF DEATH:

Closed Head Trauma

MANNER OF DEATH:

Accident

EXTERNAL EXAMINATION

The unclad body is that of a well-developed, well-nourished Caucasian male with no external evidence of trauma. The body weighs 164 pounds and is approximately 69" in length. The external appearance is consistent with the reported age of 66 years.

The head is normocephalic with no gross evidence of trauma. The scalp hair is gray, with prominent male baldness. A grey mustache and stubble beard are also noted. The eyelids are unremarkable with no apparent trauma. The eyes are unremarkable. The irides are pale and grayish. The corneae are whitish and cloudy. The sclerae are white with no apparent hemorrhage or petechiae. The external auditory canals, external nares and oral cavity are free of foreign material or apparent trauma. The nasal skeleton is palpably intact. The tongue is unremarkable with no significant trauma or evidence of sharp force injuries. The lips are unremarkable with no apparent injury. The teeth are natural, in poor condition and many are remotely missing. The neck is unremarkable with no evidence of trauma or abnormality.

The chest is unremarkable. No injury of the ribs or sternum is evident externally. The abdomen is unremarkable with no evidence of trauma or major surgical scars. The back is unremarkable with no evidence of trauma or gross abnormality. The external genitalia are those of an adult circumcised male with unremarkable descended testes.

The extremities are unremarkable with no evidence of trauma or gross abnormality. A slightly deformed left external ear and a deep scar of the left side of the face are noted, consistent with a history of remote firearm injury. The scar extends from the cheek bone to the external auditory canal. No tattoos, major surgical or characteristic scars or other identifying marks are noted.

EVIDENCE OF INJURY

No evidence of injury is noted on external examination except a small area of possible superficial contusion on the right side of the face which is of questionable clinical significance. Careful dissection of the extremities and the back reveal no evidence of recent or remote trauma or skeletal fractures. Examination of the neck with layer-by-layer dissection of the strap muscles reveals no evidence of trauma.

A. Injuries of the Head:

Examination of the head reveals no external evidence of trauma. A small contusion of the left forehead is noted. No other contusions, abrasions or gross evidence of trauma is noted. Reflection of the scalp reveals significant left parietal subgaleal and temporalis muscle hemorrhage. Reflection of the left temporalis muscle reveals linear fracture of the parietal bone extending anteriorly and downward into the left anterior cranial fossa and posteriorly to the left side of the occipital bone. Removal of the skull cap reveals left epidural hemorrhage of an estimated 10-15 cc of blood. Bilateral subdural hemorrhage is noted, more prominent on the left side. Removal of the brain reveals marked bilateral hemorrhage under the frontal lobes, more prominent on the left side and marked necrosis of the left frontal lobe. Diffuse bilateral subarachnoid hemorrhage is noted as well as around the cerebellum.

B. Remote Firearm Injury to the Face:

Examination of the left face reveals a prominent depressed scar of the cheek, extending from the cheek bone to the left external auditory canal, measuring 2 ½ x ¾", and is associated with deformity of the left external ear. Reflection of the face reveals presence of marked scarring of the underlying tissue and muscle. Two round metal fragments (? pellets) are recovered, photographed, submitted as evidence and retained by OAFME. Multiple similar metallic fragments are noted on radiographs but their recovery would have lead to mutilation of the face and were not recovered.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. No adhesions or abnormal collections of fluid are present in any of the body cavities. All body organs are present in the normal anatomical position. There is no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region. No abnormal collection of blood or fluid is noted in the body cavities.

HEAD: (CENTRAL NERVOUS SYSTEM)

The scalp is reflected. Closed head traumatic injuries are noted above. No non-traumatic abnormality is noted. The brain weighs 1310 grams.

NECK:

Examination and dissection of the soft tissues of the neck, layer-by-layer, reveals no abnormal mobility or evidence of trauma. The thyroid cartilage and hyoid bone are intact.

CARDIOVASCULAR SYSTEM:

The pericardium is intact. The pericardial sac is free of fluid and adhesions. The coronary arteries arise normally, follow the usual distribution and are patent, without evidence of excessive atherosclerosis. The left main coronary artery reveals 15% atherosclerotic narrowing. The chambers and valves exhibit the usual size-position relationship and are unremarkable. The myocardium is pale brown and reveals marked postmortem changes. The atrial and ventricular septae are intact. The aorta and its major branches arise normally, follow the usual course and are unremarkable without 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 340 grams.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material; the mucosal surfaces are unremarkable. The pleural surfaces are unremarkable bilaterally. The pulmonary parenchyma is congested and edematous red-grey and reveals no focal lesions. The

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pulmonary arteries are normally developed, patent and without thrombus or embolus. The right and left lung weigh 810 grams and 800 grams, respectively.

LIVER & BILIARY SYSTEM:

The hepatic capsule is smooth and intact, covering dark brown parenchyma with no apparent focal lesions. The gallbladder is intact and contains green bile and no stones. The extrahepatic biliary tree is without evidence of calculi. The liver weighs 1280 grams.

ALIMENTARY TRACT:

The tongue exhibits no evidence of injury. The esophagus is lined by gray-white mucosa. The gastric mucosa is unremarkable with unremarkable rugal folds. The lumen contains 20 ml of brownish fluid, submitted for toxicology. The small and large bowel is unremarkable. The pancreas is autolysed. The appendix is present and unremarkable.

GENITOURINARY SYSTEM:

The renal capsules are smooth and thin and strip with ease from the underlying renal smooth brown cortical surfaces. The cortices are delineated from the medullary pyramids, and unremarkable. The calyces, pelves and ureters are unremarkable. The urinary bladder mucosa is unremarkable and contains no urine. The right and left kidneys weigh 130 and 120 grams, respectively. The external genitalia are those of an adult circumcised male with unremarkable testes.

RETICULOENDOTHELIAL SYSTEM:

The spleen has a smooth, intact capsule covering pasty purple parenchyma; and grossly unremarkable. No enlarged lymph nodes are seen. The spleen weighs 180 grams.

ENDOCRINE SYSTEM:

The pituitary, thyroid and adrenal glands are grossly unremarkable.

MUSCULOSKELETAL SYSTEM:

Muscle development is normal. No non-traumatic bone or joint abnormalities are noted. See "Evidence of Injury".

EVIDENCE COLLECTION

Two gray metallic spheres, pellets are recovered from the left facial subcutaneous tissue, photographed for documentation, submitted as evidence and retained by OAFME.

IDENTIFYING MARKS

A deep left facial scar consistent with a remote firearm injury is noted. No tattoos, major surgical scars or other identifying marks are noted.

NATURAL DISEASES

Mild coronary atherosclerosis is noted. No evidence of other natural diseases is identified during the autopsy examination.

MEDICAL INTERVENTION

Multiple intravenous access lines are noted in the left antecubital fossa, right wrist and left inguinal area, and a urinary catheter are noted.

POSTMORTEM CHANGES

Rigor is equal in all extremities. Livor is consistent with supine position. Body temperature is cold due to refrigeration.

TOXICOLOGY

- A. Volatiles (Blood and Vitreous fluid):
 - No ethanol was detected.
- D. Screened drugs of abuse and medications:
 - Lidocaine: detected and confirmed.
 - Benzodiazepine (Midazolam): 0.14 mg/L
 - Benzodiazepine (1-Hydroxymidazolam): 0.057 mg/L

ADDITIONAL PROCEDURES

- Documentary photographs are taken by an OAFME photographer.
- Full body radiographs and computerized body scans are obtained.
- Specimens retained for toxicological and/or DNA identification are: Blood, vitreous fluid, bile, urine, gastric contents, and tissue samples from liver, lung, kidney, spleen, brain, psoas and heart muscles, and adipose tissue.
- Representative sections of organs are retained in formalin for microscopic examination if needed in the future.
- Evidence recovered is retained by OAFME.
- Review of the available medical records.

FINAL AUTOPSY DIAGNOSIS

- I. Closed Head Trauma:
 - Left parietal skull fracture.
 - Left epidural hemorrhage.
 - Bilateral subdural hemorrhage, left > right.
 - Diffuse bilateral subarachnoid hemorrhage, left > right.
 - Marked necrosis of the left frontal lobe.

II. Remote Facial Trauma:

- Well-healed firearm injury of the left face.

III. Toxicology: Lidocaine and Benzodiazepine were detected and confirmed. "See toxicology results above). Negative for ethanol and drugs of abuse.

IV. Evidence: Two metallic spheres pellets are recovered and retained by OAFME.

OPINION

The remains of believed to be (BTB) (b)(6) an Iraqi detainee, reveal injuries consistent with a reported and witnessed fall. The closed head trauma caused skull fractures, extensive intracranial hemorrhages and necrosis of the left frontal lobe. No evidence of other acute trauma is present. A remote (old) well healed scar of a firearm injury is noted. Toxicological studies reveal the presence of Lidocaine and Benzodiazepines which may be related to medical treatment, and is non-contributory to his death. No ethanol or drugs of abuse are detected. Manner of death is "Accident".

(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 prénom) Mustaf, Hussayn, (b)(6)		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) 1940	SEX Sexe <input checked="" 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"/>	PROTESTANT Protestant
<input type="checkbox"/>	NEGROID Négre	<input type="checkbox"/>	MARRIED Marié	<input type="checkbox"/>	CATHOLIC Catholique
<input type="checkbox"/>	OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/>	WIDOWED Veuf	<input type="checkbox"/>	JEWISH Juif
				<input type="checkbox"/>	OTHER (Specify) Autre (Spécifier)

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 Maladie ou condition directement responsable de la mort. Closed head trauma		Hours
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input checked="" type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste	
<input type="checkbox"/> SUICIDE Suicide	(b)(6)	
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE (b)(6)	DATE Date 7 October 2007
		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non

DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2007 (b)(6)	PLACE OF DEATH Lieu de décès 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 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, Dover DE
DATE Date 10/24/2007	SIGNATURE (b)(6)

1 State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
2 State conditions contributing to the death, but not related to the disease or condition causing death.
3 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.
4 Préciser la condition qui a contribué à la mort, mais n'évitez aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

(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 (b)(6)	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			

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