



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: ABULLA, Mohammad Khudayer

Autopsy No.: (b)(6)

ISN: (b)(6)

AFIP No.: (b)(6)

Date of Birth: (b)(6) 1980

Rank: Civilian Detainee

Date of Death: (b)(6) 2007

Place of Death: Camp Bucca, Iraq

Date/Time of Autopsy: 26 SEP 2007 @ 1200

Place of Autopsy: Port Mortuary, Dover AFB, DE

Date of Report: 29 NOV 2007

Circumstances of Death: This 27-year-old civilian detainee was brought to a guard shack at Camp Bucca without a pulse and not breathing.

Authorization for Autopsy: Armed Forces Medical Examiner, per U.S. Code 10, Section 1471

Identification: Positive identification is established by comparison of postmortem DNA sample and antemortem DNA records. Fingerprints were taken and a postmortem dental examination was performed if exemplars become available.

CAUSE OF DEATH: LIGATURE STRANGULATION

MANNER OF DEATH: HOMICIDE

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male received unclad. The body weighs 136-pounds, is 66-inches in length and appears compatible with the reported age of 27-years. The body is cold. Rigor is absent. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. There is green discoloration of the abdomen and marbling of the skin is present.

The head is normocephalic, and the scalp hair is dark and medium length. Facial hair consists of beard stubble. The irides are brown, the corneae are cloudy, the sclerae are white, and the conjunctivae are congested with scattered rare petechiae. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The teeth are natural and in good condition. Injuries of the neck are described below (see "Evidence of Injury").

The chest is unremarkable. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is flat. The external genitalia are those of a normal adult circumcised male. The anus is without note. Healed surgical scars or tattoos are not noted on the torso (b)(6) is written in black marker pen on the abdomen. A 1/8-inch diameter pigmented macule is noted at the sternal notch. There are three round to ovoid scars on the upper back that range in size from 1/8-inch in diameter to ¼ x 1/8-inch.

The extremities show no evidence of fractures, lacerations or deformities. The fingernails are intact and trimmed. Tattoos are noted (b)(6) Scars are noted on the anterior right arm (5/8 x ½-inch) and in the right popliteal fossa (5/8-inch diameter).

CLOTHING AND PERSONAL EFFECTS

No clothing or personal effects are received with the body.

MEDICAL INTERVENTION

- Therapeutic needle stick-marks on the upper right and left chest
- Therapeutic needle stick-marks in both antecubital fossae with associated hemorrhage into the adjacent subcutaneous tissue
- Therapeutic needle stick-mark in the right groin

RADIOGRAPHS

A complete set of postmortem radiographs and CT images are obtained and demonstrates the following:

- Metallic foreign bodies in the upper left back, the left buttock, the left forearm, the left hand, and the right leg
- Changes of decomposition

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. Ligature Strangulation

At least three 1/8-inch in width, circumferential, continuous ligature furrows are present on the skin of the neck and are directed horizontally. The ligature furrows cross the lower half of the thyroid cartilage, between 9 ½-inches to 10 ½-inches below the top of the head, between 2 5/8-inches and 3 ¼-inches below the tragus of the right ear and 3-inches and 3 ¼-inches below the tragus of the left ear. On the back of the neck, the ligature furrows cross the posterior midline 9-inches below the top of the head. The ligature is not available for examination.

On the right side of the neck, there is a 1 x ¼-inch abrasion that is not associated with a ligature furrow, and on the left side of the neck, there is a 1 ½ x 3/8-inch abrasion that is not associated with a ligature furrow. Layer-wise, anterior neck dissection demonstrates focal hemorrhage of the superior right sternocleidomastoid muscle, a fracture of the right superior horn of the thyroid cartilage, and an intact hyoid bone.

II. Evidence of Old Fragmentation Injuries

During radiographic studies, metallic foreign bodies are identified and located in the upper left back posterior to the left scapula, the left buttock, the left forearm, the left hand, and in the right leg between the tibia and fibula. The fragments located in the upper left back and the left buttock are recovered and retained as evidence by the OAFME. The other fragments identified are not recovered. Both of the recovered fragments were encased by fibrous tissue; wound tracts and entrance wounds are not identified.

III. Other Injuries

There is a 1/8 x 1/8-inch abrasion on the 4th digit of the right hand (ring finger) and a 1 x 3/8-inch abrasion on the left knee.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The ribs, sternum, and vertebral bodies are visibly and palpably intact. No adhesions are present in any of the body cavities. Decomposition fluid is present in both pleural cavities (right, 300-milliliters; left 200-milliliters). All body organs are present in normal anatomical position, and demonstrate early changes of decomposition.

The subcutaneous fat layer of the abdominal wall is ¼-inch thick.

Posterior incisions of the torso and both upper and lower extremities, fail to demonstrate any subcutaneous ecchymoses other than that caused by the therapeutic procedures that have been

described above (see "Medical Intervention").

HEAD AND CENTRAL NERVOUS SYSTEM:

The scalp is reflected. The galeal and subgaleal soft tissues of the scalp are free of injury. There are no skull fractures. 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 cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels are intact.

Clear cerebrospinal fluid surrounds the 1,600-gram brain, which has unremarkable gyri and sulci. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brain stem and cerebellum are unremarkable. The atlanto-occipital joint is stable.

NECK:

Injuries of the neck are described above (see "Evidence of Injury"). The hyoid bone is intact. The larynx is lined by intact white mucosa. 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.

CARDIOVASCULAR SYSTEM:

The 290-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 ventricle, interventricular septum, and right ventricle are 1.0, 1.0, and 0.3-centimeters thick, respectively. The endocardium is smooth and glistening.

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

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 diffusely congested and edematous, exuding slight to moderate amounts of blood and frothy fluid; no focal lesions are noted.

The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 710-grams; the left 600-grams.

ABULLA, Mohammed K.

HEPATOBIILIARY SYSTEM:

The 1,180-gram liver has an intact smooth capsule covering moderately congested tan-brown parenchyma with no focal lesions noted.

The gallbladder contains 10-milliliters of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

GASTROINTESTINAL SYSTEM:

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 150-milliliters of red-black fluid.

The small and large bowels are unremarkable. The pancreas is autolyzed, but appears normal. The appendix is present.

GENITOURINARY SYSTEM:

The right kidney weighs 110-grams; the left 90-grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surface.

The cortex is 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 bladder contains approximately 155-milliliters of cloudy urine. The testes, prostate gland and seminal vesicles are without note.

LYMPHORETICULAR SYSTEM:

The 190-gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable.

Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

ENDOCRINE SYSTEM:

The pituitary gland is left *in situ* and is grossly unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The right and left adrenal glands are symmetric, and are autolyzed. No masses or areas of hemorrhage are identified.

MUSCULOSKELETAL SYSTEM:

No non-traumatic abnormalities of muscle or bone are identified.

MICROSCOPIC EXAMINATION

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

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by AFMES staff photographers.
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicology testing and/or DNA identification are: vitreous fluid, blood, decomposition fluid, urine, bile, gastric contents, spleen, liver, lung, kidney, brain, myocardium, adipose tissue and skeletal muscle.
4. The dissected organs are forwarded with body.
5. Metallic foreign bodies are collected from the upper left back and left buttock and are retained by the OAFME as evidence.

FINAL AUTOPSY DIAGNOSES

- IV. Ligature Strangulation**
- A. The ligature is not available for examination
 - B. At least three circumferential, continuous ligature furrows are directed horizontally
 - C. The ligature furrows cross the lower half of the thyroid cartilage
 - D. On both sides of the neck, there are abrasions that are not associated with a ligature furrow
 - E. Anterior neck dissection demonstrates focal hemorrhage of the superior right sternocleidomastoid muscle, a fracture of the right superior horn of the thyroid cartilage, and an intact hyoid bone
- V. Evidence of Old Fragmentation Injuries**
- A. Metallic foreign bodies identified by radiography, located in the upper left back and in the left buttock are recovered and retained as evidence
 - B. Metallic foreign bodies identified by radiography, located in the left hand, in the left forearm, and in the right leg between the tibia and fibula are not recovered
- VI. Other Injuries**
- A. Abrasion on the 4th digit of the right hand (ring finger)
 - B. Abrasion on the left knee
- IV. No significant natural diseases or pre-existing conditions are identified, within the limitations of this examination.**
- V. There is no evidence of additional physical abuse**
- VI. Evidence of Medical Therapy**
- A. Needle stick-marks in the upper right and left chest
 - B. Needle stick-marks in both antecubital fossae with associated hemorrhage into the adjacent subcutaneous tissue

ABULLA, Mohammed K.

C. Needle stick-mark in the right groin

VII. Post-Mortem Changes

- A. Rigor is absent
- B. Lividity is posterior and fixed except in areas exposed to pressure
- C. The body temperature is cold to touch
- D. There is green discoloration of the abdomen
- E. Marbling is present

VIII. Identifying Body Marks

- A. Tattoo (b)(6)
- B. Tattoo
- C. Multiple scars on the back, ranging from 1/8-inch diameter to 1/4 x 1/8-inch
- D. Scar on the anterior right arm, 5/8 x 1/2-inch
- E. Scar on the right popliteal fossa, 5/8-inch diameter
- F. Pigmented macule at the sternal notch

IX. Toxicology

- A. The blood and urine are tested for volatile compounds including ethanol and none are found.
- B. The urine is screened for medications and drugs of abuse and none are found.

OPINION

This 27-year-old male (b)(6) died of ligature strangulation. There were multiple, circumferential and continuous horizontally-oriented ligature furrows present on his neck. Abrasions noted on both sides of the neck that were not associated with a ligature furrow may represent defensive-type injuries. There was also evidence of old fragmentation injuries noted at autopsy; five metallic foreign bodies were identified radiographically and two fragments were recovered and retained as evidence. The scars noted on the body may represent the locations of entrance wounds that are associated with the fragmentation injuries. Toxicological testing for ethanol and screened drugs of abuse was negative. The manner of death is homicide.

(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) Abulis, Mohammed,		GRADE Grade Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)
ORGANIZATION Organisation		NATION (A.E. United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1981
RACE Race		MARITAL STATUS État Civ.	RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasienne	<input type="checkbox"/> NEGROID Négresse	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> PROTESTANT Protestant
	<input type="checkbox"/> WIDOWED Veuf		<input checked="" type="checkbox"/> CATHOLIC Catholique
			<input type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parents du décédé avec le cas	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Indiquer ZIP Code) Ville (Code postal complet)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Specify only one cause per line) Cause du décès (Indiquer qu'une seule par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort			Ligature strangulation
ANTECEDENT CAUSES Symptômes précursifs de la mort			
MORIBUND CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition moribonde, s'il y a lieu, menant à la cause principale			
UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Cause sous-jacente, s'il y a lieu, menant à la cause principale			
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Cause de la mort	AUTOPSY PERFORMED Autopsie effectuée	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort résultant par des causes extérieures	
<input type="checkbox"/> NATURAL Mort naturelle	<input checked="" type="checkbox"/> YES OUI <input type="checkbox"/> NO NON		
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste		
<input type="checkbox"/> SUICIDE Suicide	(b)(6)		
<input checked="" type="checkbox"/> HOMICIDE Meurtre	(b)(6)	DATE Date 26 September 2007	AVIATION ACCIDENT Accident d'Aviation <input type="checkbox"/> YES OUI <input checked="" type="checkbox"/> NO NON
DATE OF DEATH Date du décès (b)(6) 2007	PLACE OF DEATH Lieu du 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 décedé et la cause du décès est conforme à l'énoncé ci-dessus.			
SIGNATURE (b)(6)		TITLE Medical Examiner	
INSTALLATION OR ADDRESS Dover AFB, Dover DE			
DATE 9/28/2007		SIGNATURE (b)(6)	

DD FORM 1 APR 77 2064

REPLACES DA FORM 2049, 1 JAN 75 AND DA FORM 2049-1, 28 SEP 75, WHICH ARE OBSOLETE.

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(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
FORMER OF MORTICAR 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 County)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

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