



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
**Office of the Armed Forces Medical Examiner**  
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 Rockville, MD 20850  
 301-319-0000



**FINAL AUTOPSY REPORT**  
**\*\*AMENDED\*\***

<b>Name:</b> BTB Khalid, Muhammad Qusay	<b>Autopsy No.:</b> (b)(6)
<b>ISN:</b> (b)(6)	<b>AFIP No.:</b> (b)(6)
<b>Date of Birth:</b> (b)(6) 1976 (estimated)	<b>Grade:</b> Civilian (Detainee)
<b>Date of Death:</b> (b)(6) 2007	<b>Place of Death:</b> Iraq
<b>Date/Time of Autopsy:</b> 30 JUL 2007 @ 0900 hrs	<b>Place of Autopsy:</b> Port Mortuary,
<b>Date of Report:</b> 30 OCT 2007	Dover AFB, Dover, DE
<b>Date of Amended Report:</b> 31 MAR 2008	

**Circumstances of Death:** This 31 year-old civilian was being detained at the Theater Internment Facility (TIF) at Camp Bucca, Iraq when, as reported, he was assaulted by unknown detainee(s) on 24 JUL 2007. He was transported to the TIF hospital for treatment and transferred to the 28<sup>th</sup> Combat Support Hospital for further treatment. On (b)(6) 2007 he began to exhibit signs and symptoms of a stroke and was intubated.

Resuscitative efforts were unsuccessful and he was pronounced dead at 0247 hrs (b)(6) (b)(6) 2007.

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

**Identification:** Presumptive identification based on review of all papers in case file. Post-mortem fingerprint and dental examinations conducted. A suitable specimen for DNA analysis is obtained.

**CAUSE OF DEATH:**           **Complications of sharp and blunt force injuries of the head**

**MANNER OF DEATH:**   **Homicide**

31 MAR 2008

The first page of this report is amended to correct a typographic error in the AFIP number.

(b)(6)

(b)(6) Medical Examiner

### EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male. The body is 70 inches in length, weighs 211 pounds, and appears compatible with the stated age of 31 years old. The body is cold. Lividity is fixed on the posterior surface of the body except in the areas exposed to pressure. Rigor is resolving and equal in the upper and lower extremities.

Injuries are described in "Evidence of Injury". The scalp hair is black and short. The facial hair consists of a black beard. A plastic cap covers the left eye and injury of the left eye precludes assessment. The right iris is indistinct. The right cornea is cloudy. The right conjunctiva is congested and the right sclera is hemorrhagic. The teeth are natural. On the anterior scalp is a 2-inch linear scar. A ½ x ½-inch nevus is on the bridge of the nose.

The chest is symmetric. The hair of the upper left side of the chest is shaved. A 4-inch linear scar is on the right lower quadrant of the abdomen. The genitalia are those of an adult circumcised male. The anus is unremarkable.

The upper and lower extremities are symmetric. The fingernails are intact. The soles of the feet are callous. On the left upper extremity are multiple scars in various stages of healing ranging in size from 4 x ¼-inch to 2 x 1-inch. On the lateral right hip are six, 1/8-inch in maximum dimension, skin defects. There are multiple healed scars on both knees that are ¼-inch in maximum dimension. A scar is on the anterior left foot that is ¾-inch in maximum dimension.

### CLOTHING AND PERSONAL EFFECTS

The body is unclad and no personal effects are present with the body.

### MEDICAL INTERVENTION

On the right side of the scalp is a 1/8-inch defect that is secured by two metal staples. This defect correlates with a 3 millimeter defect in the calvarium and a 3 millimeter defect in the dura mater (consistent with trephine). There is gauze over the left eye. Both upper eyelids and the right lower eyelid have sutures (see "Evidence of Injury"). On the upper left side of the chest is a puncture mark. A 5-1/2-inch incision closed with staples is on the posterior right forearm. On the left groin are two, 1/8-inch incisions (consistent with vascular access cut downs).

### RADIOGRAPHS

A complete set of post-mortem radiographs is obtained and demonstrate fractures of both medial walls of the orbits, staples in the scalp, and fracture of the ulna with associated plate and screw fixation and overlying skin staples.

### EVIDENCE OF INJURY

#### **I. Head and neck:**

On the upper and lower right eyelids are obliquely oriented, 1-inch in length penetrating sharp force wounds (sutured). The underlying medial extra-ocular muscles of the eye have been incised and there are fractures of the medial wall of the right orbit (radiographic). On the upper left eyelid are two obliquely oriented penetrating sharp force wounds (sutured) that are ½-inch and 1-inch in length. The underlying eyeball is ruptured and the extra-ocular muscles are incised.

There are fractures of the medial wall of the left orbit extending into the sphenoid sinus (radiographic) with associated hemorrhage of the sphenoid sinus. The left optic nerve is transected. There is ecchymosis of the upper and lower left eyelids. On the right cheek is a ¼ x ¼-inch abrasion.

On the left side of the neck, inferior to the left ear, is a 1 x ½-inch contusion. There is a ½ x ½-inch contusion of the left earlobe. Internal examination reveals a 2 x 1-inch contusion of the left temporalis muscle. There is diffuse subarachnoid hemorrhage and contusions of the left frontal and parietal lobes of the brain. There is hemorrhage of the anterior midbrain and left caudate nucleus and thalamus.

**II. Torso:**

On the upper right side of the chest is a 3 x 2-inch contusion. There is a 1 x 1-inch contusion and a ½ x ½-inch abrasion on the left side of the chest.

**III. Extremities:**

On the anterior right arm are two, horizontally oriented contusions that are both 2 x ½-inch with an area of central pallor that is ½ x ¼-inch. There is a 4 x 2-inch contusion of the medial right elbow. There are two, ½-inch abrasions and a ¼-inch in maximum dimension laceration of the right elbow. A 1 x 1-inch abrasion and a ½ x ½-inch abrasion are on the posterior right forearm. On the medial left arm are multiple, ¼ x ¼-inch contusions. A 6 x 3-inch contusion is on the lateral left elbow. A 2 x 1-inch contusion is on the back of the left hand and a ½ x ¼-inch contusion is on the base of the left thumb. There is a 1 x 1-inch abrasion on the back of the left hand.

A 3 x 2-inch contusion is on the anterior right thigh. On the right knee are a 3 x 2-inch contusion and a ¼ x ¼-inch abrasion. There are two lacerations of the anterior right leg that are ½-inch and ¾-inch, respectively and are separated by ¼-inch. Inferior to these lacerations is a ¼ x ¼-inch abrasion. A ¼ x ¼-inch contusion is on the anterior right thigh and a 1 x 1-inch contusion is on the right knee.

Superficial skin incisions of the posterior aspect of the extremities reveal a hematoma of the right forearm (6 x 2 x ½-inch), left forearm (8 x 2 x ½-inch), right thigh and leg (10 x 4 x ½-inch).

**INTERNAL EXAMINATION**

**BODY CAVITIES:**

The ribs, sternum, and vertebral bodies are visibly and palpably intact. There are adhesions of the abdomen. The organs occupy their usual anatomic positions.

**HEAD, NECK, and CENTRAL NERVOUS SYSTEM:**

See "Evidence of Injury" and "Medical Intervention". The brain weighs 1420 grams.

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage by layer-wise dissection. The thyroid cartilage and hyoid bone are intact.

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The thyroid gland is symmetric and red-brown, without cystic or nodular change. The larynx is lined by intact white mucosa. The tongue is unremarkable.

**RESPIRATORY SYSTEM:**

The upper airway is clear of debris and foreign material. The mucosal surfaces are smooth, yellow-tan and unremarkable. The right and left lungs weigh 1050 and 810 grams, respectively. The pulmonary parenchyma is diffusely congested and edematous, exuding moderate amounts of blood and frothy fluid. No mass lesions or areas of consolidation are present. The pulmonary arteries are normally developed and patent without thrombus or embolus.

**CARDIOVASCULAR SYSTEM:**

The heart weighs 380 grams and is contained in an intact pericardial sac. The coronary arteries are widely patent. The atrial and ventricular septum are intact. The cardiac valves are unremarkable. The left interventricular septum measures 1.5 centimeters and the left ventricular free wall measures 1.4 centimeters. The right ventricular free wall is 0.3 centimeters thick. The right ventricle is dilated. The aorta and its major branches arise normally and follow the usual course and are unremarkable. The vena cava and its major tributaries return to the heart in the usual distribution and are free of thrombi.

**LIVER & BILIARY SYSTEM:**

The 1630 gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is pale with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 15 milliliters of green bile. The extrahepatic biliary tree is patent.

**SPLEEN:**

The 200 gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon with unremarkable lymphoid follicles.

**PANCREAS:**

The pancreas is red-tan. No mass lesions or other abnormalities are seen.

**ADRENALS:**

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

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 150 and 170 grams, respectively. The external surfaces are intact and smooth. The cortex is sharply delineated from the medullary pyramids. The pelves are unremarkable and the ureters are normal in course and caliber. The bladder contains 150 milliliters of yellow urine. The prostate and testes are unremarkable.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach, small bowel, and colon are unremarkable. The stomach contains 60 milliliters of brown fluid. The appendix is absent.

**MUSCULOSKELETAL:**

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

**ADDITIONAL PROCEDURES**

1. Specimens retained for toxicology testing and/or DNA identification are: Blood, vitreous fluid, bile, urine, liver, lung, kidney, spleen, brain, psoas muscle, myocardium, adipose tissue and gastric contents.
2. The dissected organs are forwarded with the body.
3. Selected portions of organs are retained in formalin.
4. Personal effects are released to the appropriate mortuary operations representatives.
5. Recovered evidence: None.

**MICROSCOPIC EXAMINATION**

Brain, left parietal cortex (Slide 1): Hemorrhage of the cortical surface extending into the underlying white matter

Optic nerve, left (Slide 1): Diffuse hemorrhage of the optic nerve sheath with acute inflammatory response; ischemic changes of a portion of the neurons

Midbrain (Slide 2): Scattered hemorrhage of the anterior parenchyma

**FINAL AUTOPSY DIAGNOSES**

- I. Sharp and blunt force injuries:**
- A. Two penetrating sharp force wounds of the upper left eyelid with associated rupture of the left eyeball, transected optic nerve, disruption of the extra-ocular muscles, and fractures of the orbital wall and sphenoid sinus
  - B. Penetrating sharp force wounds of the upper and lower right eyelids with associated disruption of the extra-ocular muscles and fractures of the orbital wall
  - C. Subarachnoid hemorrhage and contusions of the left parietal and frontal lobes of the brain
  - D. Hemorrhage of the left temporalis muscle
  - E. Abrasion of the right cheek
  - F. Contusions of the left ear and left neck
  - G. Contusions of both sides of the chest
  - H. Fracture of the right ulna
  - I. Soft tissue hematoma of the right forearm, left forearm, and right lower extremity
  - J. Multiple contusions, abrasions, and lacerations of the extremities
- II. Identifying marks:**
- A. Appendectomy scar
  - B. Multiple scars of the left upper extremity and both lower extremities
- III. Evidence of medical intervention:** As described above
- IV. Post-mortem changes:**
- A. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure
  - B. Rigor is resolved in the upper and lower extremities
  - C. Cloudy right cornea
- V. Natural disease:** None identified within the limits of the examination
- VI. Toxicology (AFIP):**
- A. VOLATILES: No ethanol detected in the blood and vitreous fluid
  - B. CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was less than 1%
  - C. CYANIDE: No cyanide detected in the blood
  - D. DRUGS:
    - 1. Morphine was detected in the urine. The blood contained 0.50 mg/L of morphine.
    - 2. Lorazepam was detected in the urine. The blood contained 0.05 mg/L of lorazepam.
    - 3. Ephedrine was detected in the urine. The blood contained 0.06 mg/L of ephedrine.

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4. Fentanyl was detected in the urine. The blood contained 0.07 mg/L of fentanyl.
5. Acetaminophen was detected in the urine. The blood contained 6.3 mg/L of acetaminophen.
6. Lidocaine was detected in the urine.

**OPINION**

This 31 year-old male (b)(6) died of complications of sharp and blunt force injuries of the head. He had penetrating sharp force injuries of both eyes. The left optic nerve was transected and there were fractures of the orbital walls that extended into the sphenoid sinus. In addition, he had subarachnoid hemorrhage and contusions of the left side of the brain. Gross examination and microscopic sections of the brainstem revealed hemorrhages of the midline that are consistent with herniation. The results of the toxicology screen are consistent with resuscitative efforts. The manner of death is homicide.

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(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) <b>BTB Khalid, Muhammed, Qusay</b>		GRADE Grade	BRANCH OF SERVICE Arme <b>Civilian</b>
ORGANIZATION Organisation		NATION (e.g. United States) Pays <b>Iraq</b>	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social <b>(b)(6)</b>
		DATE OF BIRTH Date de naissance <b>(b)(6) 1976</b>	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS État Civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> NEGROID Négre		<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> JEWISH Juif
RELIGION Culte		OTHER (Specify) Autre (Spécifier) <b>X Sunni-Islam</b>	
PROTESTANT Protestant		CATHOLIC Catholique	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Données 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 (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		Complications of sharp force and blunt force injuries of the head	
ANTECEDENT CAUSES Symptômes précursurs 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 sautées 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	NAME OF PATHOLOGIST Nom du pathologiste		
<input type="checkbox"/> SUICIDE Suicide	<b>(b)(6)</b>		
<input checked="" type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature <b>(b)(6)</b>	DATE Date <b>30 July 2007</b>	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>(b)(6) 2007</b>	PLACE OF DEATH Lieu de décès <b>Iraq</b>		
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 défunct et conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci-dessus.			
NAME OF SERVICE MEMBER <b>(b)(6)</b>		TITLE OR DEGREE Titre ou diplôme	
GRADE Grade <b>(b)(6)</b>	INSTALLATION OR ADDRESS Installation ou adresse <b>Dover AFB, Dover DE</b>		
DATE Date <b>7/30/2007</b>	SIGNATURE Signature <b>(b)(6)</b>		
<small>1. State disease, injury or condition which caused death, and how it arose or began, when the death occurred. 2. State conditions contributory to the death, but not related to the disease or condition causing death. 3. Precise the nature of the disease, or the disease or condition which contributed to the death, but not the manner of injury, such as "an aneurysm of the heart." 4. Precise the condition which contributed to the death, but not the manner of injury, such as "the condition of a general atherosclerosis of the arteries."</small>			

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REPLACES DA FORM 3985, 1 JAN 72 AND DA FORM 3985-RPAB, 29 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0820



(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 <i>(Town and Country)</i>	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

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