



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 1-301-319-0000



FINAL AUTOPSY EXAMINATION REPORT

Name: (BTB) AL-UMARI, Abd Al-Rahman M.	Autopsy No.: (b)(6)
ISN: (b)(6)	AFIP No.: (b)(6)
Date of Birth: (BTB) (b)(6) 1972	Rank: Civilian Detainee
Date of Death: (b)(6) 2007	Place of Death: Camp V, Guantanamo Bay, Cuba
Date/Time of Autopsy: 01 JUN 2007 @ 1230	Place of Autopsy: Guantanamo Bay, Cuba
Date of Report: 20 JUN 2007	

Circumstances of Death: This 35-year-old male civilian detainee at Guantanamo Bay, Cuba was found hanging by his neck in his cell with a ligature made of braided strips of bed sheet. By report, similar fabric bound his hands loosely behind him. Although ACLS protocols were followed, he could not be resuscitated.

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

Identification: Positive identification of the ISN number is established by comparison of a postmortem DNA sample and antemortem DNA records.

CAUSE OF DEATH: HANGING

MANNER OF DEATH: SUICIDE

FINAL AUTOPSY DIAGNOSES

I. Evidence of Hanging

- A. The suspected ligature had been removed from the body prior to examination. It is available for inspection and consists of a 22-1/2-inch, three-strand braided ligature composed of white cotton material. The ligature measures on average, 3/4-inch wide and 1/2-inch thick. At one end of the ligature is a loop formed by tying the ligature to itself. Eight inches from the loop end is a 4-inch area of soiling with attached dark hairs.
- B. A brown to gray – tan, 9 1/8-inch discontinuous ligature furrow is on the skin of the neck and is directed obliquely upward at approximately 45-degrees on both sides of the neck
- C. The ligature furrow crosses the superior third of the thyroid cartilage, 9 3/8-inches below the top of the head and then extends superiorly on both sides of the neck, ending 1-inch below the lobe of the right ear and passing 2-inches below the lobe of the left ear.
- D. The highest point of the furrow is located on the back of the neck, 6 1/2-inches below the top of the head and on the posterior midline
- E. The width of the ligature furrow ranges from 1/4-inch to 3/8-inch.
- F. The depth of the furrow ranges from less than 1/16-inch (posterior) to 1/8-inch (left)
- G. There is a 1 1/4 x 5/8-inch abrasion on the right side of the neck
- H. A layer-wise anterior neck dissection shows no injury to the underlying soft tissues or hemorrhage into the strap muscles. The hyoid bone and thyroid cartilage are intact
- I. Associated injuries:
 - 1. The face is suffused with scattered petechiae on the skin
 - 2. Petechiae on the bulbar and palpebral conjunctivae, bilateral

II. Other Injuries

- A. Superficial, incised wound on the right second (fore) finger, 1/8-inch
- B. Superficial, incised wound on the left second (fore) finger, 1/4-inch
- C. Abrasion on the right thumb, 1/8 x 1/16-inch
- D. Cluster of abrasions on the posterior right forearm, ranging in size from punctate to 1/4 x 1/16-inch

III. There is no evidence of physical abuse

- A. A complete skeletal survey is negative for fractures by radiology
- B. Radiographs of the cervical spine are negative for fractures or dislocations
- C. Posterior neck dissection is negative for soft tissue or bony
- D. Posterior incisions of the torso and extremities are negative for soft tissue injury
- E. There is no soft tissue evidence of recent binding around the wrists.

AL-UMARI, Abd Al-Rahman M.

- IV. No significant natural diseases or pre-existing conditions are identified within the limitations of this examination**
- V. Evidence of Medical Therapy**
- A. Endotracheal tube (properly placed)
 - B. Cardiac pacing pads on the anterior and left chest
 - C. Multiple electrocardiogram electrodes on the anterior torso and both arms
 - D. Needle stick-marks in both antecubital fossae and on the dorsal surfaces of the left hand and right foot
- VI. Post-Mortem Changes**
- A. Rigor is passing and equal in all extremities
 - B. Lividity is posterior and fixed except in areas exposed to pressure
 - C. The body temperature is cold to touch, status post refrigeration
- VII. Identifying Body Marks**
- A. Puckered, circular scar on the medial right wrist, 1-inch diameter
 - B. Puckered scar on the medial left wrist, 1 ½ x 1 ¼-inch
 - C. Pigmented papule on the right back, 1/8-inch diameter
 - D. Pigmented papule on the right buttock, 1/16-inch diameter
 - E. Linear pigmentation on the left buttock, ½ x 1/16-inch
- VIII. Toxicology**
- A. The blood and vitreous fluid are tested for ethanol and none is found.
 - B. The urine is negative for screened medications (including Mefloquine) and drugs of abuse and none are found.
 - C. The blood is tested for carbon monoxide and cyanide and none is found.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, thin, 66-inch, 140-pounds (estimated) male whose appearance is younger than the reported age of 35-years. Lividity is posterior and violaceous except in areas exposed to pressure. Rigor is full and equal in all extremities. The temperature of the body is that of the refrigeration unit.

The head is normocephalic altered and the scalp is covered with dark hair in a normal distribution. The skin of the face is congested and suffused with scattered petechiae. Facial hair consists of a full beard and moustache. The irides are brown, the corneae are hazy and the pupils are round and equal in diameter. The conjunctivae have petechiae scattered on both the bulbar and palpebral surfaces, bilaterally. 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 and in good condition.

Injuries to the neck are described below (see "Evidence of Injury"). The neck is straight, and the trachea is midline and mobile. The chest is symmetric and the abdomen is flat.

The posterior torso is unremarkable. The genitalia are those of a normal adult male. The penis appears to have been circumcised and the testes are descended and free of masses. Pubic hair is shaved, but present in a normal distribution. The buttocks and anus are unremarkable. There are pigmented papules on the right back (1/8-inch diameter) and on the right buttock (1/16-inch diameter). There is an area of linear pigmentation on the left buttock that measures ½ x 1/16-inch.

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails and toenails are trimmed and intact and are otherwise unremarkable. The following minor injuries are noted on the extremities: There is a superficial, incised wound on the right second (fore) finger that measures 1/8-inch and a superficial, incised wound on the left second (fore) finger that measures ¼-inch. There is an abrasion on the right thumb (1/8 x 1/16-inch) and a cluster of abrasions on the posterior right forearm, ranging in size from punctate to ¼ x 1/16-inch. A puckered, circular scar on the medial right wrist (1-inch diameter) and a puckered scar on the medial left wrist (1 ½ x 1 ¼-inch) are noted.

CLOTHING AND PERSONAL EFFECTS

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

- Brown shorts
- An identification bracelet accompanies the remains, but is not attached to an extremity

MEDICAL INTERVENTION

- Endotracheal tube (properly located in the trachea, above the carina)
- Cardiac pacing pads are located on the anterior right chest and the left lateral chest
- Electrocardiogram electrodes are on the anterior torso and the extremities
- Needle stick-marks are located in both antecubital spaces, the dorsum of the left hand, and the dorsal right foot

RADIOGRAPHS

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

- No fractures of the skull, axial skeleton or long bones
- No metallic foreign bodies
- Medical therapy (endotracheal tube)

EVIDENCE OF INJURY

Evidence of Hanging

The suspected ligature had been removed from the body prior to examination. It is available for inspection and consists of a 22 ½-inch, three-strand braided ligature composed of white cotton material. The ligature measures, on average, ¾-inch wide and ½-inch thick. At one end of the ligature is a loop formed by tying the ligature to itself. Eight inches from the loop end is a 4-inch area of soiling with embedded dark hairs.

A brown to gray-tan, 9 1/8-inch discontinuous ligature furrow is on the skin of the neck and is directed obliquely upward at approximately 45-degrees on both sides of the neck. The ligature furrow crosses the superior third of the thyroid cartilage 9 3/8-inches below the top of the head, and extends superiorly on both sides of the neck, ending 1-inch below the lobe of the right ear and passing 2-inches below the lobe of the left ear. The highest point of the furrow is located on the back of the neck, 6 ½-inches below the top of the head and on the posterior midline. The width of the ligature furrow ranges from ¾-inch to 3/8-inch, and the depth of the furrow ranges from less than 1/16-inch (posterior) to 1/8-inch (left). There is some noticeable periodicity in the furrow, which corresponds with the suspected ligature. There is a 1 ¼ x 5/8-inch abrasion on the right side of the neck that is associated with the ligature furrow. There are no scratches or contusions on the neck.

There is no injury to the underlying soft tissues or hemorrhage into the strap muscles by layer-wise anterior neck dissection. The hyoid bone and thyroid cartilage are intact

Other injuries associated with the hanging include: The face is suffused with scattered petechiae on the skin and there are petechiae on the bulbar and palpebral conjunctivae, bilaterally.

INTERNAL EXAMINATION

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions. The abdominal fat layer is 5/8-inch thick at the umbilicus.

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 1,475-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. The pituitary gland is normal appearing. There are no skull fractures. The atlanto-occipital joint is stable. The spinal cord is unremarkable.

NECK:

Injuries to the neck are described above (see "Evidence of Injury"). The anterior strap muscles of the neck are homogenous and red-brown and without hemorrhage by layer-wise dissection. The thyroid cartilage and hyoid bone are 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.

RESPIRATORY SYSTEM:

The right and left lungs weigh 425 and 300-grams, respectively. The external surfaces are smooth and pink to red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 250-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 widely patent lumens. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The foramen ovale is closed. The walls of the left and right ventricles are 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.

HEPATOBIILIARY SYSTEM:

The 1,400-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 15-milliliters of green-brown bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

LYMPHORETICULAR SYSTEM:

The 125-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct lymphoid follicles. Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

ENDOCRINE SYSTEM:

The thyroid gland is symmetric and red-brown, without cystic or nodular change. The pancreas is slightly autolytic and ranges in appearance from hemorrhagic to yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen. 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 both weigh 100-grams each. 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 50-milliliters of yellow urine. The prostate gland 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 SYSTEM:

The esophagus is intact and lined by smooth, gray-white mucosa. The stomach contains approximately 35-milliliters of pink-brown 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. Superficial incisions along the posterior midlines of all four extremities and the back are made and the skin reflected to the anterior midlines to expose the underlying subcutaneous tissue and muscle. Areas of hemorrhage associated with resuscitation efforts are noted.

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 photographer (b)(6)
(b)(6)
- Observed by (b)(6) Medical Examiner (b)(6)
- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, vitreous fluid, gastric contents, urine, bile, spleen, liver, lung, kidney, brain, myocardium, and skeletal muscle
- The dissected organs are forwarded with the body and the body is sutured closed without embalming
- Personal effects are released to the mortuary affairs representatives

OPINION

This (BTB) 35-year-old civilian detainee, (BTB) (b)(6) died of hanging. Investigation reveals that a razor blade from a razor was used to cut strips from one or more bed sheets and a ligature was fashioned by braiding these strips together. A sliding noose was formed by tying a loop in one end of the ligature and bringing the opposite end through the loop. The free end of the ligature was secured to a ventilation opening, and (b)(6) likely stood on his bedroll to place the noose over his head. It is not known if he was fully or partially suspended when found. The subject's face was congested with petechiae; it is likely that he was partially suspended (DiMaio and DiMaio, *Forensic Pathology, 2nd Ed.*, CRC Press, 2001, pp. 252-253). Some periodicity was noted in the ligature furrow at autopsy which corresponded with the suspected ligature. There was also an abrasion on the right side of the neck which corresponded with the loop at the end of the ligature. It was reported that the hands were bound loosely behind the body when found and no evidence of constrictive binding of the wrists was present at autopsy. Complete body radiographs and multiple skin incisions of the posterior back and extremities failed to reveal any evidence of physical abuse. Toxicological testing for ethanol, carbon monoxide, cyanide, medications and screened drugs of abuse was negative. The manner of death is suicide.

(b)(6)

(b)(6) Medical Examiner

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(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) BTB Al-Umari, ABD Al-Rahman, M		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Saudi Arabia	DATE OF BIRTH Date (b)(6) 1972
		SOCIAL SECURITY NUMBER (b)(6)	
		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE Race		MARITAL STATUS Etat Civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasique		SINGLE Célibataire	
<input type="checkbox"/> NEGROID Négre		MARRIED Marié	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		DIVORCED Divorcé	
		SEPARATED Séparé	
		WIDOWED Veuf	
		RELIGION Culte	
		PROTESTANT Protestant	
		CATHOLIC Catholique	
		JEWISH Juif	
		OTHER (Specify) Autre (Spécifier) <input checked="" type="checkbox"/>	
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 (l'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			Hanging Seconds to Minutes
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 suscitée par des causes extérieures	
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
ACCIDENT Mort accidentelle			
<input checked="" type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
HOMICIDE Homicide	DATE Date 1 June 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)			
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 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		TITLE OR DEGREE Titre ou diplôme Medical Examiner	
(b)(6)			
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Guantanamo Bay Naval Base, Cuba		
DATE Date 6/4/2007	(b)(6)		

FORM DD1 APR 77 2064

REPLACES DA FORM 3668, 1 JAN 72 AND DA FORM 3668-RPAB, 28 SEP 78, WHICH ARE OBSOLETE.

MEDCOM 0885