



**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 Kazim, Husayn Uwayyid

(b)(6)

ISN: (b)(6)

Date of Birth: BTE (b)(6) 1978

Date of Death: (b)(6) 2008

Date/Time of Autopsy: 07 July 2008 @  
1330 hrs.

Date of Report: 25 August 2008

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Detainee

Place of Death: Camp Bucca, Iraq

Place of Autopsy: Port Mortuary, Dover  
AFB, DE

**Circumstances of Death:** This 39 year old detainee was reported missing following an internment serial number (ISN) headcount. A search of the compound found the decedent lying down in a tent. The decedent was removed from the tent and medical treatment started.

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

**Identification:** Presumptive identification is made by internment serial number; psoas muscle is retained for DNA identification if needed for future identification.

**CAUSE OF DEATH:** Strangulation complicated by multiple blunt force injuries

**MANNER OF DEATH:** Homicide

### EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished Male clad in the items listed below. The body weighs 210 pounds, measures 71 inches in length and appears consistent with the reported age of 39 years. Lividity is fixed on the posterior surface of the body except where exposed to pressure. Decomposition changes include green discoloration and marbling of the upper and lower extremities. Rigor is equal in all extremities. The body, which has been previously frozen, is cold.

Injuries to the head are described below in "Evidence of Injury." The head is normocephalic. The scalp is covered with short dark black hair with temporal graying in a normal distribution. The irides are hazel and the corneae are clear. The external auditory canals are free of fluid. The ears are unremarkable. The nares and the lips are unremarkable. The nose and maxillae are palpably intact. The teeth are natural. The neck is straight, and the trachea is midline and mobile.

Injuries to the torso are described below in "Evidence of Injury." The abdomen is soft. The genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair has been shaved close to the skin. The back is unremarkable. The buttocks and anus are unremarkable.

Injuries to the extremities are described below in "Evidence of Injury." The hands are not secured in paper bags. The fingernails are intact. Identification tags are affixed to each 2<sup>nd</sup> finger. There are no identifying marks to include tattoos.

### CLOTHING AND PERSONAL EFFECTS

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

- Torn white briefs

### MEDICAL INTERVENTION

Medical intervention present on the body at the time of autopsy includes:

- Endotracheal tube (appropriately placed)
- Electrocardiogram pickup on the left lateral torso

### RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the injuries described below.

### 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.

#### INJURIES TO THE HEAD AND NECK:

There is an 8 x 5-inch confluent dark blue-purple contusion over the entire forehead and both periorbital regions. A 1 x 1-inch oval abraded contusion is located above the lateral left eye. Two oval abraded contusions are below the right eye, 1 x ½-inch and ¾ x ¼-inches respectively. A ¼ x ¾-inch oval abraded contusion is below the left eye. A 2 x 2-inch abraded contusion covers the

chin. The conjunctivae and sclerae are diffusely hemorrhagic. There is diffuse subgaleal hemorrhage and bilateral intramuscular hemorrhage of the temporalis musculature. There is intramuscular hemorrhage of the left proximal aspect of the medial body of the sternocleidomastoid muscle (1/2-inch), inferior aspect of the left sternohyoid muscle (1/4-inch) and proximal aspect of the right sternohyoid muscle (1/4-inch). The inferior right thyroid gland has focal (1/4-inch) intraparenchymal hemorrhage. There is hemorrhage into the soft tissue surrounding the right greater horn of the thyroid cartilage.

#### INJURIES TO THE TORSO:

There are multiple, grouped, oval contusions on the right side of the chest ranging from 1/4-inch to 1-1/2-inches in maximum dimension. Two oval contusions on the left side of the chest measure up to 1-1/2-inches in maximum diameter. The left lower quadrant of the abdomen has a 1 1/2 x 1 1/2-inch oval contusion. The entire back demonstrates multiple, grouped, oval contusions (right side greater than the left side) ranging from 1/4-inch to 1-inch in greatest dimension. There is soft tissue and intramuscular hemorrhage of the central upper back and right shoulder measuring 2 x 2-1/2 and 3 x 1-inches respectively. There is soft tissue and intramuscular hemorrhage of the central lower aspect of the back and lateral left aspect of the lower lateral back measuring 6 x 1-1/2 and 5 x 2-inches respectively. There are fractures of the anterior aspects of the 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> right ribs and lateral aspect of the 9<sup>th</sup> left rib. Lumbar transverse processes are fractured on the right side of the 3<sup>rd</sup> and 4<sup>th</sup> and on the left side of the 4<sup>th</sup> vertebrae. There is diffuse hemorrhage of the posterior mediastinum and surrounding the thoracic vertebrae at the costovertebral junctions. There is a contusion to the posterior wall of the left ventricle of the heart. There is a subdural hematoma surrounding the thoracic spinal cord and intraparenchymal hemorrhage of the spinal cord at the level of the 9<sup>th</sup> thoracic vertebra. There are bilateral hemothoraces, 50 milliliters on the right and 75 milliliters on the left. There is diffuse retroperitoneal hemorrhage, approximately 200 milliliters, and hemoperitoneum of 200 milliliters.

#### INJURIES TO THE EXTREMITIES:

The anterior aspect of the right arm demonstrates two oval contusions, 1/4-inch to 1-1/2-inches in maximum dimensions. The posterior aspect of the right arm has multiple oval contusions ranging from 1/4-inch to 1/2-inch in greatest dimension. The anterior aspect of the left arm has three oval contusions ranging from 1/4-inch to 1-1/2-inches in greatest dimension. The anterior aspect of the left forearm has an oval contusion measuring 2 x 2-inches. The posterior lateral aspect of the right thigh has multiple, grouped, oval contusions ranging from 1/4-inch to 1/2-inch in maximum dimension. Anterior aspect of the left leg has an oval contusion measuring 2 x 2-inches. There is subcutaneous and intramuscular hemorrhage to the anterior aspect of the right arm (6 x 2-inches), to the posterior aspect of the right upper arm (5 x 2-inches), to the distal lateral aspect of the right thigh (3 x 2-inches), to the posterior lateral aspect of the right thigh (8 x 2-inches), to the posterior lateral aspect of the left thigh (3 x 1-1/2-inches) and to the proximal anterior aspect of the left leg (2 x 2-inches).

### INTERNAL EXAMINATION

#### BODY CAVITIES:

Injuries are described in "Evidence of Injury." The organs occupy their usual anatomic positions. The subcutaneous fat layer of the abdominal wall is unremarkable.

HEAD AND CENTRAL NERVOUS SYSTEM:

Injuries are described above in "Evidence of Injury." There are no skull fractures. The dura mater is intact with no evidence of hemorrhage. The leptomeninges are thin and delicate. Cloudy light red cerebrospinal fluid surrounds the 1530 gram brain, which is softening and friable. The gyri and sulci are unremarkable. The cerebral hemispheres are symmetrical and the structures at the base of the brain, including the cranial nerves and blood vessels are intact. 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, and cerebellum are free of injury or other abnormalities. The atlanto-occipital joint is stable.

NECK:

Injuries are described above in "Evidence of Injury." The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric, without cystic or nodular change. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

RESPIRATORY SYSTEM:

The airways are clear of debris and foreign material and the mucosal surfaces are smooth, yellow-tan, and unremarkable. The right and left lungs weigh 530 and 560 grams, respectively. The external surfaces are smooth. No mass lesions or areas of consolidation are present. The pulmonary arteries are normally developed and patent. The diaphragm is intact.

CARDIOVASCULAR SYSTEM:

Injuries are described above in "Evidence of Injury." The 390 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 stenosis. Where uninjured 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 1.1, 1.1, 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, mesenteric, and iliac vessels as well as the venae cavae are unremarkable.

HEPATOBIILIARY SYSTEM:

The 1530 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 10 milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

LYMPHORETICULAR SYSTEM:

The 200 gram spleen has a smooth, intact, red-purple capsule. The parenchyma is friable, maroon and congested, with indistinct Malpighian corpuscles. Lymph nodes in the hilar, periaortic, and iliac regions are unremarkable.

KAZIM, Husayn Uwayyid Husayn

**ENDOCRINE SYSTEM:**

The pituitary gland is unremarkable. The thyroid gland has been described (see NECK, above). 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 120 and 90 grams, respectively. The external surfaces are intact and smooth. The cut surfaces are pale tan with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 120 milliliters of clear yellow urine. The prostate 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 TRACT:**

The esophagus is intact and lined by smooth, gray-white mucosa. The stomach contains approximately 350 milliliters of tan-brown partially digested food particles and viscous fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The appendix is present.

**MUSCULOSKELETAL:**

No non-traumatic abnormalities of the muscles or bones of the appendicular and axial skeletons are identified.

**ADDITIONAL PROCEDURES**

1. Documentary photographs are taken by OAFME staff photographer.
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicology testing and/or DNA identification are: vitreous, blood, bile, urine, gastric contents, brain, myocardium, lung, liver, spleen, kidney, adipose tissue and psoas muscle.
4. The dissected organs are forwarded with body.

**MICROSCOPIC EXAMINATION**

Selected portions of organs are retained in formalin with the following tissue submitted for histological evaluation:

Slides 1, 2, and 5: Heart: Decomposition changes and possible extravascular red blood cells

Slide 3: Bladder: No significant pathologic change

Slide 4: Thyroid: Decomposition changes and possible extravascular red blood cells in the surrounding soft tissue

KAZIM, Husayn Uwayyid Husayn

## FINAL AUTOPSY DIAGNOSES:

- I. Blunt force injuries:
  - A. Injuries to the head and neck
    1. Multiple contusions and abraded contusions of the face.
    2. Intramuscular hemorrhage of the anterior neck musculature.
    3. Soft tissue hemorrhage surrounding the right greater horn of the thyroid cartilage
    4. Hemorrhage of the right thyroid gland.
  - B. Injuries to the torso:
    1. Multiple contusions to the chest and back
    2. Multifocal areas of marked intramusculature hemorrhage of the back
    3. Multiple rib fractures
    4. Posterior mediastinal hemorrhage
    5. Contusion of the heart
    6. Perithoracic vertebral hemorrhage
    7. Subdural hematoma of the thoracic spinal cord
    8. Intraparenchymal hemorrhage of the thoracic spinal cord
    9. Fractures of the lumbar transverse processes
    10. Bilateral hemothoraces
    11. Retroperitoneal hemorrhage
    12. Hemoperitoneum
  - C. Injuries to the extremities:
    1. Contusions of all four extremities
    2. Marked intramusculature hemorrhage of the right upper, right lower and left lower extremities.
- II. Evidence of medical therapy: As noted above
- III. Post-mortem changes: As noted above
- IV. Identifying marks: None identified
- V. Natural disease and pre-existing conditions: None identified within the limitations of the examination
- VI. Toxicology:
  - A. Volatiles (Vitreous fluid): No ethanol detected
  - B. Screened drugs of abuse and screened medications (Urine): None detected
  - C. Carbon monoxide (Blood): Less than 1%
  - D. Cyanide (Blood): None detected

**OPINION**

This 39-year-old detainee (b)(6) died from strangulation complicated by multiple blunt force injuries. The decedent showed evidence of strangulation and additional blunt force injuries of the head, torso and all extremities contributing to death. Toxicology analyses are negative for ethanol, screened medications and screened drugs of abuse. The manner of death is homicide.

(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 Kazim, Husayn Uwayyid, Husayn</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>
RACE Race		MARITAL STATUS État Civil	RELIGION Culte
<input checked="" type="checkbox"/>	CAUCASOID Caucasique	SINGLE Célibataire	PROTESTANT Protestant
	NEGROID Négre	MARRIED Marié	CATHOLIC Catholique
	OTHER (Specify) Autre (Spécifier)	WIDOWED Veuf	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.		Strangulation complicated by blunt force injuries	
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			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input type="checkbox"/>	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO		
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste		
SUICIDE Suicide	(b)(6)	DATE Date	AVIATION ACCIDENT Accident à Avion
<input checked="" type="checkbox"/>	SIGNATURE (b)(6)	7 July 2008	<input type="checkbox"/> YES / <input checked="" type="checkbox"/> NO
DATE OF DEATH (day, month, year) Date de décès	PLACE OF DEATH Lieu de décès		
(b)(6) 2008	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 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		TITLE OR DEGREE Titre ou diplôme	
(b)(6)		Medical Examiner	
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse		
(b)(6)	Dover AFB, Dover DE		
DATE Date	SIGNATURE		
9/3/2008	(b)(6)		

FORM DD 1 APR 77 2064

REPLACES DA FORM 3666, 1 JAN 72 AND DA FORM 3666-R(PAS), 26 SEP 78, WHICH ARE OBSOLETE.

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