



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 Razzaq Abd-Al, Luay Mustafa

TMEP: (b)(6)

Date of Birth (b)(6) 1986

Date of Death (b)(6) 2008

Date/Time of Autopsy: 09 Apr 2008

From 1000 to 1200 hours

Date of Report: 02 May 2008

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Civilian detainee

Place of Death: Iraq

Place of Autopsy: Port Mortuary

DAFB, Dover, DE

Circumstances of Death: This civilian detainee was reportedly found hanging in his cell by his pants that he made into a noose. During the course of his internment, he admitted traveling from Syria to become a suicide bomber. Further, he displayed many erratic behaviors and signs of a possible mental impairment. Prior to his death, he was placed on a 24-hour watch due to a possible threat of self-harm. The watch consisted of checks every 15 minutes and his confinement was solitary. The detainee was found deceased in his cell by a member of the US Guard Forces.

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

Identification: Presumptive identification is established by the examination of accompanying paper work.

CAUSE OF DEATH: Hanging

MANNER OF DEATH: Suicide

EXTERNAL EXAMINATION

The body is that of a nude well-developed, well-nourished male. The body weighs 172 pounds, is 68 inches in length and appears compatible with the reported age of 26 years. The body is cold. Rigor is passing. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. Marbling of the skin of the left lower extremity and left forearm is seen. There is a slight green discoloration of the skin of the right lower quadrant of the abdomen. The normocephalic head is congested, and the scalp hair is brown, short and curly. Facial hair consists of a stubble beard. The irides are brown. The corneae are cloudy. The conjunctivae are congested with numerous petechiae seen bilaterally. Numerous petechiae are seen on the skin of the upper and lower eyelids. The sclerae are white. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The earlobes are not pierced. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The teeth are natural and the left upper central incisor is missing. The neck is described in the Evidence of Injury section below. The chest is unremarkable. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is unremarkable. The external genitalia are those of an adult circumcised male. The posterior torso and anus are without note. The fingernails are intact. (b)(6) (b)(6) tattoo (b)(6) A Dover tag (b)(6) is attached to the left ankle. Two name tags are attached to the left hand. A hospital ID bracelet is attached to the right wrist and is inscribed with the numbers, (b)(6)

CLOTHING AND PERSONAL EFFECTS

- None

MEDICAL INTERVENTION

- Endotracheal intubation
- Triple lumen catheter of the right subclavian vein
- Two automatic defibrillator pads on the right and left sides of the chest
- One needle puncture in the right antecubital fossa and two needle punctures in the left antecubital fossa
- Pulse oximeter on the second digit of the left hand

RADIOGRAPHS

The findings demonstrated:

- Healed fracture of the left clavicle
- Heavy lung congestion bilaterally

EVIDENCE OF INJURY

There is a 9 inch brown discontinuous ligature furrow of the skin of the front and left side of the neck. The furrow extends to the left side of the back of the neck and is directed obliquely upwards at an approximate 20 degree angle. The ligature furrow crosses above the thyroid cartilage 9 inches below the top of the head and extends superiorly to the left side of the neck, passing 3-1/4 inches below the left external auditory meatus and 8-1/2 inches below the top of the head. The highest point of the furrow is on the left side of the back of the neck located 7 inches below the top of the head and 1 inch to the left of the posterior midline. The furrow only extends 1 inch to the right of the anterior midline. The width of the furrow is 1/4 inch. The depth of the furrow is 1/8 inch. The skin within the furrow is dried and abraded. An 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.

There is a 1 inch contusion of the posterior/distal aspect of the right leg.

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 or abnormal collections of fluid are present in any of the body cavities. All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is 1-1/2 inches thick.

HEAD AND CENTRAL NERVOUS SYSTEM:

The brain is retained for examination after formalin fixation. 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. There is a 1-3/4 x 1 inch remote contusion of the left frontal lobe of the brain and a 2 x 1/4 inch remote contusion of the right frontal lobe of the brain. Clear cerebrospinal fluid surrounds the 1250 gram brain, which has unremarkable gyri and sulci. Coronal sections through the cerebral hemispheres reveal no non-traumatic lesions. Transverse sections through the brain stem and cerebellum are unremarkable. The atlanto-occipital joint is stable. The upper cervical spinal cord is unremarkable.

NECK:

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. 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 300 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 wide patency. 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, 1.2 and 0.4 cm 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 640 grams; the left 530 grams.

HEPATOBIILIARY SYSTEM:

The 1630 gram liver has an intact smooth capsule covering dark red-brown, moderately congested tan-brown parenchyma with no focal lesions noted. The gallbladder is empty; 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 5 ml of brown fluid. The small and large bowels are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present.

GENITOURINARY SYSTEM:

The right kidney weighs 120 grams; the left 120 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 3 ml of turbid yellow urine. The testes, prostate gland and seminal vesicles are without note.

LYMPHORETICULAR SYSTEM:

The 210 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 unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The right and left adrenal glands are symmetric, with bright yellow cortices and red-brown medullae. No masses or areas of hemorrhage are identified.

MUSCULOSKELETAL SYSTEM:

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

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff photographer (b)(6)
2. (b)(6) OAFME staff autopsy assistant, assisted with the autopsy.
3. Specimens retained for toxicology testing and/or DNA identification are: brain, heart, lung, liver, spleen, kidney, skeletal muscle, adipose tissue, blood, urine, gastric contents, and vitreous fluid.
4. The dissected organs are forwarded with body.

MICROSCOPIC EXAMINATION

Brain (Slides 1 and 2) – Disrupted cortex with white matter gliosis

FINAL AUTOPSY DIAGNOSES:

- I. Hanging: Discontinuous ligature furrow of the front and left side of the neck**
- II. Minor Injuries: Contusion of the right leg**
- III. Remote Injuries: Remote contusions of the left and right frontal lobes of the brain and a healed fracture of the left clavicle**
- IV. Natural Disease: None**
- V. Medical Therapy: As described above**
- VI. Postmortem Changes: As described above**
- VII. Identifying Marks: As described above**
- VIII. Toxicology (AFIP):**
 - A. VOLATILES: No ethanol is detected in the blood and vitreous fluid**
 - B. DRUGS: No screened drugs of abuse or medications (including mefloquine) are detected in the blood**
 - C. CYANIDE: There is no cyanide detected in the blood**
 - D. CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood is less than 1%**

OPINION

This male civilian detainee, BTB (b)(6) died of hanging. He was found hanging in a cell by his pants that he made into a noose. He was the only occupant of the cell. The carboxyhemoglobin saturation in the blood is not elevated. The toxicology screen is negative. The manner of death is suicide.

(b)(6)

(b)(6)

MEDICAL EXAMINER

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Ouïre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Razzaq, Abd Al, Luay Mustafa		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Syria	DATE OF BIRTH Date de naissance (b)(6) 1986
		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE Race		MARRIAGE STATUS État Civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire	
<input type="checkbox"/> NEGROID Négre		<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"/> WIDOWED Veuve	
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
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 type="checkbox"/> ACCIDENT Mort accidentelle			
<input checked="" type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE (b)(6)	DATE 9 April 2008	AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (day, month, year) Date du décès (le jour, le mois, l'année) (b)(6) 2008	PLACE OF DEATH Lieu de 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 défunt 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 5/7/2008	SIGNATURE (b)(6)		

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REPLACES DA FORM 2085, 1 JAN 72 AND DA FORM 3965-RP/AS, 26 SEP 75, WHICH ARE OBSOLETE.

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