



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 1-800-944-7912



AUTOPSY EXAMINATION REPORT

Name: (b)(6)	Autopsy No.: (b)(6)
SSAN: N/A	AFIP No.: (b)(6)
Date of Birth: Unknown	Rank: N/A
Date/Time of Death: (b)(6) 2005, 1817h	Place of Death: 115 Field Hosp., Iraq
Date/Time of Autopsy: 3 MAY 2005, 1100h	Place of Autopsy: Port Mortuary Dover
Date of Report: 24 MAY 2005	

Circumstances of Death: Deceased is reported to have been a civilian who was involved in an altercation with US Forces during which he shot at them. These forces returned fire, striking the deceased in the right flank. He was brought to a CSH for initial treatment and was later transferred to the 115 Field Hospital, Abu Ghraib, Iraq, where he expired from what were noted as complications secondary to a gunshot wound to the right flank.

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

Identification: The decedent is identified at the time of autopsy as a detainee with Internment Serial Number (b)(6) by identification bands about the right wrist, and by a toe tag. A right index fingerprint is recorded, a DNA comparison specimen collected, and photographs of the face are taken, without currently known source for comparison.

CAUSE OF DEATH: Single projectile wound to the right hip and flank

MANNER OF DEATH: Homicide

FINAL AUTOPSY DIAGNOSES:**1.0 Single penetrating, healing, indeterminate range projectile wound to the right hip and flank**

1.1 Entry on right hip 75 cm below the vertex of the skull and 22 cm to the right of the posterior midline, wound measuring 8 x 4 cm

1.1.1 Extensive wound healing with resultant obscuring of other possible wound characteristics

1.2 Path directly from right-to-left and slightly anterior

1.3 Impact on right iliac bone

1.3.1 Comminuted fractures of right iliac bone with extensive surrounding hemorrhage

1.3.2 Pulpefaction of the mid-portion of the right psoas muscle

1.4 Recovery of a single large metallic fragment from within pulped psoas and fragmented iliac bone in the right iliac area

1.5 Status post laparotomy with dressing of open wound

1.5.1 Insertion of two (2) abdominal cavity drains

1.6 Diffuse peritonitis with organizing peritoneal adhesions

1.7 Right lower lobe bronchopneumonia

1.8 Fatty Liver (3,000 gm liver weight)

1.9 Prominent pulmonary congestion and edema

1.9.1 Right lung weight 1,000gm, left lung 890 gm

1.9.2 Bilateral serosanguinous pleural effusions, 100 ml each

1.10 Status post therapeutic intervention

1.10.1 Left thoracotomy tube incision (2 cm, sutured)

1.10.2 Nasogastric tube

1.10.3 Orotracheal tube

1.10.4 Urinary catheter

1.10.5 Intravenous line, left upper chest

1.11 Healing decubitus ulcers (2), one each on the left buttock (2.0 cm diameter) and of the upper right back (3 x 2 cm)

2.0 Results of toxicologic analysis:

2.1 Carboxyhemoglobin saturation 9%

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- 2.2 Acetaldehyde – trace detected in blood; quantitated in bile at 6 mg/dl
- 2.3 Ethanol – 29 mg/dl in blood; 77 mg/dl in bile
- 2.4 Cyanide – negative in blood
- 2.5 Midazolam – detected in liver; quantitated in blood at 0.18 mg/L
- 2.6 Diphenhydramine – quantitated in liver at 0.6 mg/kg

3.0 Moderate postmortem decompositional changes

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ANCILLARY STUDIES

TOXICOLOGY – Blood (chest cavity), bile, gastric contents, liver, lung, spleen, kidney, brain, adipose tissue, psoas are collected.

DNA - Psoas

EVIDENCE – One (1) large metallic projectile fragment measuring 5.4 x 1.4 x 1.0 cm

TISSUES in formalin for possible future use.

PHOTOGRAPHS – Total body; head/scalp, brain in situ; wound on right hip; superficial ulcerations of back

RADIOGRAPHIC STUDIES – Total body showing comminuted fractures of the right iliac bone and two (2) metallic fragments within tissues near fragmented bone, one large and the other very small.

DISSECTED ORGANS are forwarded with body

PERSONAL EFFECTS are released to the appropriate mortuary operations representatives.

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OPINION:

This young male, reported to have been an Iraqi detainee, died from the complications of a single projectile injury, reported to have been a gunshot, to the right hip and flank that was sustained during an altercation with US forces. Wound features were obscured by healing that occurred during a sixteen-day period of hospitalization. The results of toxicologic analysis reflect therapeutic administration of medications. The ethanol is likely the result of endogenous production due to postmortem decomposition. A 9% carboxyhemoglobin saturation can be seen in smokers and some city dwellers, and is not by itself indicative of abnormal exposure to carbon monoxide. The manner of death is homicide.

(b)(6)

24 MAY 2005
Date Signed

CERTIFICATE OF DEATH (OVERSEAS)
Acte de décès (Pays étranger)

NAME OF DECEASED (Last, first, middle, initial, or initials) <i>Nom du défunt (Nom, Prénoms, Initiales)</i> Unknown Iraq Det (b)(6)		GRADE <i>Grade</i> Grado	BRANCH OF SERVICE <i>Armée</i> Civilian	SOCIAL SECURITY NUMBER <i>Numéro de l'assurance sociale</i> Det: (b)(6)
ORGANIZATION <i>Organisation</i>		NATION (e.g., United States) <i>Pays</i> Iraq	DATE OF BIRTH <i>Date de naissance</i>	SEX <i>Sexe</i> <input checked="" type="checkbox"/> MALE <i>Mâle</i> <input type="checkbox"/> FEMALE <i>Femelle</i>
RACE <i>Race</i>		MARRIAGE STATUS <i>Statut civil</i>		RELIGION <i>Culte</i>
<input checked="" type="checkbox"/> CAUCASOID <i>Caucasique</i>	<input type="checkbox"/> SINGLE <i>Célibataire</i>	<input type="checkbox"/> DIVORCED <i>Divorcé</i>	<input type="checkbox"/> PROTESTANT <i>Protestant</i>	<input type="checkbox"/> OTHER (Specify) <i>Autre (Préciser)</i>
<input type="checkbox"/> NEGROID <i>Négride</i>	<input type="checkbox"/> MARRIED <i>Marié</i>	<input type="checkbox"/> SEPARATED <i>Séparé</i>	<input type="checkbox"/> CATHOLIC <i>Catholique</i>	
<input type="checkbox"/> OTHER (Specify) <i>Autre (Préciser)</i>	<input type="checkbox"/> WIDOWED <i>Veuve</i>	<input type="checkbox"/> JEWISH <i>Juif</i>		
NAME OF NEXT OF KIN <i>Nom du plus proche parent</i>		RELATIONSHIP TO DECEASED <i>Parenté du décès avec le mort</i>		
STREET ADDRESS <i>Carré et (Rue)</i>		CITY OR TOWN AND STATE (Include ZIP Code) <i>Ville (Code postal compris)</i>		

MEDICAL STATEMENT *Déclaration médicale*

CAUSE OF DEATH (State only most cause per ICD) <i>Cause du décès (Préciser qu'une cause par ICD)</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Intervalle entre l'apparition et le décès</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ <i>Maladie ou condition directement responsable de la mort</i> Projectile wound to right hip & flank		Days
ANTECEDENT CAUSE <i>Maladie ou condition directement responsable de la mort</i>	MORIBUND CONDITION, IF ANY, LEADING TO PRIMARY CAUSE <i>Condition moribonde, s'il y a lieu, menant à la cause primaire</i>	
Symptoms <i>précédant de la mort</i>	UNDERLYING CAUSE, IF ANY, LEADING TO PRIMARY CAUSE <i>Raison fondamentale, s'il y a lieu, ayant conduit à la cause primaire</i>	
OTHER SIGNIFICANT CONDITIONS ² <i>Autres conditions significatives</i>		

MODE OF DEATH <i>Condition de décès</i>	AUTOPSY PERFORMED <i>Autopsie effectuée</i> <input checked="" type="checkbox"/> YES <i>Oui</i> <input type="checkbox"/> NO <i>Non</i>	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES <i>Circonstances de la mort attribuées par des causes extérieures</i>
NATURAL <i>Mort naturelle</i>	MAJOR FINDINGS OF AUTOPSY <i>Constatations principales de l'autopsie</i>	
ACCIDENT <i>Mort accidentelle</i>		
SUICIDE <i>Suicide</i>	NAME OF PATHOLOGIST <i>Nom du pathologiste</i> (b)(6)	
HOMICIDE <i>Homicide</i>	DATE <i>Date</i> 03 May 2006	AMATION ACCIDENT <i>Assaut à l'arme</i> <input type="checkbox"/> YES <i>Oui</i> <input checked="" type="checkbox"/> NO <i>Non</i>
DATE OF DEATH (Hour, day, month, year) <i>Date de décès (Heure, le jour, le mois, l'année)</i> (b)(6) 2006	PLACE OF DEATH <i>Lieu de décès</i> ABU Ghraib, 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 constaté que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.

NAME OF MEDICAL OFFICER <i>Nom du médecin militaire ou du médecin civil</i> (b)(6)	TYPE OF RESIDENCE <i>Tenir ou utilisé</i> Medical Examiner
GRADE <i>Grade</i> (b)(6)	INSTALLATION OR ADDRESS <i>Installation ou adresse</i> Dresser AFB, DE 19902
DATE <i>Date</i> 3 MAY 2006	(b)(6)

¹ State disease, injury or complication which is
² State conditions contributing to the death, but not related to the disease or condition causing death.
³ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la maladie ou la blessure qui a provoqué la mort.
⁴ Préciser la condition qui a contribué à la mort, mais n'appartient pas à la maladie ou à la blessure qui a provoqué la mort.