



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



**FINAL AUTOPSY EXAMINATION REPORT**

**Name:** Unknown, Unknown  
**Detainee No.:** Unknown  
**Date of Birth:** Unknown  
**Date of Death:** (b)(6) 2005  
**Date of Autopsy:** 30 AUG 2005  
**Date of Report:** 21 OCT 2005

**Autopsy No.:** (b)(6)  
**AFIP No.:** (b)(6)  
**Rank:** Unknown  
**Place of Death:** Iraq  
**Place of Autopsy:** Port Mortuary,  
Dover AFB, DE

**Circumstances of Death:** This unknown male died in the medical treatment facility at Abu Ghraib where he was being treated for injuries sustained during a violent encounter with coalition forces. According to some of the medical records received, he never regained consciousness after surgery and his postoperative course included necrotizing fasciitis.

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

**Identification:** No positive means of identification is available. A false SSN (b)(6) (b)(6) appears on hospital paperwork. An ID band on the left wrist of the decedent contains "Unknown, Unk. (b)(6) M.O. Detainee". An ID band on the left ankle contains "Doe, John (b)(6)

**CAUSE OF DEATH:** Complications of Blast and Ballistic Injuries

**MANNER OF DEATH:** Homicide

**FINAL AUTOPSY DIAGNOSES:**

**I. Blast and Ballistic Injuries**

**A. Penetrating Ballistic Wound of the Left Thigh and Torso**

- 1. Entrance: Anterior left thigh (25 ¼-inches above the instep of the left foot and 3 ½-inches medial to the anterior midline of the left thigh), 1 ¼ x ½-inch ovoid wound packed with gauze**
- 2. Wound Path: Skin, subcutaneous tissue and muscle of the left thigh, left inguinal area and lower left pelvis, possibly breaching the peritoneal cavity and injuring intraperitoneal organs**
- 3. Recovered: Retroperitoneal hemorrhage situated 35-inches above the instep of the left foot and 2 ½-inches left of the anterior midline of the body; no shrapnel fragments recovered, but small metallic fragment in the left inguinal area visible on radiographic imaging**
- 4. Wound Direction: Left to right, front to back, and upward**
- 5. Associated Injuries: Extensive retroperitoneal hemorrhage; possibly associated with injuries to the ascending colon and small intestine**

**B. Two granulating wounds of the anterior neck**

**C. Multiple small penetrating wounds of the anterior torso, some possibly resulting in internal injuries but surgical intervention precludes definitive assessment**

**D. Abrasion of the right flank, possibly postmortem**

**E. Laceration of the right external ear**

**F. Abrasion of the left upper back**

**G. History of shrapnel and thermal injuries, with debridement of tissue from the torso and amputation of the right upper extremity**

**II. Medical Complications of Injuries**

**A. Multiple organ system failure by history**

**B. Bilateral pleural effusions (110-milliliters of serosanguinous fluid right; 150-milliliters of serosanguinous fluid left)**

**C. Pericardial effusion (70-milliliters)**

**D. Lungs with changes of adult respiratory distress syndrome**

**E. Changes consistent with hepatic failure**

**III. Mild atherosclerotic cardiovascular disease; no other evidence of significant natural disease processes, within the limitations of the examination**

**IV. Decomposition changes, including green-brown discoloration and marbling of soft tissue, skin slippage, and softening of solid organs**

- V. Toxicology is negative for ethanol and cyanide. Morphine is present in the urine but not detected in the liver. Diphenhydramine is present in the liver at a concentration of 0.24 mg/kg. Fentanyl is present in the liver at a concentration of 0.13 mg/kg.

#### EXTERNAL EXAMINATION

The remains are received unclothed and wrapped in a blue-green blanket. The body is that of a well-developed, overweight appearing, 68 ½-inches, 193-pounds, male. Lividity is posterior and fixed, except in areas exposed to pressure. Rigor has passed and the body is in a moderate state of decomposition as evidenced by vascular marbling, skin slippage, and green discoloration. The body temperature is that of the refrigeration unit.

The scalp is covered with black hair in a normal distribution. The corneae are cloudy. The sclerae are unremarkable. The irides are brown and the pupils are round and equal in diameter. Injuries of the head will be described. The teeth are natural and in fair condition. Facial hair consists of a short black beard and mustache.

The neck is mobile and the trachea is midline. Injuries of the torso will be described. The chest is symmetric. The abdomen is protuberant. The external genitalia are those of a normal adult, circumcised, male. There is marked scrotal edema. The testes are descended and free of masses. Pubic hair is present in a normal distribution.

The extremities are without clubbing or edema. The right upper extremity is absent. The fingernails on the left hand are intact. A ¼-inch scar is on the lateral aspect of the right thigh. No tattoos or other significant body marks are noted. A hospital identification band is on the left wrist with "Unknown, Unk (b)(6) M.O. Detainee". Another identification band is on the left ankle and contains "Doe, John (b)(6)".

#### MEDICAL INTERVENTION

At the time of the autopsy the following evidence of medical intervention is noted:

- Nasogastric intubation and tracheostomy
- Foley catheter with 500-milliliters of brown urine in the collection bag
- Debridement of skin and soft tissue encompassing a 30 x 11 ½-inch area over the right chest and abdomen
- Sutured midline abdominal surgical incision (9-inches); postoperative changes of the bowel with anastomosis of the ileum to the transverse colon
- Sutured wound of the right ear
- Vascular access devices in the left femoral area and left wrist
- Gauze dressing packing and covering a left thigh wound and the right anterior torso debridement area
- Surgical amputation of the right upper extremity at the proximal right arm

### RADIOGRAPHS

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

### EVIDENCE OF INJURY

#### **I. Blast and Ballistic Injuries**

##### **A. Penetrating Ballistic Wound of the left Thigh and Torso**

There is a ballistic entrance wound on the left thigh, situated 25 ¼-inches above the left instep and 3 ½-inches medial to the anterior midline of the left thigh. The wound is 1 ¼ x ½-inch and packed with gauze. The wound path goes through the skin, subcutaneous tissue and muscle of the left thigh, the left inguinal area and the lower left pelvis, possibly breaching the peritoneal cavity and injuring intraperitoneal organs (surgical intervention and remoteness of the injury precludes definitive wound path identification). There is extensive retroperitoneal hemorrhage situated 35-inches above the instep of the left foot and 2 ½-inches left of the anterior midline of the body. No shrapnel fragments recovered, but small metallic fragments in the left inguinal area visible on radiographic imaging. Postoperative changes in the small intestine and colon likely are associated with this wound path as there are no entrance wounds on the torso. The wound path is directed left to right, front to back, and upward.

##### **B. Other Injuries**

Multiple superficial wounds in varying stages of healing are on the right side of the face and range up to 1-inch in greatest dimension. The area includes the right external ear, which has sutured 3-inch laceration that has been surgically closed. Two wounds that extend into muscle are present on the neck, right of the anterior midline. One is 1 ¼ x 1-inch and the other is 1 ½ x 1 ¼-inches. These are showing evidence of healing by secondary intention. There are multiple small defects in the skin and subcutaneous tissue of the anterior torso that are in varying stages of healing. A 30 x 11 ½-inch area of skin and soft tissue is debrided from the right chest and upper abdomen, obscuring any possible injuries in these areas. A penetrating wound of the anterior torso resulting in the abdominal injuries described above cannot be excluded. A ¾ x ½-inch abrasion is on the right flank that is likely postmortem. There is a 4 ¾ x ½-inch linear abrasion on the left upper back that is within an area of skin slippage. The right upper extremity is surgically absent at the proximal right humerus, precluding evaluation of injuries to that extremity.

### INTERNAL EXAMINATION

#### HEAD:

The scalp is atraumatic. There are no injuries to the head, except for the previously described injuries to the right side of the face. Reflection of the scalp reveals no other injuries. The calvarium is intact and there are no skull fractures. The inner surface of the calvarium is light yellow in color. The brain is free of injury and sectioning reveals no evidence of natural disease processes. The brain weighs 1400-grams.

**NECK:**

The strap muscles of the anterior neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa, with perforation of the anterior aspect for a tracheostomy. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The tongue is free of injury. The atlanto-occipital joint is intact.

**BODY CAVITIES:**

The right pleural cavity contains 110-milliliters of serosanguinous fluid and the left pleural cavity contains 150-milliliters of serosanguinous fluid. The peritoneal cavity contains 20-milliliters of serosanguinous fluid. The pericardial sac contains 70-milliliters of serosanguinous fluid. There is extensive retroperitoneal hemorrhage on the right. The organs occupy their usual anatomic positions.

**RESPIRATORY SYSTEM:**

The right and left lungs weigh 1050 and 1080-grams, respectively, and are markedly congested. The pulmonary parenchyma is diffusely congested and firm. No mass lesions or areas of consolidation are present. The pulmonary arteries are unremarkable.

**CARDIOVASCULAR SYSTEM:**

The heart weighs 350-grams. The epicardial surface has minimal fat investment. The coronary arteries have a normal appearance and branch in a right-dominant distribution. There is mild coronary atherosclerosis, as evidenced by 25% luminal narrowing of the left anterior descending and right coronary arteries and 20% luminal narrowing of the left circumflex coronary artery. The thicknesses of the left ventricle, septum, and right ventricle are 1.1, 1.1, and 0.5 centimeters, respectively. The cardiac chambers and valves are grossly normal. The myocardium is moderately softened. The aorta gives rise to three intact and patent arch vessels. Injuries to the aorta have been described previously. The renal and mesenteric vessels are unremarkable.

**LIVER & BILIARY SYSTEM:**

The 1960-gram liver is uninjured. The parenchyma is yellow-brown and congested with the usual lobular architecture. No mass lesions or other non-traumatic abnormalities are noted. The gallbladder contains 40-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**SPLEEN:**

The 470-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is soft, maroon, congested, and unremarkable.

**PANCREAS:**

The pancreas is uninjured and grossly normal, except for decomposition changes. The usual lobular architecture is present. No mass lesions or other abnormalities are seen.

**ADRENAL GLANDS:**

The right and left adrenal glands are symmetric, with yellow cortices, gray medullae, and decomposition changes. No masses or areas of hemorrhage are identified.

**GENTOURINARY SYSTEM:**

The right and left kidneys weigh 200 and 210-grams, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and slightly congested, with uniformly thick cortices and distinct corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The urinary bladder is empty. The prostate gland is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are uninjured.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, gray-white mucosa. The gastric wall is intact. The stomach contains 150-milliliters of viscous, dark brown fluid. The small bowel and colon are remarkable for surgical absence of the ascending colon. The appendix is absent.

**MUSCULOSKELETAL:**

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

**MICROSCOPIC EXAMINATION**

Select portions of major organs are retained in formalin, without preparation of microscopic slides.

**ADDITIONAL PROCEDURES/REMARKS**

- Documentary photographs are taken by OAFME staff photographers
- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, spleen, liver, lung, brain, bile, kidney, urine, gastric contents, adipose tissue, and psoas muscle
- The dissected organs are forwarded with the body
- SA (b)(6) USACID attended the autopsy

**OPINION**

This unknown Iraqi detainee died as a result of complications of blast and shrapnel injuries. The decedent had received surgical and medical treatment in a U.S. medical treatment facility. The autopsy disclosed evidence of his initial injuries, although a definitive description of his exact injuries is precluded by surgical intervention and healing. The medical complications of his injuries included multiple organ-system failure. Therapeutic medications were noted on toxicologic testing. The manner of death is homicide.

(b)(6)

(b)(6) Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)							
NAME OF DECEASED (Last, First, Middle) Nom du décès (Nom et prénom) Unknown, Unknown, ,			GRADE Grade Civilian		BRANCH OF SERVICE Arme Civilian		SOCIAL SECURITY NUMBER Numéro du Renseignement Social (b)(6)
ORGANIZATION Organisation			NATION (e.g. United States) Pays Iraq		DATE OF BIRTH Date de naissance		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARTIAL STATUS Etat 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			SEPARATED Séparé		
OTHER (Specify) Autre (Spécifier)		JEWISH Juif			OTHER (Specify) Autre (Spécifier) UNK		
NAME OF NEXT OF KIN Nom du plus proche parent				RELATIONSHIP TO DECEASED Parenté du décès avec le mort			
STREET ADDRESS Domicile à (Rue)				CITY OR TOWN OR STATE Préfixe ZIP Code Ville (Code postal complet)			
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'apparition et le décès	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort				Blast injuries with Complications		Days	
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 survenues par des causes extérieures	
NATURAL Mort naturelle		MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie					
ACCIDENT Mort accidentelle							
SUICIDE Suicide		(b)(6)					
<input checked="" type="checkbox"/> HOMICIDE Homicide		(b)(6)				DATE Date 30 August 2005	
						AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	
DATE OF DEATH (Hour, day, month) Date de décès (heure, le jour, le mois) (b)(6) 2005		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 constaté que le décès est survenu à l'époque indiquée et à la suite des causes énumérées ci-dessus.							
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin civilien (b)(6)				TITLE OR RANK Titre ou grade Medical Examiner			
GRADE Grade (b)(6)		INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE					
DATE Date 7 OCT 2005		(b)(6)					
<small>1. State German injury if compensation which caused death 2. State conditions contributing to the death, but not cause 3. Precise the nature of the infection, its blossoms or its 4. Precise the condition of the body at the time of death, if it is</small>							

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