



## Office of the Armed Forces Regional Medical Examiner

Landstuhl Regional Medical Center  
Landstuhl, GE - APO AE 09180  
DSN (314) 486-6781/7492  
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### FINAL AUTOPSY REPORT

Name: [b)(6)-4]  
SSAN: [redacted]  
Date of Birth: N/A  
Date of Death: 6 NOV 03  
Date of Autopsy: 13 NOV 03  
Date of Report: 13 NOV 03

Autopsy No.: A03-144  
Rank/SVC: Afghan Civilian  
Org: Afghanistan Local National  
Place of Death: Helmand Prov, Afghanistan  
Place of Autopsy: Bagram AF, Afghanistan  
Investigative Agency: USACIDC

**Circumstances of Death:** The decedent, an Afghan local national civilian, was found unresponsive while under guard by the Afghanistan Militia Forces at the FOB Gereshk, Afghanistan, approximately 1430 hours. An initial autopsy was performed by a FST, TF Warrior, KAF General Surgeon on orders of the local command.

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

**Identification:** Visual recognition; fingerprints and specimens for DNA obtained

**Cause of Death:** Multiple Blunt Force Injuries Complicated by Rhabdomyolysis

**Manner of Death:** Homicide

#### Autopsy Diagnoses:

1. Multiple blunt force injuries
  - a. Head injuries:
    - i. Multiple abrasions, bilateral forehead and temporal areas
    - ii. Bilateral scleral hemorrhages
    - iii. Focal subgaleal hemorrhages, bilateral fronto-parietal areas
  - b. Torso and extremity injuries:
    - i. Crusted abrasions; anterior chest and abdomen, right upper arm and elbow, left knee and proximal lower leg
    - ii. Focal contusions; left lateral shoulder, right posterior thigh and scrotum
    - iii. Confluent contusions with subcutaneous and peri-muscular hemorrhages; lower back (L>R), buttocks, posterior thighs and knees, anterior thighs and both groin areas
    - iv. Intramuscular hemorrhage with associated necrosis, left lower back
    - v. Peri-testicular hemorrhage
2. Moderate pulmonary congestion and edema
3. Moderate pulmonary anthracosis
4. Moderate pulmonary hilar anthracotic lymphadenopathy
5. Mild cerebral edema with bilateral uncal and cerebellar tonsil herniation
6. Moderated hepatic fatty change
7. Moderate visceral autolysis

**Toxicology:** Negative

**Special Studies:** Urine chemistry positive for myoglobin

SUBSTITUTE FOR SF 503

**A03-144**

(b)(6)-4

**Opinion:** Based on these autopsy findings and the investigative and historical information available to me the cause of death of this Afghan male believed to be (b)(6)-4 is multiple blunt force injuries of the lower torso and legs complicated by rhabdomyolysis (release of toxic byproducts into the system due to destruction of muscle). The manner of death, in my opinion, is homicide. The decedent was not under the pharmacologic effect of drugs or alcohol at the time of death.

(b)(6)-2

**LTC(P), MC, USA**

**Armed Forces Regional Medical Examiner**

**I. POSTMORTEM EXAMINATION:**

**GENERAL:** The postmortem examination is performed at Bagram Airfield, Afghanistan, on 13 November 2003. The autopsy is performed by Forensic Pathologist, (b)(6)-2 LTC(P), MC, USA, the Armed Forces Regional Medical Examiner (AFRME). Assisting in the autopsy procedures is Mr. (b)(6)-2, DAC GS-11, Forensic Pathologist Assistant and CPT (b)(6)-2, DC USA.

The autopsy is witnessed by SAs (b)(6)-1, (b)(3)-1, Bagram AF, U.S. Army Criminal Investigation Command (USACIDC), SSI #0174-03-CID369-49232-5H9B.

The autopsy is started at approximately 0430 hrs.

**B. PHOTOGRAPHY:** Photographs are taken by (b)(6)-2, DAC GS-11, Forensic Pathologist Assistant, and are on file in the Office of the Armed Forces Regional Medical Examiner, Landstuhl Regional Medical Center, Landstuhl, Germany.

**C. AUTHORIZATION:** The autopsy is authorized by the Armed Forces Medical Examiner under Title 10 U.S. Code, Section 1471, with an SF 523 signed by the Armed Forces Regional Medical Examiner, appointed representative.

**D. IDENTIFICATION:** The remains are identified visually as (b)(6)-4 by the Afghan Militia Forces guarding the decedent at FOB Gereshk AF. Postmortem dental examination including dental X-rays is performed by CPT (b)(6)-2, DC USA, Forensic Odontologist. Specimens are obtained and submitted for potential DNA analysis. Fingerprints are obtained.

**E. MEDICAL RECORD REVIEW:** Outpatient Dental and Medical Records are not available at autopsy.

**II. GROSS AUTOPSY FINDINGS:**

**A. CLOTHING AND PERSONAL EFFECTS:** The remains are presented for autopsy unclothed wrapped in a blanket. No clothing or personal effects accompany the remains at autopsy.

**B. EXTERNAL EXAMINATION:** The remains are those of a well developed, well nourished Afghan male of average build that has been previously, partially autopsied. The prior autopsy incision is sutured. The body is moderately well preserved and shows signs of early decomposition as evidenced by "greening" of the chest and abdomen. It has not been embalmed. Injuries are described below in the Evidence of Injury Section.

**RIGOR:** Passing in the jaw and extremities.

**LIVIDITY:** Fixed on the posterior dependent surfaces.

**TEMPERATURE:** That of the refrigeration unit.

**SKIN:** Multiple irregular crusted abrasions, each averaging  $\frac{1}{2}$ " in greatest dimension, are scattered over the lower anterior chest and left upper abdomen. Both buttocks have focal areas of skin slippage. Recent injuries are described below in the Evidence of Injury Section. No non-traumatic abnormalities are identified.

**HAIR:** Straight black hair, up to 4", covers the head. Facial hair consists of a red-brown beard and mustache. The remaining body hair, the color of the head hair, is in a normal adult male distribution.

**HEAD/SCALP/FACE:** Dried blood, secretions and dust cover the face. The head is normocephalic, the scalp is intact and the facial features are normally developed. Injuries are described below in the Evidence of Injury Section. No non-traumatic abnormalities are identified.

**EARS:** Unremarkable.

**EYES:** Brown irides surround equal pupils partially obscured by mild corneal clouding. The sclerae are white with bilateral lateral and medial hemorrhages. The conjunctivae are injected most prominent on the right.

**NOSE:** Unremarkable.

**MOUTH/LIPS:** Blood is in the mouth which is otherwise unremarkable.

**TEETH:** Dentition is in good repair.

**NECK:** Unremarkable with no evidence of injury.

**CHEST/ABDOMEN/BACK/ANUS:** Injuries are described below in the Evidence of Injury Section. No non-traumatic abnormalities are identified.  
The abdomen is flat.

**EXTERNAL GENITALIA:** Normal adult circumcised male with bilaterally descended testes.

**ARMS/HANDS/FINGERNAILS:** Unremarkable except for injuries described below in the Evidence of Injury Section. The palmar surfaces of the fingers have black ink. The fingernails are short, irregular and intact.

**LEGS/FEET/TOENAILS:** Unremarkable except for injuries described below in the Evidence of Injury Section.

### **C. INTERNAL EXAMINATION:**

**BODY CAVITIES:** The body is opened by the usual Y-shaped incision. The pleural and peritoneal surfaces are smooth and glistening and the pericardium is unremarkable. There are no fibrovascular adhesions or abnormal collections of fluid. The mediastinum and retroperitoneum show no abnormalities. The leaves of the diaphragm are intact and the organs are normally disposed. There is moderate visceral autolysis and no evidence of injury.

**HEAD/CENTRAL NERVOUS SYSTEM:** Reflection of the scalp shows the usual scattered reflection petechiae. Focal subgaleal injury is described below in the Evidence of Injury Section. The calvarium is intact. Removal of the calvarium shows the epidural space to be normal. No collections of subdural blood are present. The brain is removed in the usual manner and is mildly heavy. The leptomeninges are smooth and glistening and the gyri demonstrate the usual orientation and configuration with mild flattening and sulcal narrowing. There is mild uncal and cerebellar tonsil herniation. The vessels at the base of the brain are normally disposed and no anomalies or significant atherosclerosis is identified. Serial sections of the brain show the cerebral cortical ribbon to be intact. The lateral ventricles are normal. The usual anatomical landmarks of the cerebrum, basal ganglia, thalamus, mid brain, pons, medulla, and cerebellum demonstrate no abnormalities. The pituitary fossa is unremarkable. The Foramen Magnum demonstrates the normal orientation and the first portion of the spinal cord viewed through the Foramen Magnum is unremarkable.

**NECK:** Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact.

**CARDIOVASCULAR SYSTEM:** The heart is of normal size and shape. The epicardium is intact and unremarkable. The chambers demonstrate the usual shape and configuration with no gross hypertrophy. The coronary arteries are normally disposed and there is no atherosclerosis. Cut surfaces of the myocardium show a normal color slightly darkened by autolysis. The valves are intact with the usual anatomic relationships. The aorta follows the usual course and exhibits no significant atherosclerosis. The origins of the major vessels are normally disposed and unremarkable. The great vessels of venous return are in the usual position and unremarkable.

**RESPIRATORY SYSTEM:** The larynx, trachea, and bronchi show no abnormalities. The right and left lungs are mildly heavy. Marked diffuse anthracosis is scattered over the pleural surfaces. Cut surfaces show an autolytic deep red parenchyma exuding a moderate amount of blood and frothy fluid with no identifiable evidence of natural disease or injury.

**HEPATOBIILIARY SYSTEM:** The liver is of normal weight and has a smooth, glistening capsule. Cut surfaces show the usual anatomic landmarks with a deep red-brown unremarkable parenchyma with focally interspersed small tan-yellow patches. The gallbladder contains 10 ml of bile. No abnormalities are present in the mucosal lining. The biliary tree is normally disposed and no abnormalities are demonstrated.

**INTESTINAL TRACT:** The pharynx and esophagus are unremarkable. The stomach lies in the normal position and contains approximately 60 ml thick brown-gold fluid without food particles. No tablets, capsules or residues are identified. The mucosal lining is intact. The small bowel and large bowel are unremarkable. The appendix is unremarkable.

**LYMPHORETICULAR SYSTEM:** The spleen is of normal weight and shape and has a smooth glistening capsule with an autolytic parenchyma. The thymus is not identified. Except for bilateral anthracotic pulmonary hilar lymph adenopathy, the lymph nodes show no notable pathologic change.

**URINARY SYSTEM:** The right and left kidneys are of normal size and weight. The cortical surfaces are smooth with moderately good preservation of the cortex and good cortico-medullary differentiation. The pelves and ureters are unremarkable. The bladder is unremarkable and contains 50 ml of yellow urine.

**INTERNAL GENITALIA:** The prostate is palpably unremarkable. On cut sections, the testes show no abnormal masses and injuries described below.

**ENDOCRINE SYSTEM:** The pituitary, thyroid, adrenals, and pancreas show the usual anatomic features without evidence of natural disease or injury.

**MUSCULOSKELETAL SYSTEM:** No fractures are identified and the skeletal muscle demonstrates the normal appearance. The bone marrow, where visualized, is unremarkable.

**MISCELLANEOUS:** The abdominal fat measures approximately 1-2 cm in thickness and is without abnormalities. No hernias are identified.

**D. EVIDENCE OF MEDICAL TREATMENT:** None.

**E. EVIDENCE OF INJURY:** Multiple Blunt Force Injuries

(1) **HEAD AND NECK INJURIES:** Externally, patchy irregular abrasions cover an area of 1 x 1/2" on the left lower forehead and 1 x 1/4" on the right lower forehead. A 1/4" greatest dimension irregular abrasion is on the left temporal area and on the right upper cheek, beneath the lateral eye, is a 1/4 x 1/8" irregular abrasion. On internal examination, there are focal bilateral fronto-parietal subgaleal hemorrhages.

(2) **TORSO & EXTREMITY INJURIES:** Confluent dark blue-purple contusions, focally dark blue-black, cover the left lower flank, bilateral buttocks, bilateral postero-lateral thighs, bilateral posterior knees and posterior upper left lower leg with underlying subcutaneous and peri-muscular hemorrhage. Focal intra-muscular hemorrhage with associated necrosis covers areas of 12 x 8 cm on the left lower back and 6 x 2 cm on the left posterior knee. On the left antero-lateral lower flank extending across the groin to the mid antero-lateral left thigh is a confluent 23 x 6" dark blue-purple contusion. A 15 x 10" confluent red-purple contusion covers the right groin and upper right anterior thigh. Blue-purple contusion covers the anterior scrotum. A 4 x 3" irregular red-purple contusion covers the left antero-lateral shoulder. Multiple irregular abrasions from 2 x 1" to 3/4 x 1/2" are scattered down the postero-lateral right upper arm and elbow. A 4 1/2 x 3" irregular red-purple contusion covers the right lateral back of the hand extending to the upper 1<sup>st</sup> and 2<sup>nd</sup> fingers. On the prominence of the left anterior knee and upper leg are multiple irregular crusted abrasions each averaging from 1 to 1/4" in greatest dimension.

**III. MICROSCOPIC EXAMINATION:** Not performed. Representative sections of all major organs are retained in formalin for storage.

**IV. TOXICOLOGY:** Samples of blood, vitreous fluid, bile, urine, and tissue samples of muscle, liver, and kidneys are submitted for toxicologic analysis at the Armed Forces Medical Examiner's Forensic Toxicology Laboratory, Armed Forces Institute of Pathology (AFIP), Washington, DC:

AFIP Accession No.: 2900827/ /Tox No. 035410, dated 15 DEC 03.

See attached report.

**V. EVIDENCE COLLECTED/OTHER PROCEDURES AND SPECIAL**

**STUDIES:** Special chemistry performed on sample of urine is positive for myoglobin 4250 micograms/L. The test was performed by Quest Diagnostics Inc.:  
Accn No. B15398091893A.

(b)(6)-2

**LTC(P), MC, USA  
ARMED FORCES REGIONAL MEDICAL EXAMINER**

**DATE: 9 FEB 04**

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)					
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale	
(b)(6)-4		CIV			
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe	
AFGHANISTAN CIVILIAN		AFGHANISTAN		<input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin	
RACE Race		MARITAL STATUS État Civil		RELIGION Culte	
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire		<input type="checkbox"/> PROTESTANT Protestant	
<input type="checkbox"/> NEGROID Nègre		<input type="checkbox"/> MARRIED Marié		<input type="checkbox"/> CATHOLIC Catholique	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> JEWISH Juif	
				<input checked="" type="checkbox"/> UNKNOWN	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit			
STREET ADDRESS Domicile à (Rue)		CITY OF TOWN AND 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					
MULTIPLE BLUNT FORCE INJURIES COMPLICATED BY PROBABLE RHABDOMYOLYSIS					
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 Raison fondamentale, s'il y a lieu, ayant suscité 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		
NATURAL Mort naturelle	<input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non				
ACCIDENT Mort accidentelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie				
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste				
	(b)(6)-2 LTC(P), USA, MC				
<input checked="" type="checkbox"/> HOMICIDE Homicide	(b)(6)-2		DATE Date	AVIATION ACCIDENT Accident à Avion	
			13 NOV 2003	<input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année)		PLACE OF DEATH Lieu de décès			
1430, 6 NOV 2003		HELMAND PROVINCE, AFGHANISTAN			
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		TITLE OR DEGREE Titre ou diplôme			
(b)(6)-2 LTC(P), USA, MC		ARMED FORCES REGIONAL MEDICAL EXAMINER			
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse				
LTC(P) / O-5	BAGRAM AIR FIELD, AFGHANISTAN				
DATE Date	(b)(6)-2				
13 NOV 2003					
<sup>1</sup> State disease, injury or complication which <sup>2</sup> State conditions contributing to the death. <sup>3</sup> Préciser la cause de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de l'acte, telle qu'un arrêt du cœur, etc. <sup>4</sup> Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.					

DD FORM 2064, APR 1977

REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-R(PAS), 26 SEP 1975, WHICH ARE OBSOLETE.

USAPA V.1.00