



DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

REPLY TO
ATTENTION OF

AFIP-CME-T

TO:

OFFICE OF THE ARMED FORCES MEDICAL
EXAMINER
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence
2917545 00

Name

(b)(6)-4

SSAN: Autopsy: ME04-101
Toxicology Accession #: 041071
Report Date: MARCH 29, 2004

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 2/20/2004

Date Received: 3/3/2004

VOLATILES: The LIVER was examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

CYANIDE: There was no cyanide detected in the heart blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

DRUGS: The HEART BLOOD was screened for amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

None were found.

(b)(6)-2

PhD

Certifying Scientist, (b)(3)-1
Office of the Armed Forces Medical Examiner

(b)(6)-2

(b)(6)-2

PhD, DABFT

Director, (b)(3)-1
Office of the Armed Forces Medical Examiner

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EXHIBIT # 7

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CERTIFICATE OF DEATH

For use of this form, see AR 190-8; the proponent agency is DCSPER.

INTERMENT SERIAL NUMBER

(b)(6)-4

FROM:

Commander, (b)(3)-1

Abu Ghraib Prison, Iraq, APO AE 09335

0140-03-C 10259-61190

TO:

Commander

(b)(3)-1

Iraq
APO AE

NAME (Last, first, MI)

(b)(6)-4

GRADE

NA

SERVICE NUMBER

NA

NATIONALITY

IRAQI

POWER SERVED

IRAQ

PLACE OF CAPTURE/INTERMENT AND DATE

ABU GHRAIB PRISION, 20030811, TRANSFER FROM CROPPER

PLACE OF BIRTH

UNKNOWN

DATE OF BIRTH

UNKNOWN

NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN

UNKNOWN See (b)(6)-4

Abu Ghraib

FIRST NAME OF FATHER

(b)(6)-4

Wife,

Rafia City, Sagalawia Area

PLACE OF DEATH

ABU GHRAIB PRISON

DATE OF DEATH

13 AUGUST 2003

CAUSE OF DEATH

MYOCARDIAL INFARCTION

PLACE OF BURIAL

NA

DATE OF BURIAL

NA

IDENTIFICATION OF GRAVE

NA

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)

No Property

RETAINED BY DETAINING POWER

FORWARDED WITH DEATH
CERTIFICATE TO (Specify)

FORWARDED SEPARATELY TO
(Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS

(Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).

Brought to the gate by other detainees, white gray color, early rigor mortis. No pulse, respirations and pupils fixed and dilated. Probable cause of death Myocardial Infarction and sudden death due to extreme heat and self induced dietary restriction.

Time of death 0548 hrs

DO NOT WRITE IN THIS SPACE
CERTIFIED A TRUE COPY

DATE

13 AUGUST 2003

(b)(6)-2

SIGNATURE OF MEDICAL OFFICER

(b)(6)-4

MAJ,

(b)(3)-1

SIGNATURE OF COMMANDING OFFICER

(b)(6)-2

(b)(6)-2

LTC

WITNESSES

SIGNATURE

(b)(6)-2

ADDRESS

ADDRESS

(b)(6)-2



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)-4
 SSAN: NA
 Date of Birth: Unknown
 Date/Time of Death: 13 Aug 2003
 Date/Time of Autopsy: 25 Aug 2003
 Date of Report: 24 Oct 2003

Autopsy No.: ME 03-368 (EPW 3)
 AFIP No.: 2892218
 Rank: NA
 Place of Death: Abu Ghraib
 Prison, Iraq
 Place of Autopsy: Camp Sather, Iraq

Circumstances of Death: This Iraqi enemy prisoner of war was an inmate of Abu Ghraib Prison. On or about 13 Aug 2003 Mr. (b)(6)-4 was brought to the gate by other detainees and was noted to be pulseless and apneic.

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

Identification: Presumptive by US Army Criminal Investigative Division (CID).
 Antemortem fingerprint, dental, and DNA records non-existent.

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease (ASCVD)

MANNER OF DEATH: Natural

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EXHIBIT

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FINAL AUTOPSY DIAGNOSES:

- I. 3 vessel moderate to severe coronary artery atherosclerotic stenoses
 - A. Ischemic cardiomyopathy (525 grams)
 - B. Left ventricular hypertrophy (1.8 cm)
 - C. Focal bridging of the left anterior descending coronary artery (LAD)
 - D. Pulmonary congestion (1600 grams)
- II. Mild decomposition
 - A. Postmortem freeze artifact
 - B. Postmortem bile toxicology consistent with decomposition
- III. Fibrous pleural adhesions

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0140-03-CID259-
61190EXTERNAL EXAMINATION

The body is that of a well-developed, thin, muscular, 70 inch tall, 150 pounds (estimated) male whose appearance is consistent with an estimated age of 40-60 years. Lividity is posterior, purple, and fixed. Rigor is indeterminate secondary to postmortem freezing. There is mild decomposition consisting of clouding of the corneas, early skin slippage, and slight green discoloration of the right lower quadrant of the abdomen.

Identifying marks include a $\frac{3}{4}$ x $\frac{1}{2}$ inch scar on the skin overlying the right patella.

The scalp is covered with straight black hair in a normal distribution. Corneal clouding obscures the irides and the pupils. The external auditory canals are unremarkable. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and adequate.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is flat. The genitalia are those of a normal adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema.

CLOTHING AND PERSONAL EFFECTS

None.

MEDICAL INTERVENTION

None.

EVIDENCE OF INJURY

None.

INTERNAL EXAMINATIONHEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the partially frozen 1450 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

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NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pleural, pericardial, or peritoneal cavities. There are fibrous adhesions in both pleural cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 850 and 750 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 525 gm 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 50-75% multifocal stenoses of the proximal portion of the left anterior descending coronary artery with focal bridging, a focal proximal 90% stenosis with calcification and 75-90% multifocal stenoses of the mid portion of the right coronary artery. There is a focal 75% stenosis of the proximal left circumflex coronary artery. No acute changes (plaque hemorrhage, rupture, or thrombosis) are noted. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The wall of the left ventricle is hypertrophied measuring 1.8 cm in thickness. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1400 gm 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 a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 150 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles. There is an adjacent 10 gram accessory spleen near the hilum.

PANCREAS:

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

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ADRENALS:

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

GENITOURINARY SYSTEM:

The right and left kidneys weigh 200 gm each. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, 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 is empty. 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, grey-white mucosa. The stomach contains approximately 10 ml of green liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and unremarkable.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by SGT [REDACTED] B6-2
- Specimens retained for toxicologic testing and/or DNA identification are: blood, vitreous, liver, kidney, brain, bile, and psoas muscle
- The dissected organs are forwarded with the body
- Personal effects are released to the appropriate mortuary operations representatives of the [REDACTED] (b)(3)-1

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin, without preparation of histologic slides.

TOXICOLOGY

Toxicologic analysis of bile revealed an ethanol concentration of 47 mg/dL, acetaldehyde 8 mg/dL, and trace amounts of 2-propanol and 1-propanol all of which are consistent with decomposition. No illicit substances were detected.

OPINION

This Iraqi male prisoner of war died of arteriosclerotic coronary artery disease. Significant findings of the autopsy included severe narrowing of the blood vessels supplying blood to the heart and enlargement of the heart. No external or internal trauma was noted.

The manner of death is natural.

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EXHIBIT 5

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AUTOPSY REPORT AIP# 2892218, EPW#3, Mission# 48

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, MD

MAJ, MC, USA

Deputy Medical Examiner

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