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

PRELIMINARY AUTOPSY REPORT

Name: (b)(6)-4
US Detainee #: (b)(6)-4
Date of Birth: 01 JAN 1960
Date of Death: 28 APR 2004
Date of Autopsy: 17-18 MAY 2004
Date of Report: 18 MAY 2004

Autopsy No.: ME 04- 357
AFIP No.: pending
Rank: Iraqi National,
Place of Death: Baghdad, Iraq
Place of Autopsy: LSA Anaconda Mortuary, Balad Iraq

Circumstances of Death: This 44 year old male, an Iraqi National, was apprehended by US Forces in Kirkuk, Iraq after he and two accomplices fired on coalition forces with rocket propelled grenades and small arms fire on 10 April 2004. Mr. (b)(6)-4 sustained gunshot wounds during the firefight and was transported to the 31st Combat Support Hospital in Balad for surgery. He was later transported to the Central Baghdad Detainee Facility (Abu Ghraib) where he died on 28 April 2004.

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

Identification: Presumptive identification accomplished by comparison to photographs and reports supplied by the investigative agency (75th MP Detachment CID, LSA Anaconda, Balad, Iraq)

CAUSE OF DEATH: Multiple Gunshot Wounds with Complications

MANNER OF DEATH: Homicide

This is a preliminary report based on initial examination of the remains, a final report will follow.

PRELIMINARY AUTOPSY DIAGNOSES:

I. Multiple Gunshot Wounds (3)

A. Gunshot Wound of the Left Axilla

-Entrance: Left axilla with no evidence of close range discharge of a fire arm on the surrounding skin

-Wound Path: Skin, subcutis and muscle of the left axilla, inferior to left clavicle, soft tissue of the left lateral side of the lateral neck

-No Exit

-Recovered: a copper colored medium caliber jacket and a portion of metal projectile core

-Wound Direction: Slightly front to back, left to right and upward

-Associated Injuries: grazing gunshot wound of the left medial arm (prior to reentry in the left axilla)

B. Gunshot Wound of the Left Hip

-Entrance: Left hip with no evidence of close range discharge of a firearm on the surrounding skin

-Wound Path: Skin, subcutis and muscle of the left lateral hip, left iliac bone

- No exit

- Recovered: a deformed irregular portion of copper colored projectile jacket

-Wound Direction: Left to right with minimal vertical or horizontal direction

- Associated Injuries: Comminuted (shattered) fractures of the left iliac bone

C. Grazing Gunshot Wound of the Left Ankle and Foot with associated open fracture of the left 5th metatarsal bone

-Direction undetermined

II. Open compound fracture of the left radius

III. Status post Emergent Exploratory Laporatomy and Cricothyrotomy

IV. Severe pulmonary congestion; pneumonia by clinical history (pending histological exam

V. Toxicology pending

(b)(6)-4

(b)(6)-2

CDR MC USN (FS)
Deputy Armed Forces
Medical Examiner

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			(b)(6)-4

ORGANIZATION Organisation	NATION *(e.g., United States)* Pays	DATE OF BIRTH Date de naissance	SEX Sexe
	Iraq	01 Jan 1960	☑ MALE Masculin ☐ FEMALE Féminin

RACE Race	MARITAL STATUS État Civil	RELIGION Culte
☒ CAUCASOID Caucasique	SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant	OTHER (Specify) Autre (Spécifier)
☐ NEGROID Negriode	MARRIED Marié	SEPARATED Séparé	CATHOLIC Catholique	
☐ OTHER (Specify) Autre (Spécifier)	WIDOWED Veuf		JEWISH Juif	

NAME OF NEXT OF KIN Nom du plus proche parent	RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit
STREET ADDRESS Domicilé à (Rue)	CITY OR TOWN AND STATE *(Include ZIP Code) Ville (Code postal compris)*

MEDICAL STATEMENT Déclaration médicale

	CAUSE OF DEATH *(Enter only once 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 [1] Maladie ou condition directement responsable de la mort [1]	Multiple gunshot wounds with complications	Days
ANTECEDENT CAUSES — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
Symptômes précurseurs de la mort. — UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS [2] Autres conditions significatives [2]		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée ☑ YES Oui ☐ NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
☐ NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
☐ ACCIDENT Mort accidentelle		
☐ SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)-2 CDR, MC, USN	
☒ HOMICIDE Homicide	(b)(6)-2	DATE Date 18 May 2004 — AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☑ NO Non

DATE OF DEATH (Date de décès *(l'heure, le jour, le mois et l'année)*)	PLACE OF DEATH Lieu de décès
28 Apr 2004 (b)(6)-2	Baghdad, 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 dé funtet 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 médicin militaire ou du médicin sanitaire	TITLE OR DEGREE Titre ou diplômé
(b)(6)-2	Deputy Medical Examiner

GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
CDR	Dover AFB, DE 19902

DATE Date: 2 June 04 (b)(6)-2

[1] *State disease, injury or complication wh*
[2] *State conditions contributing to the death, but not related to the disease or condition causing death.*
[1] *Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc*
[2] *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 1 APR 77 2064 REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.