



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
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FINAL AUTOPSY REPORT

Name: [REDACTED]
SSAN: [REDACTED]

Date of Birth: 7 JAN 1957
Date of Death: 9 JAN 2004
Date of Autopsy: 11 JAN 2004
Date of Report: 30 APR 2004

Autopsy No.: ME04-14
AFIP No.: 2909185
Rank: [REDACTED], Iraqi Army
Place of Death: Al Asad, Iraq
Place of Autopsy: BIAP Mortuary,
Baghdad, Iraq

Circumstances of Death: Iraqi detainee died while in U.S. custody.

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

Identification: Identification by accompanying paperwork and wristband, both of which include his name and a detainee number, 3ACR1582.

CAUSE OF DEATH: Blunt Force Injuries and Asphyxia

MANNER OF DEATH: Homicide

FINAL AUTOPSY DIAGNOSES:

- I. Multiple Blunt Force Injuries**
 - A. Cutaneous abrasions and contusions of the scalp, torso, and extremities**
 - B. Deep contusions of the chest wall musculature and abdominal wall**
 - C. Multiple, bilateral, displaced and comminuted rib fractures, with lacerations of the pleura**
 - D. Bilateral lung contusions**
 - E. Bilateral hemothoraces**
 - F. Hemorrhage into the mesentery of the small and large bowel**
 - G. Hemorrhage into the left sternohyoid muscle with associated fractures of the thyroid cartilage and hyoid bone**
- II. History of Asphyxia, Secondary to Occlusion of the Oral Airway**
- III. Pleural and Pulmonary Adhesions**
- IV. Hypertensive Cardiovascular Disease**
 - A. Hypertrophy of the left ventricle of the heart (2.0-centimeters)**
 - B. Cardiomegaly (450-grams)**
- V. Enlarged, Nodular Prostate Gland**
- VI. Toxicology is negative for ethanol, drugs of abuse, select therapeutic medications, and cyanide**

EXTERNAL EXAMINATION

The remains are received clad in a white shirt, white pajama type pants, and white undershorts. Feces covers the clothing from the waist down. The body is that of a well-developed, well-nourished appearing, 68-inches, 195-pounds (estimated), White male, whose appearance is consistent with the reported age of 47-years. Lividity is posterior and fixed, except in areas exposed to pressure. Rigor is present but passing. The temperature of the body is that of the refrigeration unit.

The scalp is covered with medium length, curly black hair with some graying and frontal balding. The irides are brown and the pupils are round and equal in diameter. The external auditory canals are free of abnormal secretions or foreign material. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth are natural and in poor repair, with several missing. Facial hair consists of a gray-black beard and mustache.

The neck is straight and the trachea is midline and mobile. The chest is symmetric. The abdomen is protuberant. The external genitalia are those of a normal adult, circumcised, 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. A ½-inch scar is on the lateral aspect of the proximal left arm. Multiple small scars are on the dorsal aspect of both hands. A 1-inch scar is on the anterior right ankle. No tattoos or other significant identifying marks are noted.

MEDICAL INTERVENTION

There is gauze dressing on the left wrist. No other evidence of medical intervention is noted.

RADIOGRAPHS

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

EVIDENCE OF INJURY

The ordering of the following injuries is for descriptive purposes only and is not intended to imply order of infliction or relative severity. All wound pathways are given relative to standard anatomic position.

I. Blunt Force Injuries

A. Injuries of the head and Neck

No cutaneous injuries are noted on the face or neck. Reflection of the scalp reveals a 1 ½ x ¾-inch contusion on the right frontal scalp and a 1 ½ x 1-inch contusion on the left parietal scalp. There are no associated skull fractures, epidural, subdural, or subarachnoid hemorrhages or other injuries to the brain.

A detailed examination of the anterior neck structures reveals a $\frac{3}{4}$ x $\frac{1}{4}$ -inch hemorrhage into the left sternohyoid muscle. There is a linear fracture through the left side of the thyroid cartilage and a fracture through the left side of the hyoid bone. The cervical spine is free of injury.

B. Injuries of the Torso

There is a confluence of red-purple-black contusions surrounding the torso between the breasts and the costal margin, with some sparring of the mid back. A few satellite contusions, up to 2-inches in greatest dimension are associated with this large area of contusion. The posterior aspect of this large area of contusion is deep purple in color and the upper posterior-lateral aspect of this area is yellow-black in color. A distinct 5 x 4-inch area of ecchymosis is on the lateral aspect of the left mid chest. Two distinct $1\frac{1}{2}$ x 1-inch contusions are at the right posterior-lateral edge of the large area of contusion. Two linear abrasions, $\frac{1}{8}$ -inch and $\frac{1}{2}$ -inch in length, are on the upper posterior left shoulder. There is a $1\frac{1}{4}$ -inch abrasion on the posterior upper right shoulder. A $1\frac{1}{2}$ x $1\frac{1}{2}$ -inch purple contusion is over the left lower quadrant of the abdomen. A $2\frac{1}{2}$ x 1-inch area of ecchymosis is over the right inguinal area.

There is abundant hemorrhage into the muscle and adipose tissue of the anterior chest wall. The right chest wall has fractures of ribs three through seven anteriorly and ribs six through twelve posteriorly. The left chest wall has fractures of ribs two through nine anteriorly and ribs seven through twelve posteriorly. There are fractures of the lateral aspect of ribs nine and ten on the left side. Fifty-milliliters of blood are in each pleural cavity and many of the rib fractures are displaced and associated with pleural lacerations. Both lungs have scattered contusions but no lacerations are noted. There is a horizontal fracture through the mid portion of the body of the sternum.

A small area of hemorrhage is present in the left adrenal gland. No injuries to the kidneys are noted. Scattered areas of hemorrhage are noted in the mesentery of the large and small bowel.

C. Injuries of the Extremities

A $\frac{1}{2}$ -inch abrasion is on the anterior aspect of the right wrist. Multiple superficial linear abrasions are on the posterior aspect of the right hand. Three linear abrasions, $\frac{1}{4}$ to $\frac{1}{2}$ -inch in length, are on the proximal lateral right arm. A $2\frac{1}{2}$ -inch wide, weeping abrasion with some desquamation of skin is circumferentially present around the left wrist. There is a 1 x $\frac{1}{2}$ -inch contusion on the proximal posterior left arm. Two abrasions, $\frac{1}{2}$ x $\frac{3}{8}$ -inches and 1 x $\frac{1}{4}$ -inches, are on the posterior aspect of the left upper extremity near the elbow. Two fine linear abrasions, 3-inches and 1 $\frac{1}{2}$ -inches in length, are on the posterior left forearm.

A 2 x $1\frac{1}{2}$ -inch contusion is on the anterior right leg just distal to the knee. There is a 3 x 2-inch contusion on the proximal half of the anterior right leg. A 2 x 2-inch light purple contusion is on the medial aspect of the distal right leg. There is a 2 x $1\frac{1}{2}$ -inch contusion and two $\frac{1}{2}$ -inch in length linear abrasions over the right lateral malleolus. A $\frac{1}{2}$ x $\frac{1}{4}$ -inch abrasion is on the anterior left knee. There is a 5 x 3-inch

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light purple contusion on the anterior left leg. A 1 x ½-inch contusion is on the anterior left ankle.

INTERNAL EXAMINATION

HEAD:

The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1380-gram 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.

NECK:

The neck structures have the previously described injuries. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries. The cervical spine is free of injuries.

BODY CAVITIES:

The vertebral bodies are visibly and palpably intact. No excess fluid is in the peritoneal and pericardial cavities. Scattered adhesions involve both lungs and the chest wall. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 790 and 590-grams, respectively. The external surfaces are smooth and deep red-purple, with heavy anthracotic pigmentation. The pulmonary parenchyma is congested and has the previously described injuries. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 450-gram 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 no significant atherosclerosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 2.0 and 0.5-centimeters thick, respectively. The interventricular septum is 2.0-centimeters thick. The endocardium is smooth. The aorta gives rise to three intact and patent arch vessels. There is mild atherosclerosis involving the arch of the aorta. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The liver weighs 2350-grams and is free of injury. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 10-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

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SPLEEN:

The 90-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

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

ADRENAL GLANDS:

The right and left adrenal glands are symmetric, with yellow-orange cortices and gray medullae. Hemorrhage into the left adrenal gland has been previously noted. No masses are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 210 and 230-grams, respectively. The external surfaces are intact, smooth, and without evident injury. 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 contains approximately 20-milliliters of dark yellow urine. The prostate gland is enlarged, with yellow-tan, nodular 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, gray-white mucosa. The stomach contains approximately 30-milliliters of dark green fluid. The gastric wall is intact, with evidence of mild, diffuse gastritis. The duodenum, loops of small bowel, and colon are remarkable for the previously described injuries. The appendix is present.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by OAFME Photographer PH3 ^{b(8)-2} [redacted], USN
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous fluid, cavity blood, spleen, liver, urine, brain, bile, lung, kidney, and psoas muscle
- The dissected organs are forwarded with body
- Clothing and personal effects are released to the Army CID agents present at the autopsy

MICROSCOPIC EXAMINATION

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

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OPINION

This 47-year-old White male, (b)(6)-4 died of blunt force injuries and asphyxia. The autopsy disclosed multiple blunt force injuries, including deep contusions of the chest wall, numerous displaced rib fractures, lung contusions, and hemorrhage into the mesentery of the small and large intestine. An examination of the neck structures revealed hemorrhage into the strap muscles and fractures of the thyroid cartilage and hyoid bone. According to the investigative report provided by U.S. Army CID, the decedent was shackled to the top of a doorframe with a gag in his mouth at the time he lost consciousness and became pulseless.

The severe blunt force injuries, the hanging position, and the obstruction of the oral cavity with a gag contributed to this individual's death. The manner of death is homicide.

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**CDR, MC, USN, DMO/FS
Chief Deputy Medical Examiner**