



**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: **BTR Hachim. Ibrahim M.**  
 Detainee # (b)(6)  
 Date of Birth: **RTR 1950**  
 Date of Death (b)(6) **2005**  
 Date of Autopsy: **3 May 2005**

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

Date of Report: **26 May 2005**

**Circumstances of Death:** By report, this approximately 55 year-old civilian detainee at Camp Bucca, Iraq suddenly collapsed while eating breakfast. Medical personnel noticed eggs in the upper airway, which they removed during resuscitation attempts. (b)(6) reported during a medical screening that he was diabetic but by report there was no medical testing to confirm this and he had not received medication. He had apparently not eaten for three days prior to his collapse.

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

**Identification:** Tentative identification by CID, postmortem fingerprint and dental examinations performed. Sample obtained for DNA analysis.

**CAUSE OF DEATH:** Arteriosclerotic cardiovascular disease

**MANNER OF DEATH:** Natural

**FINAL AUTOPSY DIAGNOSES:**

- I. Severe coronary arteriosclerosis
  - A. Left main coronary artery with focal 75% stenosis
  - B. Left anterior descending coronary artery with 80-90% proximal stenosis, 50-75% mid stenoses, and 80% stenosis of the proximal first diagonal branch
  - C. Left circumflex coronary artery with 50% proximal stenosis and focal 75% mid stenosis
  - D. Right coronary artery with 50-80% proximal stenoses, and 50-75% mid and distal stenoses
  - E. Mild atherosclerosis of the coronary ostia
  - F. Moderate-severe atherosclerotic plaque formation of the distal aorta, just proximal to the iliac bifurcation
  - G. Mild cardiomegaly for weight (heart=400 grams, predicted=306 grams)
    1. Left ventricle=15 mm in thickness
  - H. Pulmonary edema and congestion (combined weight=1250 grams)
- II. No foreign body within the airway
  - A. Less than 5 ml of granular liquid within the trachea
  - B. Poor dentition
- III. Mild atrophy of the brain
  - A. Brain weight=1260 grams
  - B. Mild ventricular enlargement
- IV. Simple cortical cyst of the right kidney
- V. Multi-nodular thyroid
- VI. Anterior neck dissection negative for trauma
- VII. Posterior thoracic and cervical dissection negative for trauma (bifid spinous processes of the cervical vertebrae)

**AUTOPSY REPORT**  
**Hachim, Ibrahim**

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- VIII. Minor healing abrasions of the anterior right leg and right cheek
- IX. Mild decomposition consisting of cloudy corneae and early green discoloration of the cecum
- X. History of diabetes by self report
  - A. No report of medication administration
  - B. Incomplete medical records
- XI. Toxicology negative

**EXTERNAL EXAMINATION**

The body is that of a thin, 69 inch, 150 pound elderly male whose appearance is consistent with the reported age of 55 years. Lividity is red-purple, posterior, and fixed. Rigor is easily broken.

The scalp is covered with short, gray-black hair in a normal distribution. Corneal clouding obscures the irides. The conjunctivae and sclera are markedly injected, however, there are no petechiae. There are bilateral earlobe creases (Frank's sign). The external auditory canals are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear in severe disrepair with absence of the majority of the upper dentition. There are no foreign bodies within the oropharynx.

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**

The body is received nude at the time of autopsy.

**MEDICAL INTERVENTION**

There are no attached medical devices at the time of autopsy.

**RADIOGRAPHS**

A complete set of postmortem radiographs is obtained and demonstrates no fractures or radiopaque foreign bodies.

**EVIDENCE OF INJURY**

On the right cheek is a small red abrasion and on the lower right leg near the ankle are several small healing red abrasions.

Dissection of the back and buttocks reveal no contusions.

**INTERNAL EXAMINATION**

**HEAD:**

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 1260 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 mildly enlarged. 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:**

Layer-wise dissection of the neck reveals 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 nodular and red-brown without cystic change. The tongue is free of bite marks, hemorrhage, or other injuries.

Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no posterior cervical spine fractures. There is no hemorrhage or laxity of the spinal ligaments. The cervical spinous processes are bifid.

**BODY CAVITIES:**

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

**RESPIRATORY SYSTEM:**

The right and left lungs weigh 670 and 580 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. The mainstem bronchi and branches are free of obstruction.

**CARDIOVASCULAR SYSTEM:**

The 400 gm heart (predicted=306 grams for weight) 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 mild atherosclerosis of the coronary ostia. The left main coronary artery has a focal 75% stenosis. The left anterior descending coronary artery has an 80-90% proximal stenosis, 50-75% mid stenoses, and an 80% stenosis of the proximal portion of the first diagonal branch. The left circumflex coronary artery has a 50% proximal stenosis and a focal 75% mid stenosis. The right coronary artery has 50-80% proximal stenoses and 50-75% mid and distal stenoses. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.5 and 0.5-cm thick, respectively. The septum measures 1.8-cm in thickness. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. There is severe calcific plaque formation of the distal aorta slightly proximal to the iliac bifurcation. The renal and mesenteric vessels are unremarkable.

**LIVER & BILIARY SYSTEM:**

The 1530 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

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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.

**PANCREAS:**

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

**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 190 and 220 gm, respectively. There is a simple cortical cyst of the right kidney. Otherwise, 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 contains approximately 10 ml of cloudy yellow urine. 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 30 ml of brown 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 AFMES photographers
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, urine, spleen, liver, lung, kidney, brain, bile, gastric, adipose and psoas
- The dissected organs are forwarded with the body
- Personal effects are released to the appropriate mortuary operations representatives

**MICROSCOPIC EXAMINATION**

**Coronary arteries:** Sections show atheromatous stenoses corresponding with the gross impression.

**Myocardium:** Sections show a mild increase in perivascular and interstitial fibrosis. No acute ischemic changes are noted microscopically.

**Lungs:** Sections show vascular congestion and atelectasis.

**Liver:** Section shows mild increase in periportal fibrosis and focal periportal chronic inflammation

**Kidney:** Nodular Kimmelstiel-Wilson lesions are not noted. There is no inflammatory infiltrate.

**TOXICOLOGY**

Toxicologic analysis of blood was negative for carbon monoxide, cyanide, ethanol, and drugs of abuse.

**VITREOUS**

Glucose was reported as less than 10 mg/dL.

**OPINION**

This elderly male civilian detainee died of severe arteriosclerotic coronary artery disease (hardening and blockage of the blood vessels supplying blood to the heart). Microscopic sections of the heart showed the blockages of the arteries and evidence of chronic myocardial ischemia. Toxicology was negative for ethanol and drugs of abuse. Carbon monoxide and cyanide were not detected.

Vitreous glucose was reported as less than 10 mg/dL, consistent with a long interval from death to time of testing.

Detailed examination of the internal organs as well as dissection of the back, anterior neck, and posterior neck did not reveal occult trauma.

Sudden collapse due to arteriosclerotic coronary artery disease is common and is frequently the initial presentation of underlying heart disease. The finding of food within the mouth at the time of the collapse is felt to be secondary to the collapse and not causal. There were no food particles impacted within the airway at the time of autopsy. Severe coronary artery disease and chronic ischemic changes of the heart were noted by visual and microscopic examination.

The manner of death is natural.

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(b)(6) Medical Examiner





DEPARTMENT OF DEFENSE  
ARMED FORCES INSTITUTE OF PATHOLOGY  
WASHINGTON, DC 20306-8000

REPLY TO  
ATTENTION OF

AFIP (b)(6)

**PATIENT IDENTIFICATION**

AFIP Accessions Number Sequence  
(b)(6)

Name  
HACHIM, IBRAHIM MOHAMAD (b)(6)

SSAN: Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: May 12, 2005

TO:

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

**CONSULTATION REPORT ON CONTRIBUTOR MATERIAL**

AFIP DIAGNOSIS      REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident:      Date Received: 5/10/2005

**CARBON MONOXIDE:** The carboxyhemoglobin saturation in the blood was less than 1% as determined by spectrophotometry with a limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.

**CYANIDE:** There was no cyanide detected in the 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.

**VOLATILES:** The **BLOOD AND URINE** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

**DRUGS:** The **BLOOD** was screened for amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, 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.

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CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénom) BTB Hachim, Ibrahim, Mohamad		GRADE Grade Arme Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)
ORGANIZATION Organisation		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1950 SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS État Civil	
<input checked="" type="checkbox"/> CAUCASOID Causasique	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Négride	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> JEWISH Juif	<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)
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 OR TOWN AND STATE (Include ZIP Code) Ville (Code postal complet)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only once cause par ligne) Cause du décès (l'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 <sup>1</sup>		Arteriosclerotic Cardiovascular Disease (ASCVD)	
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 <sup>2</sup>			
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 suscitées par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
<input type="checkbox"/> HOMICIDE Homicide	(b)(6)		DATE Date 03 May 2005 AVIATION ACCIDENT Accident à l'avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (Hour, day, month, year) Date du décès (l'heure, le jour, le mois, l'année) (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 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		DEGREE Titre ou diplôme Medical Examiner	
(b)(6)			
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB DE 10002 (b)(6)		
DATE Date 3 MAY 2005			
<sup>1</sup> State disease, injury or complication which caused death. <sup>2</sup> State conditions contributing to the death, but not the primary cause. <sup>3</sup> Préciser la nature de la maladie, de la blessure ou de la complication qui a provoqué le décès, mais n'ayant aucun rapport avec la maladie ou la blessure qui a provoqué le décès. <sup>4</sup> Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la blessure qui a provoqué le décès.			

DD FORM 2064

REPLACES DA FORM 3545, 1 JAN 73 AND DA FORM 3545-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0348