



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
301-319-0000



AUTOPSY EXAMINATION REPORT

Name: Khazi, Hamid Muhsin

ID#: (b)(6)

Date of Birth: Unknown

Date of Death: (b)(6) 2007

Date/Time of Autopsy: 12 DEC 2007@0900

Date of Report: 07 JAN 2008

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Detainee

Place of Death: Iraq

Place of Autopsy: Port Mortuary

Dover AFB, Dover, DE

Circumstances of Death: This detainee was reportedly mortally wounded by small arms fire after attacking a United States Army Soldier with a wooden board and attempting to grab the soldier's pistol.

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

Identification: Presumptive identification is established by examining accompanying paper work.

CAUSE OF DEATH: Multiple gunshot wounds

MANNER OF DEATH: Homicide

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male. The body weighs 201 pounds, is 70 inches in length and appears to be 30 to 40 years of age. The body is cold. Rigor is present to an equal degree in all extremities. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. The head is normocephalic, and the scalp hair is black and short. Facial hair consists of a black mustache. The irides are brown. The corneae are cloudy. The conjunctivae are pale. The sclerae are white. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The teeth are natural and in good condition. Examination of the neck reveals no evidence of injury. Injuries of the torso are described below. No evidence of injury of the ribs or the sternum is evident externally. The external genitalia are those of a circumcised adult male. Gauze encircles the tip of the penis and there is a 3/4 inch sutured wound of the dorsal surface of the shaft of the penis adjacent to the glans. The posterior torso and anus are without note. Injuries of the extremities are described below. Encircling the right wrist is a hospital ID band inscribed with (b)(6). A gauze bandage encircles the proximal right thigh. Underlying this gauze is a 2-3/4 x 1-1/2 inch healing and debrided wound of the posterior right thigh and a 1-1/2 inch sutured healing wound of the proximal medial right thigh.¹ Scars are noted on the posterior left arm (4 inches), right buttock (3/4 inch), right knee (1-1/2 inches and 1/4 inch), posterior left thigh (1 inch), and right popliteal fossa (1 inch). The fingernails are intact.

CLOTHING AND PERSONAL EFFECTS

Worn:

- Tan socks
- Blue running suit with gray stripes
- Yellow boxers
- White tank top t-shirt

(There are multiple defects noted on the clothing. Many of these defects correspond to injuries that are described below. No soot or gunpowder was identified upon unaided visual examination of the clothing.)

MEDICAL INTERVENTION

- EKG lead on the anterior torso
- Gauze bandages (penis and right thigh)

¹ Medical records indicate that the deceased was being treated for a gunshot wound of the right thigh and penis.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained. Injuries seen on radiographs are incorporated into the evidence of injury section.

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.

GUNSHOT WOUND OF THE RIGHT SIDE OF THE CHEST:

Entrance: On the right side of the chest is a 1/4 inch circular entrance gunshot wound with a 1/8 inch concentric marginal abrasion. The wound is located 21-1/2 inches below the top of the head and 5 inches to the right of the anterior midline. No soot or gunpowder stippling is identified on the surrounding skin.

Injured: The skin, subcutaneous tissue, muscles of the right side of the chest, muscles of the ninth anterior intercostal space, right hemidiaphragm (1 inch defect), right lobe of the liver (2-1/2 x 2-1/4 inch defect), right kidney (1 inch defect through the hilum), renal artery (transected), renal vein (transected), muscle and skin are injured.

Exit: On the right side of the back is a 1/2 x 1/4 inch lacerated exit wound. The wound is located 23-1/2 inches below the top of the head and 1/2 inch to the right of the posterior midline.

Recovered: Nothing is recovered.

Trajectory: The bullet trajectory is front to back, right to left and downwards.

Associated Injuries: There is 350 ml of blood identified in the peritoneal space.

GUNSHOT WOUND OF THE LEFT SIDE OF THE CHEST (SUPERIOR):

Entrance: On the left side of the chest (below the left nipple) is a 1/4 inch circular entrance wound with a 1/8 inch concentric marginal abrasion. The wound is located 19-1/2 inches below the top of the head and 5-3/4 inches to the left of the anterior midline. No soot or gunpowder stippling is identified on the surrounding skin.

Injured: The skin, subcutaneous tissue, lateral aspect of the left fifth rib, upper lobe of the left lung (1/2 inch defect), posterior ninth intercostal muscles, muscles of the back and skin are injured.

Exit: The projectile exits the center of the upper back through a 1/2 x 1/4 inch exit wound that has an eccentric marginal abrasion measuring up to 1/2 inch on the twelve to six o'clock border. The wound is located 16 inches below the top of the head and 1-1/4 inches to the left of the posterior midline.

Recovered: Seven copper and gray colored bullet fragments are recovered from the surface of the body and clothing.

Trajectory: The bullet trajectory is front to back, left to right and upward.

Associated Injuries: There is 1200 ml of blood identified in the left chest cavity.

GUNSHOT WOUND TO THE LEFT SIDE OF THE CHEST (MEDIAL):

Entrance: On the medial left side of the chest is a 1/4 inch circular gunshot wound with a 1/16 inch concentric marginal abrasion. The wound is located 23-1/2 inches below the top of the head and 2-1/2 inches to the left of the anterior midline. No soot or gunpowder stippling is identified on the surrounding skin.

Injured: The skin, subcutaneous tissue, muscles of the left side of the chest, peritoneum, left lobe of the liver (2 x 1 inch defect), muscles of the back and skin are injured.

Exit: There is a 1/4 x 1/8 inch partial exit wound on the right side of the back with an eccentric 3/4 inch marginal abrasion on the twelve to three o'clock border. The wound is located 19-1/2 inches below the top of the head and 4-3/4 inches to the right of the posterior midline.

Recovered: One intact copper colored jacketed projectile (with a base that measures 9 mm in greatest dimension) is recovered from the musculature of the right side of the back adjacent to the exit wound.

Trajectory: The bullet trajectory is front to back, left to right and upward.

Associated Injuries: There is 350 ml of blood identified in the peritoneal cavity.

GUNSHOT WOUND OF THE LEFT SIDE OF THE CHEST (LATERAL):

Entrance: On the lateral aspect of the left side of the chest is a 1/4 inch circular entrance gunshot wound with an eccentric marginal abrasion measuring up to 1/8 inch on the six to nine o'clock border. The wound is located 24-1/4 inches below the top of the head and 4-1/2 inches to the left of the anterior midline. No soot or gunpowder stippling is identified on the surrounding skin.

Injured: The skin, subcutaneous tissue, muscles of the left side of the chest, anterior aspect of the left ninth rib, peritoneum, left hemidiaphragm (1 inch defect), stomach (2 inch and 1-

3/4 inch defects), upper pole of the left kidney (3/4 inch defect), tenth intercostal muscles, muscles of the back and skin are injured.

Exit: On the center of the upper back is a 3/4 x 1/2 inch exit wound with an eccentric marginal abrasion that measures up to 1/8 inch on the nine to six o'clock border. The exit wound is located 18-1/4 inches below the top of the head and is on the posterior midline.

Recovered: One deformed copper colored jacketed bullet is recovered from the muscles of the right side of the upper back adjacent to the right scapula (the deformed base measures 10 mm in greatest dimension)

Trajectory: The trajectory of the bullet is left to right, front to back, and upward.

Associated Injuries: Three hundred and fifty milliliters of blood is identified in the peritoneal cavity.

PERFORATING GUNSHOT WOUND OF THE LEFT FOREARM (PROXIMAL):

Entrance: On the proximal left forearm is a 1/4 inch circular entrance gunshot wound with a 1/16 inch concentric marginal abrasion. The wound is located 4 inches below the elbow and 1-1/2 inches to the right of the anterior midline of the forearm in the anatomic position. No soot or gunpowder stippling is identified on the surrounding skin.

Injured: The skin, subcutaneous tissue, muscle and skin are injured.

Exit: On the proximal left forearm is a 1/4 x 1/4 inch lacerated exit wound located 4 inches below the elbow and 1/4 inches to the left of the anterior midline of the forearm in the anatomic position.

Recovered: Nothing is recovered.

Trajectory: The bullet trajectory is right to left, slightly back to front with no significant up-down deviation.

Associated Injuries: There is bleeding along the wound tract.

PERFORATING GUNSHOT WOUND OF THE LEFT FOREARM (DISTAL):

Entrance: On the left forearm is a 1/4 inch circular entrance gunshot wound with a concentric 1/16 inch marginal abrasion. The wound is located 7-1/2 inches below the elbow and 2 inches to the right of the anterior midline of the forearm in the anatomic position. No soot or gunpowder stippling is identified on the surrounding skin.

Injured: The skin, subcutaneous tissue, muscle, and skin are injured.

Exit: On the left forearm is a 1/4 x 1/4 inch lacerated exit wound located 7-1/2 inches below the elbow and in the anterior midline of the forearm in the anatomic position.

Recovered: Nothing is recovered.

Trajectory: The trajectory of the bullet is right to left, slightly back to front with no significant up-down deviation.

Associated Injuries: Associated with this wound is bleeding along the wound tract.

OTHER INJURIES:

By medical report there is a perforating gunshot wound of the right thigh. This injury is in the process of healing and has been treated medically (please see the External Examination section above). The skin, subcutaneous tissues and muscle are injured. The trajectory is indeterminate.

By medical report there is a gunshot wound of the penis. The injury is in the process of healing and has been medically treated (please see the External Examination section above). The skin and subcutaneous tissues are injured. The trajectory is indeterminate.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The sternum, and vertebral bodies are visibly and palpably intact. No adhesions in any of the body cavities. Blood is identified in the right chest cavity (150 ml), left chest cavity (1200 ml), and peritoneum (350 ml). All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is 3/4 inches thick.

HEAD AND CENTRAL NERVOUS SYSTEM:

The scalp is reflected. The galeal and subgaleal soft tissues of the scalp are free of injury. There are no skull fractures. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels are intact. Clear cerebrospinal fluid surrounds the 1530 gram brain, which has unremarkable gyri and sulci. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brain stem and cerebellum are unremarkable. The atlanto-occipital joint is stable. The spinal cord is unremarkable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage by layer-wise dissection. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The tongue is free of bite marks, hemorrhage, or other injuries. Incision and

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dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

CARDIOVASCULAR SYSTEM:

The 430 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 left-dominant pattern. Cross sections of the vessels show wide patency. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1.2, 1.2, and 0.3-cm thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

RESPIRATORY SYSTEM:

Please see Evidence of Injury. The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is diffusely congested and edematous, exuding slight to moderate amounts of blood and frothy fluid; no focal non-traumatic lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 720 grams; the left 380 grams.

HEPATOBIILIARY SYSTEM:

Please see Evidence of Injury. The 1950 gram liver, where uninjured, has a smooth capsule covering dark red-brown, moderately congested tan-brown parenchyma with no focal non-traumatic lesions noted. The gallbladder contains 5 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

GASTROINTESTINAL SYSTEM:

Please see Evidence of Injury. The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains scant mucoid brown fluid. The small and large bowels are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present.

GENITOURINARY SYSTEM:

Please see Evidence of Injury. The injured right kidney weighs 150 grams; the injured left kidney weighs 150 grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surface. The cortex is sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 50 ml of clear yellow urine. The testes, prostate gland and seminal vesicles are without note.

LYMPHORETICULAR SYSTEM:

The 120 gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

ENDOCRINE SYSTEM:

The pituitary gland is examined in situ and is unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The right and left adrenal glands are symmetric, with bright yellow cortices and red-brown medullae. No masses or areas of hemorrhage are identified.

MUSCULOSKELETAL SYSTEM:

No non-traumatic abnormalities of muscle or bone are identified.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by (b)(6) OAFME staff photographer.
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicology testing and/or DNA identification are: blood, vitreous fluid, bile, urine, gastric contents, brain, heart, lung, liver, spleen, kidney, brain, skeletal muscle and adipose tissue.
4. The dissected organs are forwarded with body.
5. The recovered evidence is turned released to Special Agent (b)(6) CID.

MICROSCOPIC EXAMINATION

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

FINAL AUTOPSY DIAGNOSES:

I Gunshot wound of the right side of the chest

- A Entrance:** On the right side of the chest is a 1/4 inch circular entrance gunshot wound with a 1/8 inch concentric marginal abrasion; located 21-1/2 inches below the top of the head and 5 inches to the right of the anterior midline; no soot or gunpowder stippling is identified on the surrounding skin.
- B Injured:** The skin, subcutaneous tissue, muscles of the right side of the chest, muscles of the ninth anterior intercostal space, right hemidiaphragm (1 inch defect), right lobe of the liver (2-1/2 x 2-1/4 inch lacerated wound), right kidney (1 inch defect through the hilum), renal artery (transected), renal vein (transected), muscle and skin are injured
- C Exit:** On the right side of the back is a 1/2 x 1/4 inch lacerated exit wound; the wound is located 23-1/2 inches below the top of the head and 1/2 inch to the right of the posterior midline
- D Recovered:** Nothing recovered at autopsy
- E Trajectory:** Front to back, right to left and downward
- F Associated Injuries:** Hemoperitoneum (350 ml)

II Gunshot wound of the left side of the chest (superior):

- A Entrance:** On the left side of the chest (below the left nipple) is a 1/4 inch circular entrance wound with a 1/8 inch concentric marginal abrasion; located 19-1/2 inches below the top of the head and 5-3/4 inches to the left of the anterior midline; no soot or gunpowder stippling is identified on the surrounding skin
- B Injured:** The skin, subcutaneous tissue, lateral aspect of the left fifth rib, upper lobe of the left lung (1/2 inch defect), posterior ninth intercostal muscles, muscles of the back and skin are injured
- C Exit:** The projectile exits the center of the upper back through a 1/2 x 1/4 inch exit wound that has an eccentric marginal abrasion which measures up to 1/2 inch on the twelve to six o'clock border; the wound is located 16 inches below the top of the head and 1-1/4 inches to the left of the posterior midline
- D Recovered:** Seven copper and gray colored bullet fragments are recovered from the surface of the body and clothing
- E Trajectory:** Front to back, left to right and upward
- F Associated Injuries:** Left hemothorax (1200 ml)

III Gunshot wound of the left side of the chest (medial):

- A Entrance:** On the medial left side of the chest is a 1/4 inch circular gunshot wound with a 1/16 inch concentric marginal abrasion; located 23-1/2 inches below the top of the head and 2-1/2 inches to the left of the anterior midline; no soot or gunpowder stippling is identified on the surrounding skin
- B Injured:** The skin, subcutaneous tissue, muscle of the left side of the chest, peritoneum, left lobe of the liver (2 x 1 inch defect), muscles of the back and skin are injured
- C Exit:** There is a 1/4 x 1/8 inch partial exit wound on the right side of the back with an eccentric 3/4 inch marginal abrasion on the twelve to three o'clock border; located 19-1/2 inches below the top of the head and 4-3/4 inches to the right of the posterior midline

- D Recovered:** One intact copper colored jacketed projectile (with a base that measures 9 mm in greatest dimension) is recovered from the musculature of the right side of the back adjacent to the exit wound
- E Trajectory:** Front to back, left to right and upward.
- F Associated Injuries:** Hemoperitoneum (350 ml)

IV Gunshot wound of the left side of the chest (lateral):

- A Entrance:** On the lateral aspect of the left side of the chest is a 1/4 inch circular entrance gunshot wound with an eccentric marginal abrasion measuring up to 1/8 inch on the six to nine o'clock border; located 24-1/4 inches below the top of the head and 4-1/2 inches to the left of the anterior midline; no soot or gunpowder stippling is identified on the surrounding skin
- B Injured:** The skin, subcutaneous tissue, muscles of the left side of the chest, anterior aspect of the left ninth rib, peritoneum, left hemidiaphragm (1 inch defect), stomach (2 inch and 1-3/4 inch defects), upper pole of the left kidney (3/4 inch defect), tenth intercostal muscles, muscles of the back and skin are injured.
- C Exit:** On the center of the upper back is a 3/4 x 1/2 inch exit wound with an eccentric marginal abrasion that measures up to 1/8 inch on the nine to six o'clock border; located 18-1/4 inches below the top of the head and is on the posterior midline
- D Recovered:** One deformed copper colored jacketed bullet is recovered from the muscles of the right side of the upper back adjacent to the right scapula
- E Trajectory:** Left to right, front to back, and upward.
- F Associated Injuries:** Three hundred and fifty milliliters of blood is identified in the peritoneal cavity

V Perforating gunshot wound of the left forearm (proximal):

- A Entrance:** On the proximal left forearm is a 1/4 inch circular entrance wound with a 1/16 inch concentric marginal abrasion; located 4 inches below the elbow and 1-1/2 inches to the right of the anterior midline of the forearm in the anatomic position; no soot or gunpowder stippling is identified
- B Injured:** The skin, subcutaneous tissue, muscle and skin are injured
- C Exit:** On the proximal left forearm is a 1/4 x 1/4 inch lacerated exit wound; located four inches below the elbow and 1/4 inch to the left of the anterior midline of the forearm in the anatomic position
- D Recovered:** Nothing recovered
- E Trajectory:** Right to left, slightly back to front with no significant up-down deviation
- F Associated Injury:** Bleeding along the wound tract

VI Perforating gunshot wound of the left forearm (distal):

- A Entrance:** On the left forearm is a 1/4 inch circular entrance gunshot wound with a 1/16 inch marginal abrasion; located 7-1/2 inches below the elbow and 2 inches to the right anterior midline of the forearm in the anatomic position; no soot or gunpowder stippling identified
- B Injured:** The skin, subcutaneous tissue, muscle and skin are injured
- C Exit:** On the left forearm is a 1/4 x 1/4 inch lacerated exit wound; located 7-1/2 inches below the elbow and in the anterior midline of the forearm in the anatomic position

- D Recovered: Nothing recovered**
- E Trajectory: Right to left and slightly back to front with no significant up-down deviation**
- F Associated Injuries: Bleeding along the wound tract**

VII Other Injuries: Healing and medically treated gunshot wounds of the penis and right thigh

VIII Natural Disease: No significant natural disease is identified within the limits of the examination

IX Medical Therapy and Remote Injuries: As described above

X Postmortem Changes: As described above

XI Identifying Marks: As described above

XII Toxicology (AFIP):

- A VOLATILES: No ethanol is detected in the blood and vitreous fluid**
- B DRUGS: Ketamine (an anesthetic) and ephedrine (a sympathomimetic amine commonly used to treat hypotension associated with regional anesthesia) are detected in the urine**
- C CARBON MONOXIDE: The carboxyhemoglobin level in the blood is 1%**
- D CYANIDE: No cyanide is detected in the blood**

OPINION

This 30 to 40-year-old male (b)(6) died of multiple gunshot wounds. There were four gunshot wounds of the torso and two gunshot wounds of the left forearm. No evidence of close range discharge of a firearm was identified on the clothing or skin surrounding any of the entrance wounds. It is my opinion that three of the four exit wounds on the back of the torso appear to be shored. The recovered evidence was turned over to Special (b)(6) CID. The toxicology screen is positive for ketamine and ephedrine. Ketamine and ephedrine are commonly used medications and their detection is unrelated to the cause and manner of death. The manner of death is homicide.

(b)(6)

(b)(6) MEDICAL EXAMINER

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Khazi, Hamid, Muhsin		GRADE Grade OR5A	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
DATE OF BIRTH Date de naissance		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE Race		MARRITAL STATUS Stat Civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasien	<input type="checkbox"/> NEGROID Négride	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)
<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> PROTESTANT Protestant	<input type="checkbox"/> CATHOLIC Catholique	<input type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le mort	
STREET ADDRESS Domicile à (Ville)		CITY OR TOWN OR STATE (include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Specify only one cause per line) Cause du décès (Préciser qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort			Seconds to Minutes
Multiple gunshot wounds			
ANTECEDENT CAUSES Symptômes antérieurs de la mort	MODIFIED CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition modifiée, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition sous-jacente, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
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 associées par des causes extérieures
<input type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Constatations principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste		AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES OUI <input checked="" type="checkbox"/> NO NON
<input type="checkbox"/> SUICIDE Suicide	(b)(6)		
<input checked="" type="checkbox"/> HOMICIDE Homicide	(b)(6)		
DATE OF DEATH Date de décès (day, month, year)	PLACE OF DEATH Lieu de décès		
(b)(6)	2007 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 mortuaires du défunct et le décès est survenu à l'heure indiquée et à la suite des causes énoncées ci-dessus.			
NAME OF MEDICAL OFFICER Nom et qualité médicale (inclure son titre)		TITLE OR GRADE Titre ou grade	
(b)(6)		Medical Examiner	
INSTALLATION OR ADDRESS Installation ou adresse		SIGNATURE Signature	
(b)(6)		(b)(6)	
DATE Date		SIGNATURE Signature	
12/13/2007		(b)(6)	
<small> * This document, in any of its languages, is not a legal document, but any action or report in reliance on this report, will, unless specifically indicated to the contrary, be not limited to the disease or condition causing death. * Ce document, en toutes ses langues, n'est pas un document juridique, mais toute action ou rapport en se basant sur ce document, à moins qu'il n'y ait une indication contraire, ne sera pas limité à la maladie ou à la condition causant le décès. * This document is not a legal document, but any action or report in reliance on this report, will, unless specifically indicated to the contrary, be not limited to the disease or condition causing death. * Ce document n'est pas un document juridique, mais toute action ou rapport en se basant sur ce document, à moins qu'il n'y ait une indication contraire, ne sera pas limité à la maladie ou à la condition causant le décès. </small>			

DD FORM 1300 2064

REPLACES DA FORM 1300, 1 JAN 72 AND DA FORM 1300-REP-1, 26 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0709

(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTUARY PROPOSING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS (b)(6)	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2044, APR 1977 (BACK)

USAPA V1.00