



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



**FINAL AUTOPSY REPORT**

Name: BTB Salih, Khatab Aswad	Autopsy No.: (b)(6)
Detainee Number: (b)(6)	AFIP No.: (b)(6)
Date of Birth: Unknown	Rank: Civilian
Date of Death: (b)(6) 2007	Place of Death: Iraq
Date/Time of Autopsy: (b)(6) 2007 (b)(6)	Place of Autopsy: Port Mortuary, Dover AFB, Dover, DE
Date of Report: 31 July 2007	

**Circumstances of Death:** This Iraqi civilian was reportedly shot multiple times by US Army soldiers on 23 June 2007. He was transported to the 506<sup>th</sup> Expeditionary Medical Squadron where he underwent surgery for gunshot wounds. He was transferred to the 399<sup>th</sup> Combat Support Hospital for further treatment, where he died on (b)(6) 2007.

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

**Identification:** Presumptive identification is established by examination of paperwork in the case file. Post-mortem fingerprints and a specimen suitable for DNA analysis are obtained.

**CAUSE OF DEATH:** Multiple Gunshot Wounds

**MANNER OF DEATH:** Homicide

### **EXTERNAL EXAMINATION**

The body is that of a well-developed, well-nourished unclad male. The body weighs 213 pounds and is 70 inches in length. The body is cold. Rigor is absent. Lividity is present and fixed on the anterior and posterior surface of the body, except in areas exposed to pressure.

The head is normocephalic, and the scalp hair is 1 inch in length, straight and black. Facial hair consists of moustache and beard. The irides are brown. The corneae are cloudy. The conjunctivae are congested. The sclerae are suffused. 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.

The chest is unremarkable. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is soft and slightly protuberant. Healed surgical scars are not noted. The external genitalia are those of a normal adult circumcised male. The anus is without note.

The distal phalanx of the left 3<sup>rd</sup> digit is absent. The fingernails are intact. There is edema of the upper extremities. There is skin slippage of the upper and lower extremities. There are multiple bullae on the lower extremities, ranging in size from ½-inch to 1 ¼-inches. There are a few healed scars on the shins. Tattoos are not noted.

### **CLOTHING AND PERSONAL EFFECTS**

- No clothing or personal effects are received with the body

### **MEDICAL INTERVENTION**

- Triple lumen intravenous catheter with overlying dressing, left subclavian region
- Intraosseous catheter puncture site, sternum
- Chest tube (left sixth intercostal space), with a 2-inch sutured incision
- Vertical incision, 12 1/2 x 1 1/2-inches, extending from the midchest to the mid-abdomen
- Wrapping, gauze, and armboard, right arm and forearm
- Wrapping and gauze, left arm and forearm
- Gauze dressing on the left side of the abdomen
- Intravenous catheter in the right femoral region
- Foley catheter with attached collection bag
- Multiple surgical clips noted in the head, torso, and extremities
- Debrided wound on the right shoulder, 2 1/2 x 2-inches
- Surgical absence of the left kidney and re-anastomosis of the descending colon

### RADIOGRAPHS

A complete set of post-mortem radiographs is obtained and demonstrates the medical intervention as described above. Please see "Evidence of Injury" for further radiologic findings.

### 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. Multiple (5) Gunshot Wounds:

A. Superficial perforating gunshot wound of the head:

On the right cheek is a 3/4 x 5/16-inch gunshot entrance wound with a 1/16-1/8-inch inferior-medial marginal abrasion. The center of the wound is located 5 1/2-inches below the top of the head and 2 1/2-inches right of the anterior midline. There is no gunpowder stippling or soot deposition on the surrounding skin. The bullet injures skin and subcutaneous tissue. There is a 1 1/4 x 1/4-inch gunshot exit wound on the right side of the face, the center of which is located 4 1/2-inches below the top of the head and 4 1/2-inches right of the anterior midline. No bullet or bullet fragments are recovered. The direction of the wound path is front to back, left to right, and upwards. Associated injuries include a 3/4 x 1/16-inch graze gunshot wound on the helix of the right ear with a 3/16-inch marginal abrasion, located 4-inches below the top of the head and 6 3/4-inches right of the anterior midline, and hemorrhage along the wound path.

B. Gunshot wound of the face:

On the left cheek is a 1/8-inch in diameter circular gunshot entrance wound with a 1/8-inch circumferential marginal abrasion, located 5-inches below the top of the head and 2 3/4-inches left of the anterior midline. There is no gunpowder stippling or soot deposition on the surrounding skin. The bullet injures skin, subcutaneous tissue, left zygoma and left maxilla, soft tissues of the face, sphenoid bone, and the mastoid process of the right temporal bone (fractured). There is a 3/4 x 1/4-inch irregular gunshot exit wound posterior to the right ear with an associated 1 1/2 x 1/4-inch superior abrasion, centered 5 1/2-inches below the top of the head, and 4-inches right of the posterior midline. No bullet or bullet fragments are recovered. The direction of the wound path is front to back, left to right, and downward. Associated injuries include right parietal subdural hemorrhage (approximately 2 ml), contusion of the right parietal/temporal lobe, subarachnoid hemorrhage of both parietal lobes, the right temporal lobe, and right cerebellum, fracture of the right temporal bone of the calvarium, fractures of the right middle and posterior cranial fossae, and hemorrhage of the right temporalis muscle.

C. Gunshot wound of the back:

On the lower left back is a 3/16-inch circular gunshot entrance wound with a 1/16-inch circumferential marginal abrasion, located 30 1/2-inches below the top of the head and 2 1/2-inches left of the posterior midline. There is no gunpowder stippling or soot deposition on the surrounding skin. The bullet injures skin, subcutaneous tissue, left psoas muscle, descending colon (surgically re-anastomosed), small bowel (re-anastomosed on 23 June 2007 per operative note), and abdominal wall. The left kidney and left adrenal gland are surgically absent and cannot be evaluated for injury. There are three gunshot exit wounds on the upper left side of the abdomen. The superior wound is 1/4-inch in diameter, and is located 23 3/4-inches below the top of the head and 2 1/4-inches left of the anterior midline. The middle wound is 7/16-inch in diameter, and is located 25 1/4-inches below the top of the head and 2 1/2-inches left of the anterior midline. The inferior wound is 3/16-inch in diameter, and is located 25 3/4-inches below the top of the head and 2 1/2-inches left of the anterior midline. A metal fragment is recovered from the subcutaneous tissue underneath the middle exit wound. The direction of the wound path is back to front and upward, with no significant left/right deviation. Associated injury includes hemorrhage along the wound path.

D. Gunshot wound of the right arm:

On the anterior right arm is a 1/2 x 1/4-inch oval gunshot entrance wound with a 1 x 1/4-inch superior and lateral marginal abrasion, centered 8-inches below the top of the shoulder and 1/2-inch left of the anterior midline of the arm. There is no soot deposition or gunpowder stippling on the surrounding skin. The bullet injures skin, soft tissue, and the right humerus (fractured). There is a 3 1/4 x 1 1/4-inch gunshot exit wound on the posterior right arm, centered 6 1/2-inches below the top of the shoulder and 3-inches right of the posterior midline of the arm. No bullet or bullet fragments are recovered. The direction of the wound path is front to back, left to right, and upward (with the upper extremity in anatomic position). Associated injury includes hemorrhage along the wound path.

E. Gunshot wound of the left arm:

On the posterior left arm is a 3/16-inch in diameter gunshot entrance wound located 10 1/2-inches below the top of the shoulder and 2 1/2-inches left of the posterior midline of the arm. There is no soot deposition or gunpowder stippling on the surrounding skin. The bullet injures skin and soft tissue. There is a 2 3/4 x 1 1/4-inch gunshot exit wound on the medial aspect of the left elbow, centered 14-inches below the top of the shoulder and 2 1/2-inches right of the posterior midline of the arm. No bullet or bullet fragments are recovered. The direction of the wound path is back to front, left to right, and downward (with the upper extremity in anatomic position). Associated injury includes hemorrhage along the wound path.

- II. Additional Injuries: There is a 2 1/2 x 2-inch debrided wound on the right shoulder. There is a 3/4 x 1/2-inch abrasion on the right knee. There is a 1/2-inch abrasion on the anterior right leg.

## INTERNAL EXAMINATION

### BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The ribs, sternum, and vertebral bodies are visibly and palpably intact. There is 50 ml of serosanguinous fluid in the right pleural cavity. There is 50 ml of serosanguinous fluid in the peritoneal cavity. There are bilateral posterior pleural adhesions. All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is 1 inch thick.

### HEAD AND CENTRAL NERVOUS SYSTEM:

See "Evidence of Injury". The scalp is reflected. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural 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. The brain weighs 1480 grams. Coronal sections through the cerebral hemispheres reveal no non-traumatic lesions. Transverse sections through the brain stem and cerebellum are unremarkable. The atlanto-occipital joint is stable.

### NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. 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 dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

### CARDIOVASCULAR SYSTEM:

The 390 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 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:

The upper airway is clear of debris and foreign material: the mucosal surfaces are smooth, yellow-tan and unremarkable. The pulmonary parenchyma is diffusely congested and edematous, exuding moderate to large amounts of blood and frothy fluid; no focal lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 980 grams; the left 850 grams.



**HEPATOBIILIARY SYSTEM:**

The 1670 gram liver has an intact smooth capsule covering dark red-brown, moderately congested parenchyma with no focal lesions noted. The gallbladder contains 10 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

**GASTROINTESTINAL SYSTEM:**

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 30 ml of tan fluid. No non-traumatic lesions of the small bowel and colon are identified. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present.

**GENITOURINARY SYSTEM:**

See "Evidence of Injury". The right kidney weighs 180 grams; the left kidney is absent. The renal capsule is smooth and thin, semi-transparent and stripped 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 calyx, pelvis and ureter are unremarkable. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 20 ml of clear, yellow/dark urine. The testes, prostate gland and seminal vesicles are without note.

**LYMPHORETICULAR SYSTEM:**

The 210 gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; and the lymphoid follicles are unremarkable. Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

**ENDOCRINE SYSTEM:**

See "Evidence of Injury". The thyroid gland is symmetric and red-brown, without cystic or nodular change. The right adrenal gland is symmetric, with bright yellow cortices and red-brown medullae. The left adrenal gland is absent. No masses or areas of hemorrhage are identified.

**MUSCULOSKELETAL SYSTEM:**

See "Evidence of Injury". No non-traumatic abnormalities of muscle or bone are identified.

**ADDITIONAL PROCEDURES**

1. Documentary photographs are taken by OAFME staff photographers.
2. Specimens retained for toxicology testing and/or DNA identification are: vitreous fluid, blood, urine, spleen, brain, bile, gastric contents, psoas muscle, heart, lung, liver, kidney, and adipose tissue.
3. The dissected organs are forwarded with the body.
4. Trace evidence is collected and retained by Special Agent (b)(6) US Army CID.
5. Incisions of the posterior torso and posterior upper and lower extremities demonstrate no evidence of injury.

**MICROSCOPIC EXAMINATION**

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

**FINAL AUTOPSY DIAGNOSES:**

**I. Multiple (5) gunshot wounds:**

**A. Superficial perforating gunshot wound of the head:**

1. Entrance: Right cheek; no soot or gunpowder stippling on the skin
2. Injury: Skin and subcutaneous tissue
3. Exit: Right side of the face
4. Recovered: No bullet or bullet fragments
5. Wound path: Front to back, left to right, and upward
6. Associated injuries: Graze gunshot wound of the right ear and hemorrhage along the wound path

**B. Gunshot wound of the head:**

1. Entrance: Left cheek; no soot or gunpowder stippling on the skin
2. Injury: Skin, soft tissue, left zygoma and maxilla, sphenoid bone, and right mastoid process
3. Exit: Posterior to the right ear
4. Recovered: No bullet or bullet fragments
5. Wound path: Front to back, left to right, and downward
6. Associated injuries: Subdural and subarachnoid hemorrhage, skull fractures, and contusions of the brain

**C. Gunshot wound of the back:**

1. Entrance: Lower left back; no soot or gunpowder stippling on the skin
2. Injury: Skin, subcutaneous tissue, left psoas muscle, descending colon, small bowel, and abdominal wall (The left kidney and adrenal gland are surgically absent and cannot be evaluated for injury)
3. Exit wounds (3): Upper left side of the abdomen
4. Recovered: Metal fragment from the subcutaneous tissue of the left side of the abdomen
5. Wound path: Back to front and upward, without significant left/right deviation
6. Associated injury: Hemorrhage along the wound path

**D. Gunshot wound of the right arm:**

1. Entrance: Anterior right arm; no soot or gunpowder stippling on the skin
2. Injury: Skin, soft tissue, and right humerus
3. Exit: Posterior right arm
4. Recovered: No bullet or bullet fragments
5. Wound path: Front to back, left to right, and upwards
6. Associated injury: Hemorrhage along the wound path

**E. Gunshot wound of the left arm:**

1. Entrance: Posterior left arm; no soot or gunpowder stippling on the skin
2. Injury: Skin and soft tissue
3. Exit: Medial left elbow
4. Recovered: No bullet or bullet fragments
5. Wound path: Back to front, left to right, and downward
6. Associated injury: Hemorrhage along the wound path



- II. **Additional Injuries:**
  - A. **Debrided wound of the right shoulder, 2 ½ x 2-inches**
  - B. **Abrasions of the right lower extremity, ranging in size from 1/2 to 3/4 x ½ inch**
- III. **No significant natural disease is identified within the limitations of this autopsy**
- IV. **Evidence of Medical Intervention: Present as described above**
- V. **Post-mortem changes: Skin slippage of the upper and lower extremities and multiple bullae of the lower extremities**
- VI. **Identifying marks and tattoos: None identified**
- VII. **Toxicology (AFIP):**
  - A. **Volatiles: No ethanol is detected in the blood and vitreous fluid**
  - B. **Drugs: Midazolam is detected in the urine and quantitated in the blood at a concentration of 0.027 mg/L. 1-Hydroxymidazolam is detected in the urine but not the blood. Morphine is detected in the urine and quantitated in the blood at a concentration of 0.49 mg/L.**
  - C. **Carbon Monoxide: The carboxyhemoglobin saturation in the blood is less than 1%**
  - D. **Cyanide: No cyanide is detected in the blood**

**OPINION**

This Iraqi detainee, BTB (b)(6) died of multiple (5) gunshot wounds of the head (2), torso (1), right upper extremity (1), and left upper extremity (1). Gunshot wound (A) of the head was a superficial perforating wound and injured skin and subcutaneous tissue only. Gunshot wound (B) of the head injured the soft tissues of the face and was associated with skull fractures and injury to the brain. Gunshot wound (C) of the back injured soft tissue, small bowel, and the descending colon. The left kidney and adrenal gland were surgically absent and could not be evaluated for injury. The three exit wounds associated with gunshot wound (C) are consistent with bullet fragmentation. Gunshot wound (D) of the right arm injured soft tissue and the right humerus. Gunshot wound (E) of the left arm injured soft tissue. There was no evidence of close range discharge of a firearm on the skin surrounding any of the gunshot entrance wounds. A metal fragment was recovered associated with gunshot wound (C), placed into a labeled evidence container, and retained by Special Agent (b)(6) US Army CID. Toxicological findings did not contribute to the cause and manner of death. The manner of death is homicide.

(b)(6)

(b)(6) MEDICAL EXAMINER

(b)(6)

(b)(6) MEDICAL EXAMINER (b)(6)

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) <b>BTB Salih, Khatab, Aswad</b>		GRADE Grade	BRANCH OF SERVICE Arme <b>Civilian</b>
ORGANIZATION Organisation		NATION (e.g. United States) Pays <b>Iraq</b>	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social <b>(b)(6)</b>
		DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race	MARITAL STATUS État Civil		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Négre	<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 checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one 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 <sup>1</sup> Maladie ou condition directement responsable de la mort. <b>Multiple gunshot wounds</b>			<b>Days</b>
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 Condition morbide, s'il y a lieu, menant à 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 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>(b)(6)</b>		
<input checked="" type="checkbox"/> HOMICIDE Homicide	SIGNATURE <b>(b)(6)</b>	DATE <b>1 July 2007</b>	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) <b>(b)(6) 2007 (b)(6)</b>	PLACE OF DEATH Lieu de décès <b>Iraq</b>		
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 et le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire <b>(b)(6)</b>		TITLE OR DEGREE Titre ou diplôme <b>Medical Examiner</b>	
GRADE Grade <b>(b)(6)</b>	INSTALLATION OR ADDRESS Installation ou adresse <b>Dover AFB, Dover DE</b>		
DATE Date <b>7/1/2007</b>	SIGNATURE <b>(b)(6)</b>		

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REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 76, WHICH ARE OBSOLETE.

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DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY <i>(Town and Country)</i>	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

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