



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
**Office of the Armed Forces Medical Examiner**  
 1413 Research Blvd., Bldg. 102  
 Rockville, MD 20850  
 1-301-319-0000



**AUTOPSY EXAMINATION REPORT**

Name: Fallah (Ismail), Mahmud Al Juburi  
 Approx Age: 30-years old  
 Date of Death (b)(6) 2009  
 Date/Time of Autopsy: 11 JUL 2009/1300  
 Date of Report: 07 OCT 2009

Autopsy No.: (b)(6)  
 AFIP No.: (b)(6)  
 Rank: Detainee  
 Place of Death: Iraq  
 Place of Autopsy: BIAP Mortuary  
 BIAP, Iraq

**Circumstances of Death:** This young adult male (b)(6) was placed in flex cuffs while being taken into custody by assault forces in Iraq. Investigative reports indicate that (b)(6) broke loose from his restraints and attempted to gain control of an assault force member's weapon. (b)(6) received small arms fire from other members of the assault force.

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

**Identification:** Presumptive identification by accompanying reports, identification tags and documentation. Postmortem fingerprint examination and postmortem DNA samples are taken for profile purposes should exemplars becomes available for positive identification.

**CAUSE OF DEATH: Multiple Gunshot Wounds**

**MANNER OF DEATH: Homicide**

### **EXTERNAL EXAMINATION**

Injuries will be described in detail in a separate section, and will only be briefly alluded to in the remainder of the report, for purposes of orientation and completeness. The body is that of a well-developed, well-nourished appearing, young adult male detainee of undetermined age (approximately 30-years old). The body is received clad in a blood and body fluid soaked tan tunic, white sleeveless undershirt, and white boxer shorts. The remains are 70-inches in length, and weigh approximately 123-pounds. Lividity is present and fixed on the posterior surface of the body except in areas exposed pressure. Rigor is present to an equal degree in all extremities. The temperature of the body is that of the refrigeration unit.

The head is normocephalic, and the scalp is covered with wavy black hair, in a normal distribution and measuring up to 2-inches in greatest length. There is a trim black mustache and the remainder of the face is clean shaven. The irides are brown. The corneae are clear. The conjunctivae are pale. The pupils are round and equal in diameter. The sclerae are white and without petechial hemorrhage. The external nares and oral cavity are free of foreign material and abnormal secretions. The earlobes are unremarkable. The nares are patent and the lips are atraumatic. The nasal skeleton and maxillae are palpably intact. The teeth appear natural and in good condition. 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 circumcised male. The testes are descended and free of masses. Body hair is present in a normal male distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing, edema, or non-traumatic abnormalities. The fingernails are intact and the nail beds are cyanotic.

No tattoos or surgical scars are noted.

### **CLOTHING AND PERSONAL EFFECTS**

The following clothing items and personal effects are present on or accompany the body at the time of autopsy:

- White boxer shorts
- Tan tunic
- White sleeveless undershirt

### **MEDICAL INTERVENTION**

No evidence of medical intervention is in place at the time of autopsy.

### RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the following:

- No retained bullet fragments in the head and chest
- Multiple non-depressed skull fractures and anterior pneumocephalus
- Transverse and oblique fractures of the right temporal and bilateral frontal bones
- Transverse frontoethmoidal fracture with fractures of the frontal and ethmoid sinuses and cribriform plate
- Bilateral asymmetric lung consolidation, right greater than left
- Pneumomediastinum and pneumopericardium
- No fractures/dislocations of the spine or extremities
- Soft tissue calcification in the medial left proximal thigh

### 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.

A. Multiple gunshot wounds:

I. Gunshot wound of the head:

A gunshot entrance wound is on the underside of the jaw located 9-inches below the top of the head and 3/4-inches to the left of the anterior midline. The circular wound measures 3/8-inches in diameter. No soot or stippling is present within the wound or on the surrounding skin. The wound path perforates skin, basilar skull (predominantly the sphenoid bone), right cerebral hemisphere, sagittal suture at the vertex of the calvarium, and right parietal scalp. The bullet exits the vertex of the head 1/2-inches to the right of the anterior midline via an obliquely oriented (along the 5 to 11 o'clock axis) 1 1/2 x 3/4-inch lacerated wound with extension lacerations measuring up to 3/4-inches. No bullet or bullet fragments are recovered. The wound path is directed slightly front to back, slightly left to right, and upwards. Associated with the wound path is bleeding into the wound tract, comminuted fractures of the basilar skull (disruption of both anterior and both middle cranial fossae), linear fractures of the frontal and left parietal bones, diastatic fractures along the coronal and sagittal sutures, pulpifying lacerations of both frontal lobes of the brain, diffuse subarachnoid hemorrhage, bilateral periorbital ecchymosis, avulsive loss of the pituitary gland, and disruption of the circle of Willis.

II. Gunshot wound of the head:

A gunshot entrance wound is on the right temporal scalp located 3 1/4-inches below the top the head and 4-inches to the right of the anterior midline. The circular wound measures 1/4-inches with an eccentric marginal abrasion along the 6 to 12 o'clock margin measuring up to 1/8-inches at the 9 o'clock position. There is a cone of dense gunpowder stippling extending from the 12 to 6 o'clock margin 2-inches onto the right side of the forehead. The wound path perforates the right temporal scalp, the right side of the calvarium at the pterion, both

**Evidence of Injury (cont):**

**II. Gunshot wound of the head (cont):**

frontal lobes of the brain, left temporal bone, and left temporal scalp. The bullet exits the left temporal scalp via a 1/2-inch lacerated exit wound located 2 3/4-inches below the top the head and 3 5/8-inches to the left of the anterior midline. No bullet or bullet fragments are recovered. The wound path is directed right to left, slightly back to front, and slightly upward. Associated with the wound path is bleeding into the wound tract, comminuted fractures of the basilar skull (disruption of both anterior and both middle cranial fossae), linear fractures of the frontal and left parietal bones, diastatic fractures along the coronal and sagittal sutures, pulpifying lacerations of both frontal lobes of the brain, diffuse subarachnoid hemorrhage, subgaleal hemorrhage overlying fractures of both temporal bones and the occipital bone, and bilateral periorbital ecchymosis.

**III. Gunshot wound of the chest:**

On the right anterior chest is a gunshot entrance wound located 6-inches below the top the shoulder and 5 1/2-inches to the right of the anterior midline of the torso. The horizontally oriented ovoid wound measures 3/8 x 1/4-inches with an eccentric marginal abrasion along the lateral margin of the wound measuring up to 1/2-inches at the 9 o'clock position. Faint gunpowder stippling extends from the lateral margin of the abraded entrance wound measuring up to 1-inch at the 9 o'clock position. On the lateral right arm is a 3/4 x 1/2-inch area of faint stippling. The wound path perforates skin, muscle, anterior right third rib, soft tissues of the anterior mediastinum, left anterior 4th intercostal space, muscle, and skin. The bullet exits the left anterior chest along the anterior axillary line via a 1/2-inch lacerated exit wound with eccentric marginal abrasion along the 12 to 6 o'clock margin measuring up to 1/8-inch at the 3 o'clock position that is located 8-inches below the top the shoulder and 8-inches to the left of the anterior midline. No bullet or bullet fragments are recovered. The wound path is directed front to back, right to left, and slightly downward. Associated with the wound path is bleeding into the wound tract, non quantifiable hemorrhage into the anterior mediastinum, fractures of the anterior aspects of the 2nd through 4th ribs bilaterally, fracture of the sternum at the level of the 3rd ribs, and contusions of the upper lobes of both lungs.

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

On the anterior left arm is a gunshot entrance wound located 8-inches below the top of the shoulder and in the midline of the upper extremity in the anatomic position. The circular wound measures 3/8-inches in diameter and has an adjacent vertically oriented discontinuous 2 x 3/8-inch contused abrasion. No soot or gun powder stippling are at present within the wound or on the surrounding skin. The wound path perforates skin, subcutaneous tissues, muscle, subcutaneous tissues, and skin. The bullet exits the posterior left arm via a 1/4-inch diameter lacerated exit wound located 8-inches below the top of the shoulder and in the posterior midline of the upper extremity in the anatomic position. No bullet or bullet fragments are recovered. The wound path is

**Evidence of Injury (cont):**

directed right to left, front to back, and without vertical deviation. Associated with the wound path is bleeding into the wound tract.

**B. Additional autopsy findings**

**I. Injuries to the Head and Neck:**

Above the lateral right eyebrow at the frontal hairline is a 3/4 x 1/2-inch superficial abrasion. Blood drains from both the external auditory canals.

**II. Injuries to the torso:**

On the left anterior chest approximately 4 inches below the left nipple is an obliquely oriented (along the 5 to 11 o'clock axis) 3/4 x 1/4-inch superficial abrasion. In the left lower quadrant of the abdomen are 2 discontinuous horizontally oriented curvilinear abrasions spaced approximately 1 1/2-inches apart and measuring up to 4 1/4-inches in greatest dimension. Above the left iliac crest is a 3/4 x 1/2-inch superficial abrasion. Along the left inguinal crease and anterior upper thighs is a 4 x 2 1/2-inch cluster of discontinuous superficial abrasions measuring up to 2-inches in greatest dimension.

**III. Injuries to the extremities:**

On the lateral dorsal aspect of the distal right forearm is a horizontally oriented faint 2 1/4 x 1/8-inch contusion without injury to the underlying soft tissues. On the distal left forearm is a circumferential 1/8-inch superficial contusion without injury to the underlying soft tissues.

On the anterior left thigh is a 7 x 5-inch cluster of patterned (paired markings with an approximate 1 1/2-inch spacing) superficial commingled abrasions and superficial puncture wounds measuring up to 1-inch in greatest dimension. Similar clusters of superficial abrasions and superficial puncture wounds measuring up to 1-inch in greatest dimension are noted on the left knee, proximal medial left leg, left popliteal fossa, and left proximal posterior leg. Reflection of the skin and subcutaneous tissues of the back, buttocks, and extremities with incision of the underlying muscles demonstrates no evidence of significant blunt force injuries.

**INTERNAL EXAMINATION**

The following descriptions pertain to uninjured tissues. See "Evidence of Injury" section for additional information.

**BODY CAVITIES:**

(See "Evidence of Injury")

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The vertebral bodies are visibly and palpably intact. No adhesions or abnormal collections of fluid are present in the pleural, pericardial, or peritoneal cavities. All body organs are present in their normal anatomic positions. There is no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

The subcutaneous fat layer of the abdominal wall is 1/2-inches thick.



**HEAD AND CENTRAL NERVOUS SYSTEM:**

(See above "Evidence of Injury")

The scalp is reflected. No epidural or subdural hemorrhages are noted. The leptomeninges are thin and delicate. The brain weighs 1420-grams. Where uninjured, the cerebral hemispheres are symmetrical with unremarkable gyri and sulci. The structures at the base of the brain, including cranial nerves and blood vessels, have no non-traumatic abnormalities.

Coronal sections of the uninjured tissues 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 non-traumatic abnormalities. The atlanto-occipital joint is stable.

**NECK:**

The anterior strap muscles of the neck are homogeneous 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.

**RESPIRATORY SYSTEM:**

(See above "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, where uninjured, is salmon pink, diffusely congested and edematous, exuding slight to moderate amounts of blood and frothy fluid. No mass lesions or areas of consolidation are present. The right and left lungs weigh 710 and 500-grams, respectively.

**CARDIOVASCULAR SYSTEM:**

(See above "Evidence of Injury")

The pericardial surfaces are smooth, glistening and unremarkable. The 310-gram heart is contained in an intact pericardial sac free of significant fluid or adhesions. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally, follow the usual distribution in a right dominant pattern, are widely patent, and without evidence of thrombosis or significant atherosclerosis. The myocardium is homogeneous, red-brown, firm and unremarkable; the atrial and ventricular septae are intact. The walls of the left and right ventricles are 1.0 and 0.3-centimeters thick, respectively. The valve leaflets are thin and mobile. The aorta and its major branches arise normally, follow the usual course and are free of significant abnormalities. There is mild atherosclerotic streaking in the thoracic aorta. The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi. The renal and mesenteric vessels are unremarkable.

**HEPATOBIILIARY SYSTEM:**

The hepatic capsule is smooth, glistening and intact, covering dark red-brown, moderately congested parenchyma. No mass lesions or other abnormalities are noted. The gallbladder contains 5-milliliters of green-brown mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent and without evidence of calculi. The liver weighs 1690-grams.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, gray-white mucosa. The gastric wall is intact and the stomach contains approximately 30-milliliters of thin tan fluid. The gastric mucosa is arranged in the usual rugal folds. The duodenum, loops of small bowel and colon are unremarkable. The appendix is present.

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 120 and 110-grams, respectively. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surface. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves and calyces are unremarkable. The ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The urinary bladder is empty. 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.

**LYMPHORETICULAR SYSTEM:**

The 170-gram spleen has a smooth, intact capsule covering maroon, moderately firm parenchyma; the lymphoid follicles are unremarkable. Lymph nodes in the hilar, periaortic, and iliac regions are not enlarged.

**ENDOCRINE SYSTEM:**

(See above "Evidence of Injury")

The thyroid gland is symmetric and red-brown, without cystic or nodular change. The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are noted. The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses or areas of hemorrhage are identified.

**MUSCULOSKELETAL SYSTEM:**

Muscle development appears normal. No non-traumatic bone or joint abnormalities are noted.

**ADDITIONAL PROCEDURES**

1. Documentary photographs are taken by (b)(6) OAFME staff photographer.
2. Specimens retained for toxicology testing and/or DNA identification are: Blood, vitreous fluid, gastric contents, bile, heart, spleen, liver, lung, kidney, brain, adipose tissue, and skeletal muscle.
3. Full body radiographs are obtained and demonstrate the above findings.
4. Selected portions of organs are retained in formalin.
5. The dissected organs are forwarded with the body.
6. Personal effects are released to the mortuary affairs representatives.

**MICROSCOPIC EXAMINATION**

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



**FINAL AUTOPSY DIAGNOSES:**

- I. Multiple gunshot wounds
  - A. Gunshot wound of the head
    1. Entrance: On the underside of the jaw, to the left of the anterior midline. No evidence of close range discharge of a firearm.
    2. Injured: Skin, basilar skull (predominantly the sphenoid bone), right cerebral hemisphere, sagittal suture at the vertex of the calvarium, and right parietal scalp
    3. Exit: Vertex of the head, to the right of the midline
    4. Recovered: No bullet or bullet fragments are recovered
    5. Direction: Slightly front to back, slightly left to right, and upwards
    6. Associated injuries: Bleeding into the wound tract, comminuted fractures of the basilar skull (disruption of both anterior and both middle cranial fossae), linear fractures of the frontal and left parietal bones, diastatic fractures along the coronal and sagittal sutures, pulpifying lacerations of both frontal lobes of the brain, diffuse subarachnoid hemorrhage, bilateral periorbital ecchymosis, avulsive loss of the pituitary gland, and disruption of the circle of Willis
  - B. Gunshot wound of the head
    1. Entrance: Right temporal scalp. Dense stippling on the skin of the forehead adjacent to the wound.
    2. Injured: Right temporal scalp, the right side of the calvarium at the pterion, both frontal lobes of the brain, left temporal bone, and left temporal scalp
    3. Exit: Left temporal scalp
    4. Recovered: No bullet or bullet fragments are recovered
    5. Direction: Right to left, slightly back to front, and slightly upward
    6. Associated injuries: Bleeding into the wound tract, comminuted fractures of the basilar skull (disruption of both anterior and both middle cranial fossae), linear fractures of the frontal and left parietal bones, diastatic fractures along the coronal and sagittal sutures, pulpifying lacerations of both frontal lobes of the brain, diffuse subarachnoid hemorrhage, subgaleal hemorrhage overlying fractures of both temporal bones and the occipital bone, and bilateral periorbital ecchymosis
  - C. Gunshot wound of the chest
    1. Entrance: Right anterior chest. Stippling on the right lateral edge of the wound and on the lateral right arm
    2. Injured: Skin, muscle, anterior right third rib, soft tissues of the anterior mediastinum, left anterior 4th intercostal space, muscle, and skin
    3. Exit: Left anterior chest along the anterior axillary line
    4. Recovered: No bullet or bullet fragments are recovered
    5. Direction: Front to back, right to left, and slightly downward
    6. Associated injuries: Bleeding into the wound tract, non quantifiable hemorrhage into the anterior mediastinum, fractures of the anterior aspects of the 2nd through 4th ribs bilaterally, fracture of the sternum at the level of the 3rd ribs, and contusions of the upper lobes of both lungs.

- D. Gunshot wound of the left arm
  - 1. Entrance: Anterior left arm. No evidence of close range discharge of a firearm
  - 2. Injured: Skin, subcutaneous tissues, muscle, subcutaneous tissues, and skin
  - 3. Exit: Posterior left arm
  - 4. Recovered: No bullet or bullet fragments are recovered
  - 5. Direction: Right to left, front to back and without significant vertical deviation
  - 6. Associated injuries: Bleeding into the wound tract
- II. Additional injuries
  - A. Superficial abrasion of the face
  - B. Superficial patterned abrasions and superficial puncture wounds of the torso and left lower extremity
  - C. Superficial contusions of both forearms without underlying soft tissue injury
- III. Evidence of natural disease consists of mild atherosclerotic streaking of the thoracic aorta
- IV. No evidence of medical intervention is in place at the time of autopsy
- V. Postmortem changes
  - A. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure
  - B. Rigor is present to an equal degree in all extremities
- VI. Toxicology results
  - A. Volatiles: The blood and vitreous fluid were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.
  - B. Drugs: The blood was screened for acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, mefloquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, salicylates, sympathomimetic amines, and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected: None detected.
  - C. Carbon Monoxide: The carboxyhemoglobin saturation in the blood was 6% as determined by spectrophotometry with a limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokeers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.
  - D. Cyanide: There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L.

**OPINION**

This approximately 30-year old detainee (b)(6) died as the result of multiple (4) gunshot wounds. There are two (2) gunshot wounds of the head. Evidence of intermediate range discharge of a firearm is noted surrounding the entrance wound on the right temple. No evidence of close range discharge of a firearm is noted on the entrance wound beneath the chin. Co-mingling of the wound paths in the head does not allow for identification of the order of infliction. The severity of the combined gunshot wounds to the head would have resulted in immediate death. The gunshot wound of the chest injured the ribs, sternum, and soft tissues of the anterior chest cavity. Evidence of intermediate range discharge of a firearm is noted on the surrounding tissues of the chest and right arm. Although not injuring vital structures directly, this injury may have ultimately resulted in death. The gunshot wound of the left arm did not injure vital structures and most likely represents re-entry of the projectile that exited the left side of the chest. No bullet or bullet fragments were recovered.

The injuries to both forearms are consistent with the reported use of restraints. No restraints were available for examination at the time of autopsy. The additional superficial patterned injuries on the torso and left leg did not injure vital structures.

Postmortem analysis of the body fluids was negative for the presence of ethanol, carbon monoxide, cyanide, screened medications and screened illicit drugs of abuse.

The manner of death is best classified as 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) <b>BTB Fallah (Ismail), Mahmud Al Juburi,</b>		GRADE Grade	BRANCH OF SERVICE Arme <b>Civilian</b>	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social <b>AFIP; (b)(6)</b>
ORGANIZATION Organisation		NATION (e.g. United States) Pays <b>Iraq</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"/> NEGROID Negroïde	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique	<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)
<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> JEWISH Juif			
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 Maladie ou condition directement responsable de la mort.		<b>Multiple Gunshot Wounds</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 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 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 Signature <b>(b)(6)</b>	DATE Date <b>11 July 2009</b>
		AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non

DATE OF DEATH (day, month, year) Date du décès (le jour, le mois, l'année) <b>(b)(6) 2009</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 dé funt et 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 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>11/23/2009</b>	SIG Signature <b>(b)(6)</b>
-----------------------------------	-----------------------------------

1. State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.  
2. State conditions contributing to the death, but not related to the disease or condition causing death.  
3. 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 cœur, etc.  
4. Préciser la condition qui a contribué à la mort, mais n'événit aucun rapport avec la maladie ou à la condition qui a provoqué la mort.