



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: BTB Mohamed Tariq Zaid

Autopsy No.: ME (b)(6)

SSAN: NA

(Mission# (b)(6)

Date of Birth: Unknown

AFIP No. (b)(6)

Date/Time of Death: (b)(6) 2003

Rank: NA

Date/Time of Autopsy: 25 Aug 2003

Place of Death: Iraq

Date of Report: 23 October 2003

Place of Autopsy: Camp Sather, Iraq

Circumstances of Death: (b)(6) was an enemy prisoner of war in US custody who on or about (b)(6) August was noted to be lying on the ground with shallow respiration and decreased sweating. Emergency medical services were summoned and (b)(6) was noted to have an axillary temperature of 102 degrees and decreased oxygen saturation. Attempts at intravenous access were unsuccessful and fluids were administered transrectally. He was transported to Kadamiya University Hospital where he was pronounced dead on arrival.

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

Identification: Presumptive by Army Criminal Investigative Division (CID).
 Antemortem fingerprint, dental, and DNA unavailable.

CAUSE OF DEATH: Heat related

MANNER OF DEATH: Accident

AUTOPSY REPORT AFIP# (b)(6)
Zaid, Mohamed (BTB)

(Mission # (b)(6))

2

FINAL AUTOPSY DIAGNOSES:

- I. Heat stroke
 - A. Antemortem axillary temperature 102 degrees, clinical
 - B. Intravascular volume depletion, clinical
 - C. Pulmonary congestion (1650 grams)
 1. Hypoxia, clinical

- II. Mild decomposition

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, muscular, 68 inch tall, 180-200 pounds (estimated) male whose appearance is consistent with an estimated age of greater than 40 years. Lividity is posterior, purple, and fixed. Rigor is absent.

There is early decomposition indicated by mild skin slippage, corneal and scleral drying, and decomposition fluid (30 and 20 mls) in the pleural cavities.

The scalp is covered with black hair in a normal distribution. Corneal clouding obscures the irides and the pupils. The external auditory canals are unremarkable. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and adequate in repair.

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

None.

MEDICAL INTERVENTION

- Endotracheal tube
- Rectal catheter connected to normal saline
- Intravenous puncture marks of antecubital fossae

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.

INJURY: On the anterior forearm is a circular 0.3 cm red abrasion.

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 1300 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 of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

The 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 symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. There are 30 ml and 20 ml of thin oily liquid in the right and left pleural cavities, respectively. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 850 and 800 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.

CARDIOVASCULAR SYSTEM:

The 300 gm 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 stenosis or arteriosclerotic change. 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 0.6 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.

LIVER & BILIARY SYSTEM:

The 1150 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 approximately 20 ml of 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 150 gm, each. 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 20 ml of yellow-brown concentrated 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 is devoid of contents. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and is unremarkable.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by (b)(6)
- The autopsy is conducted in the presence of Special Agent (b)(6) of the (b)(2) CID)
- Specimens retained for toxicologic testing and/or DNA identification are: blood, liver, kidney, brain, bile, and psoas
- The dissected organs are forwarded with body
- Personal effects are released to the appropriate mortuary operations representatives of the (b)(2)

MICROSCOPIC EXAMINATION

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

TOXICOLOGY

Toxicologic analysis of bile and liver was negative for ethanol (alcohol) and illicit substances.

OPINION

This Iraqi prisoner of war died of heat stroke. The clinical presentation of an axillary temperature of 102 degrees, dehydration, hypoxia, and obtundation, along with non-specific autopsy findings and the lack of significant natural disease or trauma are supportive of heat stroke. Temperatures in the area were reported to be greater than 110 degrees. No significant internal or external trauma was noted. No illicit substances or ethanol was detected.

The manner of death is accident.

(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 Mohamed, Tariq, Zaid		GRADE Grade	BRANCH OF SERVICE Arme
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance
RACE Race		MARITAL STATUS État Civil	
<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 Nègre	<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
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sué	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only once 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 ¹ Maladie ou condition directement responsable de la mort. ¹			Heat related
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 ² Autres conditions significatives ²			
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 checked="" type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide			
<input type="checkbox"/> HOMICIDE Homicide			
DATE OF DEATH (Hour, day, month, year) Date de décès (Heure, le jour, le mois, l'année)	PLACE OF DEATH Lieu de décès	AVIATION ACCIDENT Accident à Avion	
(b)(6) 2003	Iraq	<input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	
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 défunct et 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		TITLE OR DEGREE Titre ou diplôme	
(b)(6)		Medical Examiner	
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse		
(b)(6)	Camp AFB DE 10002		
DATE Date	(b)(6)		
12 May 2004			
¹ State disease, injury or complication which ² State conditions contributing to the death, but not related to the disease or condition causing death. 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. Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.			

DD FORM 1 APR 77 2064

REPLACES DA FORM 3545, 1 JAN 72 AND DA FORM 3545-R(PAS), 24 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0060