



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: BTB Ahmad, Marwan Taha	Autopsy No.: (b)(6)
ISN: (b)(6)	AFIP No.: (b)(6)
Date of Birth: (b)(6) 1960, as reported	Rank: Detainee
Date of Death: (b)(6) 2007	Place of Death: Camp Cropper, Iraq
Date/Time of Autopsy: 28 NOV 2007/1220	Place of Autopsy: Port Mortuary
Date of Report: 23 JAN 2008	Dover AFB, Dover, DE

Circumstances of Death: This approximately 40-50 year old adult detainee, believed to be (BTB) (b)(6) at Camp Cropper in Iraq was noticed to be missing from a mandatory muster. Upon investigation (b)(6) was found without signs of life. Attempts at resuscitation were unsuccessful. Circumstances surrounding the incident are currently under investigation.

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

Identification: Presumptive identification by accompanying reports, identification tags and documentation. A postmortem dental examination, postmortem fingerprint examination, and a postmortem DNA sample are taken for profile purposes should exemplars become available for positive identification.

CAUSE OF DEATH: Multiple blunt force injuries

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, adult male, whose appearance is consistent with the reported approximate age of 40 to 50-years. The body is received clad in a white tank top style undershirt pulled above the nipples, a yellow button down long sleeved shirt, and a single white sock with an alligator logo on the right foot. The hands are covered with paper bags secured at the wrists. The remains are 72-inches in length, and weigh 204-pounds. Lividity is present and fixed on the posterior surface of the body except in areas exposed to pressure. Marbling is present on the anterior shoulders and upper arms. 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 straight black hair with scattered strands of grey, in a male pattern baldness distribution. Facial hair consists of grey-black stubble. The irides are brown. The corneae are hazy. The conjunctivae are congested. The pupils are round and equal in diameter. The sclerae are white and without petechial hemorrhage. The external auditory canals, external nares, and oral cavity are free of foreign material and abnormal secretions. The ears are unremarkable. The nares are patent and the lips are atraumatic. The maxillae are palpably intact. The teeth appear natural and in poor condition. The neck is straight, and the trachea is midline and mobile.

The chest is symmetric. The abdomen is mildly protuberant. The genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is present in a normal male distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are intact, trimmed, and the nailbeds cyanotic.

Identifying marks include a fine 2-inch linear scar on the dorsum of the left hand.

CLOTHING AND PERSONAL EFFECTS

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

- White tank top style undershirt
- Yellow button down long sleeved shirt
- Single white sock with an alligator logo on the right foot

MEDICAL INTERVENTION

Medical intervention consists of a nasal trumpet in the right naris.

RADIOGRAPHS

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

- Fractures of the nasal bones
- Multiple rib fractures
- Fracture of the sternum

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.

There is a ¼ x ¼-inch superficial abrasion of the glabella. A 1-inch subgaleal hemorrhage is identified on the right frontal scalp without underlying skull fracture. Fractures of the nasal bones are palpable. Layerwise dissection of the structures of the anterior neck indicate hemorrhage into the superficial anterior strap muscles (left greater than right) with an intact hyoid bone and intact thyroid cartilage. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

There are multiple cutaneous injuries of the torso. There is a faint 1-inch contusion on the anterior right shoulder. Below the right nipple is a horizontally oriented 5 x 2 ½-inch contusion. On the mid-upper chest, extending over the left upper chest is a 6 x 4-inch contusion with a ½ x ¼-inch abrasion at the inferior medial margin. There are multiple contusions on the lower right chest, 1 to 2-inches in greatest dimensions. On the right inferior lateral chest wall is a 6 ½ x 1 ½-inch contusion. On the upper abdomen above the umbilicus is a 5 ½ x 7 ½-inch obliquely oriented (along the 4 to 10 o'clock axis) contusion with a 7 x ¼-inch linear area of sparing along the long axis of the contusion. There is a 7 x 3-inch cluster of contusions on the inferior left lateral chest wall, measuring up to ½-inches in greatest dimensions. Contused abrasions are noted above the right and left iliac crests measuring 4 x 2-inches and 3 x 1-inch, respectively. On the right lower back is a 7 x 2 ½-inch cluster of fine vertically oriented parallel abrasions. Similarly on the left lower back is a 13 x 2 ½-inch cluster of fine vertically oriented parallel abrasions. There are bilateral hemothoraces (right – 200-milliliters, left – 100-milliliters). Non-quantifiable hemorrhage is noted on the intact anterior pericardial sac. There is a 100-milliliter retroperitoneal hemorrhage. There are multiple rib fractures (right anterior #2-7, left lateral #4-6, left anterior #1-3 and #5). There is a displaced fracture of the sternum located at the 2nd intercostal space. A 2 x 1 ½ x ½-inch laceration of the inferior left lobe of the liver is noted adjacent to an intact gallbladder. Focal hemorrhage is noted on the cortical surface of the right kidney and the mesentery of the small bowel. Layerwise dissection of the back demonstrates focal subcutaneous hemorrhage underlying the injuries described above.

Layerwise dissection of the extremities and buttocks demonstrates no evidence of musculoskeletal injuries.

INTERNAL EXAMINATION

BODY CAVITIES:

(See above "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 are present in the pleural, pericardial, or peritoneal cavities. No abnormal collection of fluid is noted within the pericardial sac. All body organs are present in their normal anatomic positions. There is no internal evidence of penetrating injury to the thoraco-abdominal region.

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

HEAD AND CENTRAL NERVOUS SYSTEM:

(See above "Evidence of Injury")

The scalp is reflected. There are no skull fractures. The calvarium is intact, as is the dura mater beneath it. There are no epidural or subdural hemorrhages present. The leptomeninges are thin and delicate. Clear cerebrospinal fluid surrounds the 1500-gram brain. The cerebral hemispheres are symmetrical with unremarkable gyri and sulci. The structures at the base of the brain, including cranial nerves and blood vessels, are intact and unremarkable.

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. The atlanto-occipital joint is stable.

NECK:

(See above "Evidence of Injury")

The anterior strap muscles of the neck are homogenous and red-brown with the previously described superficial hemorrhages. 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.

RESPIRATORY SYSTEM:

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 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 400 and 390-grams, respectively.

CARDIOVASCULAR SYSTEM:

(See above "Evidence of Injury")

The pericardial surfaces are smooth, glistening and unremarkable. The 420-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. Atherosclerotic luminal narrowing of less than 20% involves the left main, left anterior descending, and right coronary arteries. The myocardium is homogenous, red-brown, firm and unremarkable; the atrial and ventricular septae are intact. The walls of the left ventricle, right ventricle, and interventricular septum are 1.5, 0.4, and 1.5-centimeters thick, respectively. The valve leaflets are thin and mobile. The aorta and its major branches arise normally, follow the usual course and have mild focal atherosclerotic streaking. The venae cavae and its major tributaries return to the heart in the usual distribution and are free of thrombi. The renal and mesenteric vessels are unremarkable.

HEPATOBIILIARY SYSTEM:

(See above "Evidence of Injury")

The hepatic capsule, where uninjured, is smooth and glistening, covering dark red-brown, moderately congested parenchyma. No mass lesions or other non-traumatic abnormalities are noted. The gallbladder contains 10-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 1850-grams.

GASTROINTESTINAL TRACT:

(See above "Evidence of Injury")

The esophagus is intact and lined by smooth, grey-white mucosa. The gastric wall is intact and the lumen of the stomach is empty. 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:

(See above "Evidence of Injury")

The right and left kidneys weigh 140 and 80-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 bladder contains approximately 30-milliliters of clear yellow urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

LYMPHORETICULAR SYSTEM:

The 160-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:

The pituitary gland is unremarkable. The thyroid 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 OAFME staff photographers.
2. Specimens retained for toxicology testing and/or DNA identification are: Blood, vitreous fluid, urine, 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.

AHMAD, Marwan Taha

FINAL AUTOPSY DIAGNOSES:

- I. Multiple blunt force injuries
 - A. Blunt force injuries of the head and neck
 1. Superficial abrasion of the face
 2. Subgaleal hemorrhage of the right frontal scalp
 3. Fractures of the nasal bones
 4. No evidence of neck injury or fractures of the calvarium
 - B. Blunt force injuries of the torso
 1. Multiple patterned contusions and abrasions of the torso
 2. Multiple fractures of the ribs and sternum with associated hemorrhage into the anterior mediastinum
 3. Bilateral hemothoraces (right – 200-milliliters, left – 100-milliliters)
 4. Retroperitoneal hemorrhage (100-milliliters)
 5. Laceration of the liver
 6. Focal hemorrhage of the right kidney and mesentery of the small bowel
- II. Natural disease diagnoses
 - A. Atherosclerotic narrowing of the coronary arteries (left main, left anterior descending, and right) of less than 20%
 - B. Focal atherosclerotic streaking of the aorta
- III. Medical intervention consists of a nasal trumpet in the right naris
- IV. Post-mortem changes
 - A. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure
 - B. Marbling of the skin is present on the right anterior shoulder
 - C. Rigor is present to an equal degree in all extremities
- V. 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 urine was screened for amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phenacyclidine, phenothiazines, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay: none detected.
 - C. Carbon Monoxide: The carboxyhemoglobin saturation in the blood was less than 1% as determined by spectrophotometry with a limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.
 - D. Cyanide: No cyanide was detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

OPINION

This 40-50 year old civilian detainee at Camp Cropper Iraq, BTB (b)(6) died as the result of multiple blunt force injuries. Autopsy examination revealed blunt force injuries, predominately of the torso, resulting in a flail chest, liver laceration, and injury to the attachments of the small bowel.

Postmortem analysis of the body fluids was negative for the presence of ethanol, screened medications and screened drugs of abuse. There was no evidence of significant natural disease processes that would have contributed to the cause or manner of death noted at the time of autopsy.

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 défunt (Nom et prénom) BTB Ahmad, Marwan, Teha		GRADE Grade Green	BRANCH OF SERVICE Armée Civilian
ORGANIZATION Organisation		NATION (i.e. Under Which) Pays Iraq	DATE OF BIRTH Date de naissance
		SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)	
		SEX Sexe <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE Race		MARRIAGE STATUS État civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire	
<input type="checkbox"/> NEGROID Négride		<input type="checkbox"/> DIVORCED Divorcé	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> SEPARATED Séparé	
		<input type="checkbox"/> WIDOWED Veuve	
		RELIGION Culte <input type="checkbox"/> PROTESTANT Protestant <input type="checkbox"/> CATHOLIC Catholique <input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté ou relation avec le défunt	
STREET ADDRESS Domicile à l'étranger		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 (Indiquer 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			Minutes
Multiple blunt force injuries			
ANTECEDENT DISEASES Symptômes antérieurs de la mort	SICKESS CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING DISEASE, 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 attribuées par des causes extérieures
<input type="checkbox"/> NATURAL Mort naturelle	MANNER PHRASES OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF FATHER (Last) Nom du père (Nom de famille)		AVIATION ACCIDENT Accident d'Aviation <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 (Day, Month, Year) (Jour, Mois, Année)	PLACE OF DEATH Lieu du décès		
(b)(6)	28 November 2007		
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		TITLE OR GRADE Titre ou élimine	
(b)(6)		Medical Examiner	
GRADE Grade		INSTALLATION OR ADDRESS Installation ou adresse	
(b)(6)		Dover AFB, Dover DE	
DATE Date			
11/28/2007		(b)(6)	
<small>1. Birth date, name of institution, length of service, etc. 2. State conditions contributing to the death, but not within 3. Indicate in remarks if in custody, or if beneficiary of a 4. Indicate in remarks if in custody, or if beneficiary of a</small>			

DD FORM 1 APR 77 2064

REPLACES DA FORM 1384, 1 JAN 75 AND DA FORM 2064-R/PAS, 26 SEP 72, WHICH ARE OBSOLETE.

MEDCOM 0730

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

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
IDENTIFICATION 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 County)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

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