



**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 EXAMINATION REPORT**

**Name:** BTB Jaseem, Emad

**Detainee No.:** (b)(6)

(b)(6)

**Date of Birth:** Unknown

**Date of Death:** (b)(6) 2005

**Date of Autopsy:** 19 SEP 2005

**Date of Report:** 19 OCT 2005

**Autopsy No.:** (b)(6)

**AFIP No.:** (b)(6)

**Rank:** Detainee

**Place of Death:** Iraq

**Place of Autopsy:** Port Mortuary,  
Dover AFB, DE

**Circumstances of Death:** This male died in the medical treatment facility at Abu Ghraib where he was being treated for injuries sustained during a violent encounter with coalition forces.

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

**Identification:** No positive means of identification is available. The detainee number.

(b)(6) appears on a few documents. A medical records number (b)(6)

appears on the hospital records as well as on a band on the right wrist of the decedent.

The name "Jaseem, Emad" also is on the right wristband.

**CAUSE OF DEATH:** Gunshot Wounds with Complications

**MANNER OF DEATH:** Homicide

**FINAL AUTOPSY DIAGNOSES:**

- I. Gunshot Wound of the Torso**
  - A. Entrance: Anterior left hip (32-inches below the top of the head and 5-inches left of the anterior midline), 4 1/2 x 2 x 1-inch surgical wound (presumed entrance, since now debrided); no soot deposition or gunpowder stippling on the surrounding skin**
  - B. Wound Path: Skin, subcutaneous tissue and muscle of the left hip, colon (particularly sigmoid per the medical record), small bowel and associated mesentery**
  - C. Recovered: Portion of core recovered from the mesentery; multiple metallic fragments in the left hip and abdomen visible on radiographic imaging**
  - D. Wound Direction: Left to right, front to back, and upward**
  
- II. Gunshot Wound of the Left Arm**
  - A. Entrance: Proximal, lateral left arm (2-inches below the top of the left shoulder), 5/16 x 1/8-inch ovoid wound, without eccentric abrasion; no soot deposition or gunpowder stippling on the surrounding skin**
  - B. Wound Path: Skin, subcutaneous tissue and muscle of the lateral left arm, left humerus (comminuted fracture)**
  - C. Recovered: Small fragments of lead core recovered from the soft tissue of the proximal left arm**
  - D. Wound Direction: Left to right and slightly front to back**
  
- III. Remote Gunshot Wound of the Right Arm**
  - A. A 1/4-inch ovoid scar situated 13 1/2-inches below the top of the right shoulder and 5/8-inch medial to the posterior midline of the right upper extremity**
  - B. Wound Path: Skin, subcutaneous tissue and muscle of the posterior right arm**
  - C. Recovered: Minute fragments of metal in the soft tissue of the distal left arm seen on imaging but not recovered**
  - D. Wound Direction: Slightly left to right and back to front**
  
- IV. Medical Complications of Injuries**
  - A. Multiple organ system failure by history**
  - B. Pericardial effusion (70-milliliters)**
  - C. Lungs with changes consistent with clinical impression of acute respiratory distress syndrome**
  - D. Changes consistent with hepatic failure**
  - E. Dilatation of the right ventricle of the heart**
  - F. Extensive adhesions in the peritoneal cavity**
  - G. Decubitus ulcers over the sacrum, occiput, and posterior, distal aspect of both lower extremities**

- V. No evidence of significant natural disease processes, within the limitations of the examination
- VI. Decomposition changes, including green-brown discoloration and marbling of soft tissue and extensive skin slippage
- VII. Toxicology is negative for ethanol. Blood is negative for cyanide. The blood carboxyhemoglobin concentration is less than 1%. Heart blood contains 0.11 mg/L of midazolam, 0.10 mg/L of hydroxymidazolam, 0.51 mg/L of morphine, and 0.86 mg/L of metoclopramide.

#### EXTERNAL EXAMINATION

The remains are received unclothed and wrapped in a green sheet. The body is that of a well-developed, overweight appearing, 68-inches, 209-pounds male. Lividity is posterior and fixed, except in areas exposed to pressure. Rigor has passed. Evidence of decomposition includes vascular marbling, green discoloration of soft tissue, and extensive skin slippage, most pronounced on the forearms, hands, right thigh, and back. The body temperature is that of the refrigeration unit.

The scalp is covered with short, gray-black hair with a male pattern balding distribution. The corneae are cloudy. The sclerae are unremarkable. The irides are brown and the pupils are round and equal in diameter. A 3 x 3-inch area of skin and subcutaneous breakdown is on the occiput. The teeth are natural and in good condition. Facial hair consists of a black mustache and beard.

The neck is mobile and the trachea is midline. Injuries of the torso will be described. The chest is symmetric. The abdomen is protuberant. The external genitalia are those of a normal adult, circumcised, male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. A 3 x 3-inch area of skin and subcutaneous breakdown is on the sacral area. Skin slippage surrounds two areas of skin breakdown on the upper back.

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are intact. A 1 x ¼-inch decubitus ulcer is on the posterior, distal left lower extremity and a ½ x ½-inch decubitus ulcer is on the posterior, distal right lower extremity.

There is a 3-inch scar over the right lower quadrant of the abdomen. A 1-inch scar is on the lateral right side of the abdomen. A ¼-inch oval scar is on the distal, posterior right arm. No tattoos or other significant body marks are noted.

### MEDICAL INTERVENTION

At the time of the autopsy the following evidence of medical intervention is noted:

- Nasogastric Intubation
- Tracheostomy
- Catheterization of the urinary bladder
- Vascular access devices in the left subclavian area and left wrist
- Gauze dressing covering an anterior midline surgical incision
- Partially closed (packing in subcutaneous tissue) midline abdominal surgical incision; left sided colostomy
- Surgical wounds, with gauze packing and drains on the anterior left shoulder, posterior left shoulder, and anterior left hip

### RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the injuries as described as well as multiple metallic foreign bodies.

### EVIDENCE OF INJURY

#### **I. Multiple Gunshot Wounds**

##### **A. Gunshot Wound of the Torso**

There is an entrance gunshot wound on the anterior left hip, situated 32-inches below the top of the head and 5-inches left of the anterior midline. The 4 ½ x 2 x 1-inch surgical wound at this site is a presumed entrance wound, since surgical intervention precludes a definitive assessment. There is no soot deposition or gunpowder stippling on the surrounding skin. The wound path is through the skin, subcutaneous tissue and muscle of the left hip, the colon (particularly sigmoid colon per the medical record), and the small bowel and its associated mesentery. A portion of core was recovered from the mesentery and multiple metallic fragments in the left hip and abdomen are visible on radiographic imaging. The wound direction is left to right, front to back, and upward.

##### **B. Gunshot Wound of the Left Arm**

There is an entrance gunshot wound on the proximal, lateral left arm, situated 2-inches below the top of the left shoulder. The 5/16 x 1/8-inch ovoid wound has no soot deposition or gunpowder stippling on the surrounding skin. A surgical incision medial to the entrance wound is 4 x 1 ½ inches, extending to a depth of 2 ¼-inches. The wound path is through the skin, subcutaneous tissue and muscle of the lateral left arm, and through the left humerus, which has a comminuted fracture. A distinct exit wound is not identified but there is a 2 ½ x 1-inch surgical incision on the posterior, proximal left arm, extending to a depth of 3-inches. Small fragments of lead core are recovered from the soft tissue of the proximal left arm. The direction of the wound path is left to right and slightly front to back (with the body in anatomic position).

**C. Remote Gunshot Wound of the Right Arm**

There is a ¼-inch ovoid scar situated 13 ½-inches below the top of the right shoulder and 5/8-inch medial to the posterior midline of the right upper extremity. The wound path is through the skin, subcutaneous tissue and muscle of the posterior right arm. Minute fragments of metal in the soft tissue of the distal left arm are seen on imaging but not recovered. The direction of the remote wound path is slightly left to right and back to front.

**INTERNAL EXAMINATION**

**HEAD:**

The scalp is remarkable only for the previously described decubitus ulcer. Reflection of the scalp reveals no injuries. The calvarium is intact and there are no skull fractures. The brain is free of injury and sectioning reveals no evidence of natural disease processes. The brain weighs 1390-grams.

**NECK:**

The strap muscles of the anterior 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 thyroid gland is symmetric and red-brown, without cystic or nodular change. The tongue is free of injury. The atlanto-occipital joint is intact.

**BODY CAVITIES:**

The right pleural cavity contains 40-milliliters of serosanguinous fluid and the left pleural cavity contains 30-milliliters of serosanguinous fluid. The pericardial sac contains 15-milliliters of serosanguinous fluid. The peritoneal cavity contains no excess fluid but there are numerous adhesions involving the bowel, omentum, and mesentery. The organs occupy their usual anatomic positions.

**RESPIRATORY SYSTEM:**

The right and left lungs weigh 910 and 940-grams, respectively, and are diffusely congested. The pleural surfaces have moderate anthracotic pigment deposition. Sectioning reveals firm, edematous parenchyma. No mass lesions or areas of consolidation are present. The pulmonary arteries are unremarkable.

**CARDIOVASCULAR SYSTEM:**

The heart weighs 310-grams. The epicardial surface has minimal fat investment. The coronary arteries have a normal appearance and branch in a right-dominant distribution. There is no significant atherosclerosis present. The thicknesses of the left ventricle, septum, and right ventricle are 1.2, 1.3, and 0.4 centimeters, respectively. The cardiac chambers and valves are grossly normal, except for mild dilatation of the right ventricle. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

**LIVER & BILIARY SYSTEM:**

The 2930-gram liver is uninjured. The parenchyma is yellow-brown and congested with the usual lobular architecture. No mass lesions or other abnormalities are noted. The gallbladder contains 15-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**SPLEEN:**

The 560-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is soft, maroon, congested, and unremarkable.

**PANCREAS:**

The pancreas is uninjured and grossly normal, except for decomposition changes. The usual lobular architecture is present. No mass lesions or other abnormalities are seen.

**ADRENAL GLANDS:**

The right and left adrenal glands are symmetric, with yellow cortices, gray medullae, and decomposition changes. No masses or areas of hemorrhage are identified.

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 180 and 170-grams, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and distinct corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The urinary bladder is empty. The prostate gland is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are normal in appearance and free of injury.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, gray-white mucosa. The gastric wall is intact. The stomach contains 50-milliliters of brown fluid. Injuries of the small bowel and colon have been described. A left-sided colostomy is in place. The appendix is not identified.

**MUSCULOSKELETAL:**

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

**MICROSCOPIC EXAMINATION**

Select portions of major organs are retained in formalin, without preparation of microscopic slides.

**ADDITIONAL PROCEDURES/REMARKS**

- Documentary photographs are taken by OAFME staff photographers
- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, spleen, liver, lung, brain, bile, kidney, urine, gastric contents, adipose tissue, and psoas muscle
- Trace evidence and foreign material, including a bullet fragment, are turned over to the USCID agents who attended the autopsy
- The dissected organs are forwarded with the body

**OPINION**

This male Iraqi detainee died as a result of complications of multiple gunshot wounds sustained in a hostile encounter with coalition forces. Gunshot wounds of the torso and left arm were identified at autopsy, with injuries to the small bowel and colon. The decedent received surgical care for his wounds, but subsequently died of multiple organ-system failure. There was no evidence of close-range discharge of a firearm associated with the entrance wounds. However, medical care and healing likely altered the appearance of the wounds. Bullet fragments were recovered and retained. The manner of death is homicide.

(b)(6)

(b)(6) **Medical Examiner**

(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 prénom) <b>BTB Jaseem, Emad,</b>		GRADE Grade	BRANCH OF SERVICE Arme <b>Civilian</b>	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social <b>(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"/> SINGLE Célibataire	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Négritude	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> DIVORCED Divorcé	<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)
	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> JEWISH Juif
	<input type="checkbox"/> WIDOWED Veuf	

NAME OF NEXT OF KIN Nom du plus proche parent	RELATIONSHIP TO DECEASED Parenté du décédé avec le sur
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 (Indiquer qu'une cause par ligne)	INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort.	<b>Gunshot wounds with complications</b>	<b>Days</b>
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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	
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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 suscitée par des causes extérieures
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
ACCIDENT Mort accidentelle		
SUICIDE Suicide	<b>(b)(6)</b>	

<input checked="" type="checkbox"/> HOMICIDE Homicide	SIGN <b>(b)(6)</b>	DATE Date <b>19 September 2005</b>	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
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DATE OF DEATH (hour, day, month, year) Date du décès (l'heure, le jour, le mois, l'année) <b>(b)(6) 2005 (b)(6)</b>	PLACE OF DEATH Lieu de décès <b>ABU GHRAIB Iraq</b>
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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>
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GRADE Grade <b>(b)(6)</b>	INSTALLATION OR ADDRESS Installation ou adresse <b>Dover (b)(6)</b>
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DATE Date <b>5 Oct 2005</b>	SIGNATURE Signature
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1 State disease, injury or complication which caused death, but not more  
2 State conditions contributing to the death, but not related to the disease  
3 Préciser la nature de la maladie, de la blessure ou de la complication  
4 Préciser la condition qui a contribué à la mort, mais n'explique pas la mort

**FORM DD 1 APR 77 2064**

REPLACES DA FORM 3564