



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



**FINAL AUTOPSY REPORT**

Name: Al Zahrani, Yasir T.  
 Detainee Number: (b)(6) 000093DP  
 Date of Birth: 22 December 1984  
 Date of Death: 10 June 2006  
 Date of Autopsy: 10 June 2006 @ 1830  
 Date of Report: 02 August 2006

Autopsy No.: (b)(6)  
 AFIP No.: (b)(6)  
 Rank: Detainee  
 Place of Death: Detainee Facility,  
 Guantanamo Bay, Cuba  
 Place of Autopsy: Naval Hospital  
 Guantanamo Bay, Cuba

**Circumstances of Death:** This 21 year-old detainee, by report, was found hanging in his secure cell at the detainee confinement facility at approximately 0020 on 10 June 2006. Medical resuscitation was unsuccessful and he was declared dead at 0150. In the medical record it states he was unresponsive, pulse-less, apneic, with fixed and dilated pupils, and in rigor mortis when he arrived at the detention clinic at 0048.

**Authorization for Autopsy:** Office of the Armed Forces Medical Examiner, LAW 10 USC 1471

**Identification:** Detention records. Fingerprints and DNA sample obtained.

**Personnel present for the autopsy:**

1. Special Agent (b)(6) Naval Criminal Investigative Service (NCIS)
2. (b)(6) Autopsy Assistant
3. (b)(6) Medical Photographer
4. (b)(6) Medical Examiner Investigator
5. (b)(6) Medical Examiner (b)(6) civilian observer

**CAUSE OF DEATH:** Hanging

**MANNER OF DEATH:** Suicide

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**Final Anatomic Diagnoses**

- I. Hanging
  - A. Circumferential dried abrasion collar around the neck
  - B. Diffuse hemorrhage into the muscles of the neck
  - C. Hyoid bone intact
  - D. Tardieu spots on the dorsum of the feet
- II. Hands and feet bound by cotton-like material
- III. Soft tissue hemorrhage lateral left wrist
- III. No significant natural disease processes identified
- IV. Status Post attempted resuscitation with intubation and cricoid pressure.
- IV. Toxicology –Negative

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### EXTERNAL EXAMINATION

The body, received wrapped in a white sheet, is that of a well-developed, well-nourished appearing, muscular, 67 inches in length, 151 pound (per medical record as of 21 May 2006), white male whose appearance is consistent with the reported age of 21 years. Lividity is posterior and fixed, rigor is equal and fixed in all extremities, and the temperature is that of the refrigeration unit (34-39 degrees Fahrenheit).

The head and neck are wrapped with a blue plastic pad secured with tape. The scalp is covered with black hair in a normal distribution. The irides are brown. The sclerae and conjunctivae are congested and free of petechiae. 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 in good condition. Facial hair consists of a full beard and mustache.

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. 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. Strips of bod-sheet-like material tied into knots loosely bind the hands and feet. SA (b)(6) has taken these bindings into custody. There are two round scars, 1 inch and ¾ inch in diameter on the back of the right leg. There is another ½ x ¾ inch scar proximal to the round scars on the leg. There is a ¼ inch scar on the back of the left thigh.

### CLOTHING AND PERSONAL EFFECTS

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

None

### MEDICAL INTERVENTION

Evidence of medical intervention includes:

- Nasal Airway
- Oral-gastric tube, appropriately located
- Orally placed endotracheal tube, appropriately located
- Intravenous catheter with attached tubing bag of intravenous solution, left antecubital fossa
- Urinary bladder catheter and attached bag
- Multiple electrocardiogram pads on the chest
- Puncture marks, left forearm and left and right antecubital fossae

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### RADIOGRAPHS

A complete set of postmortem radiographs is obtained and are consistent with the findings described below.

### 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.

#### Evidence of Hanging

There is a circumferential dried abrasion furrow around the neck. The furrow is irregular with the width varying from 1/8 to 1 inch. Within the furrow the skin is imprinted with a very fine weave type pattern. The furrow is located 11 1/2 inches below the top of the head at the anterior midline, 10 inches below the top of the head at the level of the left auditory meatus, and 10 inches below the top of the head at the level of the right auditory meatus. The anterior portion of the furrow is located below the thyroid cartilage. The furrow becomes less well defined and forms an inverted "v" on the back of the head, 5 3/4 inches below the top of the head and 1 inch to the left of the posterior midline. On the left side of the anterior neck there are additional well-defined and superficial abrasions adjacent to the main furrow, 1/8 to 1/4 inches in length. Encircling the neck are two segments of cotton-like material consistent with a T-shirt. The material has been cut or torn and tied with knots. Distal to the knots there are strips of material that have been cut leaving four loose ends per piece of material. SA (b)(6) has taken the material into custody.

Additional items are submitted by NCIS that were recovered from the cell of the decedent. Included are three segments of braided white t-shirt like material. One has a knot at one end and the other end is cut. The material is cut through two segments of the braiding near the knotted end. There is smaller loop of the same material tied with a knot and looped around the first segment. The third portion of braided material has one end cut and the other end is a loop that is secured by similar material wrapped around the two braided segments. Also submitted is another portion of white t-shirt like material that has been cut or torn into an elongated segment. The material is tied with a knot leaving two loose ends.

Internally, there are multiple hemorrhages throughout the anterior neck soft tissue:

1. Medial right sternocleidomastoid muscle, 1 x 1/4 inch
2. Deep right sternocleidomastoid muscle, 3/4 x 1/4 inch
3. Anterior left sternocleidomastoid muscle, (2) each 1/2 inch in diameter
4. Deep left sternocleidomastoid muscle, 1/2 x 1/4 inch
5. Left sternothyroid muscle, 1/4 x 1/4 inch
6. Left thyrohyoid membrane, 1/2 x 3/8 inches
7. Left longus capitus muscle, 1/4 x 1/4 inch

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The posterior neck is free of hemorrhage into the soft tissue.

There are faint tardieu spots on the ankles and dorsal surface of the feet.

#### Additional Injuries

There is a 1 ½ x ½ inch area of soft tissue hemorrhage in the subcutaneous tissue of the lateral aspect of the left wrist (in the anatomic position).

### 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:

Injuries of the anterior strap muscles have been described. 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. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

#### RESPIRATORY SYSTEM:

The right and left lungs weigh 600 and 700 gms, 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 230 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The ostium for the left anterior descending coronary artery and circumflex artery arise separately from the left coronary cusp; there is no left main coronary artery. The right coronary artery arises normally and is the dominant artery to the posterior myocardium. Cross sections of the vessels show no significant atherosclerosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.2 and 0.3 cm thick, respectively. The endocardium is smooth and glistening. The aorta gives

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rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

#### LIVER & BILIARY SYSTEM:

The 1300 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 3 ml of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

#### SPLEEN:

The 215 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with indistinct Malpighian corpuscles.

#### PANCREAS:

The pancreas is soft 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 128 and 120 gms, respectively. 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 is empty. Twenty-five ml of urine is recovered from the urinary catheter/bag. 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 contains approximately 150 cc of brown, partially digested food particles. The gastric wall is intact. The duodenum, loops of small bowel and colon are unremarkable. The appendix is present.

#### MUSCULOSKELETAL SYSTEM

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

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### ADDITIONAL PROCEDURES

- Documentary photographs are taken by (b)(6)
- Evidence collected is seized by NCIS agent (b)(6)
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, central blood, peripheral blood, urine, spleen, kidney, lung, liver, brain, bile, gastric contents, adipose, and psoas muscle
- The dissected organs are forwarded with body

### MICROSCOPIC EXAMINATION

1. Skin, dorsum of left foot: In the area corresponding to one of the grossly described tardieu spots, there is hemorrhage surrounding the superficial blood vessels without inflammation.
2. Kidney - Reviewed in consultation with The Department of Renal Pathology. There is autolysis of the proximal tubules with relative preservation of the glomeruli and distal collecting system. Adjacent to several glomeruli are collections of micro calcifications in the tubular lumens of uncertain etiology. There is also tubular simplification of the glomeruli with mild increase in the mesangial matrix. There is no significant inflammation or other abnormalities.
3. Heart: Section of left ventricle is unremarkable.
4. Spleen: Autolysis, otherwise unremarkable.
5. Lung: No pathologic description.
6. Liver: Focal centrilobular steatosis. No significant portal or parenchymal inflammation.
7. Brain, cerebral cortex: No pathologic description.
8. Thyroid: Autolysis
9. Adrenal: No pathologic description. Majority of tissue is unremarkable cortex with a single focus of medulla.
10. Testis: No pathologic description.

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**TOXICOLOGY**

1. Carbon Monoxide: The blood carboxyhemoglobin was less than 1% (normal 0-3%).
2. Ethanol: The blood and vitreous were negative for ethanol at a cutoff of 20 mg/dL.
3. Cyanide: There was no cyanide detected in the blood.
4. The urine was negative for screened medications and drugs of abuse.

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**OPINION**

This 21 year-old detainee died of hanging. The decedent was discovered hanging from a braided ligature tied through the steel mesh wall near the ceiling of his cell. According to reports, he was found with his hands and feet loosely bound by bed-sheet like material. A suicide note was found in his pocket. Hemorrhage in the left wrist may be the result of the standard operating procedure to shackle prisoners anytime they leave their cells. Hemorrhage into the neck muscles may be the result of the hanging or an artifact of cricoid pressure applied in the effort to intubate the decedent during the resuscitation attempt. Calcifications seen in kidneys are of uncertain etiology but did not contribute to the cause or manner of death. Toxicology studies were negative. After an extensive investigation there is no evidence to suggest that anyone else was involved in this death. Based on the information available, the manner of death is suicide.

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DEPARTMENT OF DEFENSE  
ARMED FORCES INSTITUTE OF PATHOLOGY  
WASHINGTON, DC 20306-6000

REPLY TO  
ATTENTION OF

AFIP (b)(6)

TO:

OFFICE OF THE ARMED FORCES MEDICAL  
EXAMINER  
ARMED FORCES INSTITUTE OF PATHOLOGY  
WASHINGTON, DC 20306-6000

PATIENT IDENTIFICATION

AFIP Accessions Number      Sequence

(b)(6)

(b)(6)

Name

ALZAHIRANI, YASIR TALA

SSAN:

Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: June 19, 2006

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 6/10/2006

Date Received: 6/12/2006

**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.

**VOLATILES:** The **BLOOD AND VITREOUS FLUID** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

**CYANIDE:** There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

**DRUGS:** The **URINE** was screened for acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phenacyclidine, phenothiazines, salicylates, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

None were found.

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**CERTIFICATE OF DEATH (OVERSEAS)**

Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) Nom du défunt (Nom et prénoms): <b>BTB ALZHRANI, YASIR TALAL, ABDALI</b>		GRADE Grade: <b>Civilian</b>	BRANCH OF SERVICE Arme: <b>Civilian</b>	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale: (b)(6) <b>00093DP</b>
ORGANIZATION Organisation:		NATION (e.g., United States) Pays: <b>Saudi Arabia</b>	DATE OF BIRTH Date de naissance: <b>22 September 1984</b>	SEX Sexe: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE

RACE Race: <b>OTHER (Specify) Saudi Arabia</b>	MARRIED Marié	RELIGION Culte: <b>Muslim</b>
CAUCASOID Caucasique	SINGLE Célibataire	PROTESTANT Protestant
NEGROID Négre	MARRIED Marié	CATHOLIC Catholique
<input checked="" type="checkbox"/> OTHER (Specify) Saudi Arabia	WIDOWED Veuf	JEWISH Juif

NAME OF NEXT OF KIN Nom du plus proche parent:	RELATIONSHIP TO DECEASED Parenté du défunt avec le sus:
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STREET ADDRESS Domicile à (Rue):	CITY OR TOWN OR STATE (include ZIP Code) Ville (Code postal compris):
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**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:
<b>Hanging</b>		<b>Minutes</b>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort:		
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:
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie:	
ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste: (b)(6)	
<input checked="" type="checkbox"/> SUICIDE Suicide	(b)(6)	
HOMICIDE Homicide	(b)(6)	
DATE OF DEATH (day, mo) Date de décès (le jour, le mois, l'année): <b>10 June 2006</b>	PLACE OF DEATH Lieu de décès: <b>Guantanamo Bay Detention Facility Cuba</b>	AVIATION ACCIDENT Accident à Avion: <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 défunt 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)(6)	TITLE OR DEGREE Titre ou diplôme: (b)(6) <b>Medical Examiner</b>
GRADE Grade: (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse: <b>Rockville, MD</b>
DATE Date: <b>01 AUG 06</b>	(b)(6)

1. State disease, injury or complication which caused death.  
2. State conditions contributing to the death, but not related to it.  
3. Provide the name of the medical or dental officer of the case.  
4. Provide the condition that contributed to the death, but do not give a report with the medical or dental officer's report.

**DD FORM 1 APR 77 2064**

REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3665-R(PAS), 26 SEP 76, WHICH ARE OBSOLETE.