



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: Ahmed, Ali Abdullah
Detainee Number: (b)(6) 000693DP
Date of Birth: 09 March 1969
Date of Death: 10 June 2006

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

Date of Autopsy: 11 June 2006 @ 0730
Date of Report: 01 August 2006

Circumstances of Death: This 37 year-old detainee, by report, was found hanging in his secure cell at the detainee confinement facility at approximately 0020 on 10 June 2006. A suicide note was recovered from his shirt pocket. He was found with his feet and hands loosely bound and his face covered with a white cloth mask. Medical resuscitation was unsuccessful and he was declared dead at 0115. 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 0058. The medical report also states that the decedent had a piece of cotton-like material in his mouth and upper pharynx that was removed by medical personnel and seized by Naval Criminal Investigative Service.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 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
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 Autopsy Diagnoses

- I. Hanging
 - A. Dried abrasion collar anterior/lateral neck
 - B. Scattered hemorrhage into the muscles of the neck
 - C. Tardieu-like spots on the legs

- II. Other Injuries
 - A. Contusion, dorsum of left foot
 - B. Healing abrasions (2), anterior left leg

- III. Feet bound by cotton-like material

- IV. Ligature encircling the abdomen

- V. Natural disease processes/findings
 - A. Scalp dermatitis
 - B. Accessory spleen at the tip of the appendix
 - C. Varicocele of the right testis
 - D. Mild, focal chronic thyroiditis

- VI. Artifact: Hyoid bone fracture, left side, during removal, no associated hemorrhage

- VI. Toxicology -- negative

EXTERNAL EXAMINATION

The body, received wrapped in a white sheet, is that of a well-developed, well-nourished appearing, muscular, 68 inches in length, 165 pounds (per medical record as of 06 June 2006), white male whose appearance is consistent with the reported age of 37 years. Lividity is posterior and fixed, rigor is beginning to pass equally 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 but 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 with a fracture of the lower left anterior incisor. Facial hair consists of a full beard and mustache. On the back of the head there are multiple round to irregular skin lesions with red-brown margins and central clearing.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is flat. There is a rope-like ligature around the abdomen. It consists of white, cotton-like material, consistent with a T-shirt. The material has been torn into a strip and rolled into several layers. The material is secured with a knot that, when received, is over the left side of the anterior abdomen. Distal to the knot the material are two loose ends that appear to have been cut. The genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. The pubic hair is shaved. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. The feet are bound by thin, white cotton-like material consistent with a T-shirt tied with knots. SA (b)(6) has taken these bindings into custody. The hands are bound with surgical towels and secured with string.

CLOTHING AND PERSONAL EFFECTS

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

- Khaki colored short sleeve pull over shirt
- White T-shirt
- Khaki colored pants
- Khaki colored shorts over the pants

MEDICAL INTERVENTION

Evidence of medical intervention includes:

- Nasal Airway

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- Intravenous catheter with attached tubing bag of intravenous solution, right antecubital fossa
- Defibrillator pad on the upper right chest. A second pad is on the shirt.
- Multiple electrocardiogram pads on the chest, abdomen, and left arm
- Puncture mark on the dorsum of the right hand
- Identification tags tied to the right wrist and right great toe

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and are consistent 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 dried abrasion furrow on the neck. The furrow is regular with the width varying from 1/4 to 1/2 inch. Within the furrow the skin is imprinted with a very fine weave type pattern. The furrow is located 11 inches below the top of the head and below the thyroid cartilage at the anterior midline, 8 inches below the top of the head at the level of the left auditory meatus, and 8 inches below the top of the head at the level of the right auditory meatus. Behind the ears the furrow continues to course posteriorly and superiorly where it becomes less well defined and terminates 1 inch posterior to the right ear and 2 1/2 inches posterior to the left ear.

Naval Criminal Investigative Service (NCIS) Agents present four pieces of material that were recovered from the floor of the cell of the decedent. Three are braided white cotton-like material. One of these has a knot at one end and the other end is cut. Encircling the knotted end is a knotted short loop of the same material. The second segment of this material has a loop at one end and the other end is cut. The third piece of material is a white cotton-like material with torn or cut defects. The evidence is minimally handled, photographed and returned to NCIS.

On both legs, tardicu-like spots encircle the legs. These spots commence 4 inches below the knees and extend distal for six inches terminating above the ankles. Similar spots are on the posterior thighs.

Internally, there are scattered hemorrhages throughout the anterior neck muscles:

1. Medial left sternocleidomastoid muscle, 3/4 x 3/8 inches
2. Right thyrohyoid muscle 3/4 x 1/2

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

Additional Injuries

There is a ½ inch round contusion on the dorsum of the left foot. There are two, less than 1/8 inch in diameter healing abrasions on the anterior left leg.

Artifact

There is a fracture of the left side of the hyoid bone, anterior to the lesser horn, that occurred during the removal of the neck organs. The surrounding soft tissue is free of hemorrhage.

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 1450 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 additional abnormalities. The thyroid cartilage is 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 right pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 500 and 450 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 250 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

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 1.5 and 0.4 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 1450 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 130 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and diffuent.

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 148 and 145 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 contains 25 ml of bloody urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions or contusions. There is a fluid filled sac around the right testis.

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. There is a 0.5 cm in diameter accessory spleen on the tip of the appendix.

MUSCULOSKELETAL SYSTEM

Muscle development is normal. No additional bone or joint abnormalities are noted. There is no soft tissue hemorrhage or injury of the chest, back, abdomen or extremities.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by (b)(6)
- Evidence collected is seized by NCIS (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. Heart: Section of left ventricle is unremarkable.
2. Spleen: Autolysis, otherwise unremarkable.
3. Kidney: Autolysis of the proximal tubules with relative preservation of the glomeruli and distal collecting system. Multi-focal calcifications of the distal tubules.
4. Brain: Section of hippocampus is unremarkable.
5. Lungs: Congestion with intralveolar fluid and postmortem bacterial colonization.
6. Liver: No pathologic description.
7. Adrenal: No pathologic description.
8. Testis: No pathologic description.
9. Thyroid: Two foci of chronic inflammation, otherwise unremarkable.
10. Scalp: This specimen was reviewed in consultation with the Department of Dermatopathology. Microscopic sections and gross photographs were examined. The clinical images are suggestive of possible tinea capitis vs. other types of dermatitis such as seborrheic dermatitis and psoriasis. While tinea is favored, the only fungal elements identified are occasional pityrosporum.

TOXICOLOGY

1. Carbon Monoxide: The carboxyhemoglobin was less than 1% (normal 0-3%).
2. Ethanol: The blood and vitreous fluid were negative for ethanol at a cutoff of 20 mg/dL.
3. Cyanide: The blood was negative for cyanide at a cutoff of 0.25mg/L.
4. The blood was negative for screened medications and drugs of abuse.

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OPINION

This 37 year-old detainee died of hanging. He was found hanging in his secure cell. Toxicology studies are negative. Based on the investigative information as of this date, there is no evidence of anyone else being involved with this death. Unusual tardieu-like spots on the legs and thighs may represent post-mortem artifact. The medical record from the time of resuscitation documents that a tooth broke during an intubation attempt. Also based on the medical documentation of the remains during the attempted resuscitation, the decedent had been dead for at least a couple of hours prior to the discovery of his body. Based on currently available information, the manner of death is suicide.

(b)(6)

Medical Examiner



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 (b)(6) Sequence (b)(6)

Name
AHMED, ALI ABDULLAH

SSAN: Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: June 16, 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 PERIPHERAL 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 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 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) BTB AHMED, ALI ABDULLAH		GRADE Grade 	BRANCH OF SERVICE Arme Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6) 000693DP
ORGANIZATION Organisation 		NATION (e.g., United States) Pays Yemen	DATE OF BIRTH Date de naissance 9 March 1969	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE

RACE Race	MARITAL STATUS Etat Civil	RELIGION Culte
<input type="checkbox"/> CAUCASOID Caucasienne	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Négresse	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> CATHOLIC Catholique
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> DIVORCED Divorcé	<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) Muslim
	<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 défunt avec le sur
STREET ADDRESS Domicile à (Rue)	CITY OR TOWN OR STATE (Indique ZIP Code - V. le Code postal compris)

MEDICAL STATEMENT **Déclaration médicale**

CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Indiquer d'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
Hanging		Minutes
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort		
AN PRECEDENT 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	NAME OF PATHOLOGIST (b)(6)	
<input type="checkbox"/> ACCIDENT Mort accidentelle	DATE 11 June 2006	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
<input checked="" type="checkbox"/> SUICIDE Suicide		
<input type="checkbox"/> HOMICIDE Homicide		

DATE OF DEATH Date de décès (le jour - le mois - l'année) 10 June 2006	PLACE OF DEATH Lieu de décès Guantanamo Bay Detention Facility Cuba
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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 défunt; 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) Medical Examiner
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Rockville, MD
DATE Date 1 AUG 06	SIGNATURE Signature (b)(6)

1. State of Place - Every communication which is sent from this State concerning participation in the death, but not related to the nature of the mission, of the United States, shall be subject to the laws of the State in which the death occurred. 2. Precipitate a condition - Such condition is a condition which is not a direct result of the death, but is a condition which is a direct result of the death.