



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: Alutaybi, Mani Shaman Turki
 Detainee Number: (b)(6)
 Date of Birth: (b)(6) 1976
 Date of Death (b)(6) 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 @ 1100
 Date of Report: 31 July 2006

Circumstances of Death: This 30 year-old detainee was found hanging in his secured cell at the detainee confinement facility at approximately 0020 on (b)(6) 2006. A suicide note was found in his pocket. By report, he was found with his legs and hands loosely bound, and a mask like material covering his face. 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 0053.

The medical history is remarkable for a "donkey-kick" to the chest several years before he was placed into detention. This injury resulted several broken ribs.

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)

CAUSE OF DEATH: Hanging

MANNER OF DEATH: Suicide

AUTOPSY REPORT (b)(6)

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Final Autopsy Diagnoses

I. Hanging

- A. Circumferential dried abrasion collar around the neck
- B. Soft tissue of the neck free of hemorrhage

II. Additional Injuries – Abrasion, left elbow

II. Natural disease processes/findings - None

III. Toxicology – Negative

EXTERNAL EXAMINATION

The body, received wrapped in sheet, is that of a well-developed, well-nourished appearing, muscular, 67 ½ inches in length, 119 pounds (per medical record as of 06 June 2006), white male whose appearance is consistent with the reported age of 30 years. Lividity is posterior and fixed, rigor is no longer present, and the temperature is that 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 and flat to concave. The abdomen is flat. 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. On the dorsum of the right hand is a ½ x up to ¼ inch scar. There three healing eschars on the posterior-lateral side of the lower left leg. There are 1 ¼ x 1 inch scars on the anterior left and right legs. On the right knee is a ½ inch scar. The hands and feet 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
- Khaki colored pants

MEDICAL INTERVENTION

Evidence of medical intervention includes:

- Intravenous catheter with attached tubing bag of intravenous solution, inserted into the left antecubital fossa
- Defibrillator pads on the upper right and lower left chest.
- Multiple electrocardiogram pads on the chest and abdomen
- 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 a dried abrasion furrow around 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 1 1/2 inches below the top of the head and over the lower margin of the thyroid cartilage at the anterior midline; 9 inches below the top of the head at the level of the left auditory meatus; and 9 inches below the top of the head at the level of the right auditory meatus. The furrow angles upward on the back of the neck and forms an inverted "v" with the apex 6 1/4 inches from the top of the head. On the left side of the front of the neck the furrow becomes faint and round with a 1 inch diameter. On the front of the neck, 1/4 inch inferior to the abrasion furrow is a 2-inch horizontal, linear area of hypopigmentation. Along the superior border of the furrow, over the thyroid cartilage, there are two, 1/8 inch in diameter, superficial skin defects that represent skin cuts during the shaving of the neck for documentation of the furrow. Naval Criminal Investigative Service (NCIS) Agents present several 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 loop at one end and the other is cut. The second has two cut ends. A third has a loop at one end and a knot at the other end. There are also two white cotton-like material portions consistent with a T-shirt. Both have been cut or torn and each has two knots. Additionally submitted are several strips of white cotton-like material consistent with a bedsheet that have knots and have been tied together. The evidence is minimally handled, photographed and returned to NCIS.

By layer dissection, there is no hemorrhage into the soft tissue of the anterior or posterior neck.

Additional Injuries

There is a 1/4 inch abrasion on the left elbow.

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 1500 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.

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NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without abnormalities. The thyroid cartilage and hyoid are intact. There is dark colored area, ¼ x ½ inch, involving the right side of the thyroid cartilage that extends through the cartilage. 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 each weigh 650. 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 1.1 and 0.3 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 is empty. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 145 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 130 and 150 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 50 ml 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.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 500 cc of brown, partially digested food particles including white and green vegetable material. 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 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 agent (b)(6)
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, central blood, peripheral blood, urine, spleen, kidney, lung, liver, brain, gastric contents, adipose, and psoas muscle
- The dissected organs are forwarded with body

MICROSCOPIC EXAMINATION

1. Thyroid cartilage – Reviewed in consultation with the department of Head and Neck Pathology. A section of the thyroid cartilage from the area that grossly appeared discolored is histologically normal. There is no hemorrhage on the surface or in the cartilage. Head and Neck pathology opines that the gross impression does not relate to any abnormality.
2. Liver: No pathologic description
3. Heart: No pathologic description
4. Kidney: Autolysis of the proximal tubules with relative preservative of the glomeruli and distal collecting system. Otherwise, no pathologic description.
5. Lung: Airspace edema fluid, bacterial overgrowth and focal fibrosis
6. Testis: No pathologic description

- 7. Spleen: No pathologic description
- 8. Adrenal: No pathologic description
- 9. Brain (Cortex): No pathologic description
- 10. Thyroid: No pathologic description

TOXICOLOGY

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

OPINION

This 30 year-old detainee died of hanging. By report, he was discovered in his secure cell suspended by the neck by braided segments of material. The description of the body during the attempted resuscitation indicates that the death occurred at least a couple of hours before he was discovered. The toxicology screen was negative. Based on the information available at this time, the manner of death is Suicide.

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(b)(6)

(b)(6) Medical Examiner



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

REPLY TO
ATTENTION OF

AFIP (b)(6)

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence
(b)(6)

Name
ALUTAYBI, MANI SHAMANI

SSAN: Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: June 19, 2006

TO:

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

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident (b)(6) 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, 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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(b)(6)

(b)(6) Medical Examiner

(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 ALUTAYBI, MANI SHAMAN, TURKI		GRADE Grade	BRANCH OF SERVICE Arme Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
ORGANIZATION Organisation		NATION (e.g. United States) Pays Saudi Arabia	DATE OF BIRTH Date de naissance (b)(6) 1976	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE

RACE Race		MARITAL STATUS État Civil		RELIGION Culte	
<input type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant	<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) Muslim	
<input type="checkbox"/> NEGROID Négride	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique		
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) Saudi Arabia	<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 sus
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 (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	Hanging	Minutes
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 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 type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	
<input checked="" type="checkbox"/> SUICIDE Suicide	SIGNATURE Signature	DATE Date 11 June 2006
<input type="checkbox"/> HOMICIDE Homicide		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non

DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 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 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)(6)	TITLE OR DEGREE Titre ou diplôme (b)(6) Medical Examiner
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse
DATE Date	SIGNATURE Signature

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
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 coeur, etc.
Préciser la condition qui a contribué à la mort, mais n'évitez aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

DD FORM 1 APR 77 2064

REPLACES DA FORM 3566, 1 JAN 72 AND DA FORM 3566-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0548

ACLU Detainee Death II ARMY MEDCOM 548