



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
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FINAL AUTOPSY REPORT

Name: Al Hanashi, Muhammad Ahmad A.S. Autopsy No.: (b)(6)
 ID No: (b)(6) AFIP No. (b)(6)
 Date of Birth: Unknown Rank: Civilian (Detainee)
 Date of Death: (b)(6) 2009 Place of Death: Guantanamo Bay
 Date of Autopsy: 03 JUN 2009, 1300 hours Place of Autopsy: US Naval Hospital
 Date of Report: 23 JUN 2009 Guantanamo Bay, Cuba

Circumstances of Death:

(b)(6) a civilian detainee, was found unresponsive with a ligature (elastic band) around his neck in his cell at the Behavior Health Unit (BHU), Joint Task Force Guantanamo Bay, Cuba at approximately 2200 hours on (b)(6) 2009. The ligature was cut and resuscitation efforts were started immediately in the cell and continued at the local medical treatment facility. All efforts failed to revive him. He was pronounced dead at 2259 hours.

(b)(6) medical records reveal a long history of adjustment disorder, anti-social personality disorder and stressors of confinement. He has a history of suicide ideations gestures and multiple failed suicide attempts. He was on hunger strike since January 2009 and was enterally fed. The case is under investigation by the Naval Criminal Investigative Service (NCIS).

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW Title 10 US Code 1471

Identification:

(b)(6) is identified by visual recognition and his detainee identifications tags. Fingerprints are obtained by NCIS and a tissue sample is collected for DNA identification, if needed.

CAUSE OF DEATH:

Asphyxia due to ligature strangulation

MANNER OF DEATH:

Suicide

NCIS PRELIMINARY INVESTIGATION

According to preliminary NCIS investigation, while the shift guards were performing periodic checks on the detainees at the BHU, the decedent was viewed through the cell window and noted to not be breathing. He was seen on the floor of his cell, on his right side in the fetal position, (b)(6) was reported to have been covered with a blanket with his hands and feet exposed. He was facing the right cell wall with head slightly tilted. The guards entered the cell and secured the decedent's hands and feet prior to placing him on his back. The guards noticed a ligature consisting of an elastic band tightly wrapped at least twice around the neck and twisted on the left side. The ligature was wrapped tightly and had to be cut (at the most twisted part) from the decedent's neck. It was removed in two pieces. No pulse or spontaneous breathing was noted. CPR was immediately started. Passive vomiting occurred during CPR.

At approximately 2120 hours the decedent requested to speak to a nurse and asked for a sleeping aid. He was last known alive approximately 10-15 minutes later when he asked the guard to close his "bean hole cover", a sign that he was ready to go to sleep. He appeared, to the guards, in "good spirit" and did not appear upset. He was discovered unresponsive a few minutes later at approximately 2155 hours.

MEDICAL RECORDS REVIEW

The available mental health records are screened by the prosecutor and the observing civilian medical examiner prior to the autopsy; see "Postmortem Examination".

Screening of the mental health records reveals a psychiatric history of adjustment disorder, antisocial personality disorder and stressors of confinement. The decedent has a history of suicide ideations, suicide gestures and multiple suicide attempts by hanging, neck ligature, self inflicted sharp force injuries and frequent blunt force trauma to the head. On January 2009 he started a hunger strike and has been fed enterally. He has been on a suicide watch at the BHU, where he is seen daily by the medical staff. He had five suicide attempts in May 2009.

LIGATURE

The ligature is collected as evidence by NCIS at the scene and examined by the prosecutor and the observing civilian medical examiner prior to the autopsy.

The ligature is almost identical to the elastic band of a white brief, medium size 34-36, issued to the detainees at the detention facility. The ligature consists of two segments, with a combined aggregate length of approximately 23 1/2" and width of approximately 1". The smaller of the two segments measures 6 1/2" in length. The ligature fibers are

elongated and distorted at the junction of the two cut edges c/w the history of cutting the ligature at the twisted part. There are no blood stains noted on the ligature.

POSTMORTEM EXAMINATION

The postmortem examination, (b)(6) of (b)(6) is performed at the US Naval Hospital (USNH), Guantanamo Bay, Cuba on (b)(6) 2009, starting at approximately 1300 hours. Full body radiological studies are obtained at the USNH. Photographs are obtained by (b)(6) OAFME Photographer. Attending the autopsy as medicolegal observers are (b)(6) Medical Examiner (b)(6) (b)(6) and Special Agents (b)(6) from the NCIS.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished Caucasian male clad in khaki shirt and pants without undergarments; see "Clothing and Personal Effects". The feet are held together with white plastic flexi cuffs and the hands are held together with black plastic flexi cuffs. The flexi cuffs were cut open to facilitate the completion of the radiological studies. The hands are covered in brown paper bags, secured by adhesive tape; see "Evidence". A blue colored plastic identification band encircles the right wrist.

The height and weight noted on the identification wrist band are 68" and 120 lb, respectively. The body appears consistent with the reported height and weight. Rigor is present to an equal degree in all extremities. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. Body temperature is cold due to refrigeration.

The scalp hair is black, long, covers the back of the neck and is matted. Vomit is noted on the top and back of the head. The facial hair consists of black mustache and beard. The forehead reveals dark small raised lesions; see "Evidence of Injuries". The eyes are unremarkable. The irides are brown. The corneae are slightly cloudy. The conjunctivae appear injected with no significant petechiae. The sclerae are white with no petechiae. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton is palpably intact. The tongue is unremarkable. The lips are without evident injury. The frenulae are unremarkable. The teeth are natural and unremarkable. Examination of the neck reveals a broad patterned impression on the anterior neck and dark colored impression on the posterior neck; see "Evidence of Injury".

The chest is unremarkable. No injury of the ribs or sternum is evident externally. The abdomen is unremarkable with no evidence of major surgical scars. The posterior torso is unremarkable with no evidence of trauma. A healing ¾ x ½" ulcer of unknown etiology is

noted on the right lower back, immediately below the waist. The external genitalia are those of a normal adult circumcised male.

The extremities are unremarkable with no evidence of recent trauma. Linear broad impressions are noted on the right wrist and ankles, consistent with the history of use of the flexi cuff ties.

Multiple well healed scars are noted on the right anterior neck, scalp, right arm, right shoulder, left anticubital fossa, left thumb, both knees, left shin and the dorsal surface of the left foot; photographed for documentation. No tattoos, other major surgical scars or identifying marks are noted.

EVIDENCE OF INJURY

Neck Trauma:

External examination of the neck reveals a ligature impression around the neck. A broad reddish discoloration is noted on the skin of the anterior neck, overlying the thyroid cartilage measuring 1 1/2" in its maximum width on the midline. The ligature mark has a maximum width of 1 1/2" at the anterior midline, is slightly upwardly angled towards the posterior neck. The ligature impression on the right side of the neck is tapered into a triangular shape with its apex below the angle of the mandible and is associated with non-patterned faint contusions, see "Opinion". The ligature impression is incomplete and fades and disappears below the ears. A small superficial abrasion is noted below the right ear; see "Opinion". A thin dark linear discoloration is noted on the posterior neck; see "Opinion".

Dissection and examination of the strap muscles of the neck reveals localized hemorrhage on the right side of the sterno-hyoid muscle, underlying the above noted ligature impression and contusion on the right side of the neck. No other trauma is noted. The hyoid bone and thyroid cartilage are intact.

Other Injuries:

Examination of the forehead reveals a small cluster of dark raised lesions, on the midline, in an area measuring 3/4 x 1/2" with underlying mild subcutaneous hemorrhage and no underlying skull fractures; see "Opinion".

A fracture of the anterior right 5th rib is noted with minimal surrounding hemorrhage; see "Opinion".

A well healed scar overlies a malunion fracture of the right humerus is noted, consistent with remote unrelated trauma (firearm injury in 2002 per medical records). There is a superficial healing abrasion on the left shin. No other significant injuries are noted.

Serial incisions on the back and upper and lower extremities reveal no evidence of trauma. The incisions are photographed for documentation.

CLOTHING and PERSONAL EFFECTS

The deceased is clad in khaki shirt and pants, general issue of the detention center. No personal effects are noted on the body. The clothing is photographed and collected by NCIS present during autopsy.

MEDICAL INTERVENTION

Evidence of active medical intervention is noted as follows:

- An endotracheal tube.
- Central venous line
- Multiple intravenous puncture sites on right arm and antecubital fossa.
- External automatic defibrillator pads on the chest.

INTERNAL EXAMINATION

BODY CAVITIES:

Bilateral adhesions are noted in both pleural cavities. No abnormal collections of fluid are present in any of the body cavities. All body organs are present in the normal anatomical position. The subcutaneous fat layer of the abdominal wall is unremarkable. There is no internal evidence of blunt or sharp force injury to the thoraco-abdominal region.

HEAD: (CENTRAL NERVOUS SYSTEM)

See "Evidence of Injury"

The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brain stem and cerebellum are unremarkable. The brain weighs 1300 grams. Serial sectioning of the brain reveals unremarkable parenchyma and no evidence of trauma.

NECK:

See "Evidence of Injury".

Examination of the soft tissues of the neck including strap muscles, thyroid gland and large vessels are unremarkable and without traumatic abnormalities. The hyoid bone and thyroid cartilage are intact.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces are smooth, glistening and unremarkable; the pericardial sac is free of significant fluid and adhesions. The coronary arteries arise normally, follow the usual distribution and are widely patent with no atherosclerotic changes. The epicardium is smooth and unremarkable. The myocardium is dark red-brown, firm and grossly

unremarkable. The valves exhibit the usual size, texture and position relationship and are unremarkable. The aorta and its major branches arise normally, follow the usual course and are widely patent, free of significant atherosclerosis and other abnormality. The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi. The heart weighs 280 grams.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces reveal presence of bilateral adhesions, more pronounced on the posterior and lateral surfaces. The pulmonary parenchyma is red-purple and exudes a moderate amount of bloody fluid with no focal lesions identified. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right and left lung weigh 650 grams and 600 grams, respectively.

LIVER & BILIARY SYSTEM:

The hepatic capsule is smooth, glistening and intact, covering dark red-brown, moderately congested parenchyma with no focal lesions noted. The gallbladder contains green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi. The liver weighs 1300 grams.

ALIMENTARY TRACT:

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and is unremarkable. The stomach is distended with partially digested food with no evidence of mucosal or vascular injury. The small and large bowels are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are patent. The appendix is present and unremarkable.

GENITOURINARY SYSTEM:

The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. The urinary bladder is unremarkable and contains clear yellow urine. The right and left kidneys weigh 100 grams each.

The external genitalia are those of a circumcised adult male with bilaterally descended unremarkable testes.

RETICULOENDOTHELIAL SYSTEM:

The spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The spleen weighs 120 grams.

ENDOCRINE SYSTEM:

The pituitary, thyroid and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM:

See "Evidence of Injury".

Muscle development is normal. No other bone or joint abnormalities are noted.

EVIDENCE

The clothing, plastic flexi cuffs and the brown bags around the hands are collected and submitted to the NCIS agents attending the autopsy. The ligature is examined and retained by NCIS.

(Note: An intact white brief similar to the one issued to the decedent is provided by NCIS for examination and comparison to the ligature. The ligature is identical to the elastic band of the examined brief)

RADIOLOGICAL STUDIES

Radiographs reveal no recent skeletal fractures or abnormalities. A remote healed (malunion) fractured right humerus is noted.

MICROSCOPIC EXAMINATION

Representative sections of the major organs are retained without preparation of histological slides.

TOXICOLOGY

Carbon Monoxide:

- Carboxyhemoglobin saturation in blood is less than 1% (expected normal limits)

Cyanide:

- Not detected

Volatiles (Blood and Vitreous fluid):

- No ethanol is detected.

Screened medication and drugs of abuse:

- Screened in urine and confirmed in blood:
 - Positive Acetaminophen 5 mg/L (0.5 mg %)
 - Positive Benzodiazepine: Lorazepam 0.025 mg/L (0.003 mg %)
 - Positive Benzodiazepine: 7-Aminoclonazepam 0.03 mg/L (0.003 mg %)
 - Positive Sympathomimetic amine: Pseudoephedrine 0.3 mg/L (0.03 mg%)

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME photographer, (b)(6)
2. Full body radiographs are obtained by Department of Radiology, Naval Hospital Guantanamo Bay, Cuba.
3. Specimens retained for toxicological and/or DNA identification are: Blood (heart), vitreous fluid, bile, urine, stomach contents, and tissue samples from liver, lung, kidney, spleen, brain, psoas and heart muscle and adipose tissue.
4. Representative sections of organs are retained in formalin without preparation of histological slides.
5. Clothing and other evidence are photographed for documentation and submitted to NCIS agents attending the autopsy.

FINAL AUTOPSY DIAGNOSIS

I. Asphyxia by ligature strangulation:

- A. Ligature mark partially encircling the neck with possible twist on the right side.
- B. No evidence of other neck trauma or fractures.
- C. No evidence of significant traumatic injuries.

II. Evidence:

- Collected evidence submitted to NCIS.

III. Toxicology:

- A. Volatiles (Blood and Vitreous fluid): No ethanol is found.
- B. Screened drugs of abuse and medications (Blood):
 - Positive for: Acetaminophen, Benzodiazepine and its metabolites and Pseudoephedrine.

OPINION

(b)(6) a civilian detainee of unknown age, died from asphyxia due to ligature strangulation by tightly wrapping the elastic band of his underwear multiple times around the neck and apparently securing it with a twist on the right side of the neck and a head tilt. Autopsy reveals no evidence of other significant trauma or evidence of maltreatment.

The raised lesions noted on the forehead are consistent with reported history of witnessed repeated self-inflicted hitting/banging of the head on the detention facility walls. The contusions noted on the right side of the neck may be associated with the ligature twist or by the guards' initial attempts to manually remove the ligature. The non-displaced right 5th rib fracture noted during examination is consistent with CPR and resuscitation efforts.

Toxicological studies positive for Acetaminophen, Benzodiazepine and its metabolite and Pseudoephedrine. The positive medications are within their therapeutic level and are non-contributory to the cause of death.

Review of the decedent's medical records reveals multiple stressors, multiple suicide ideations and gestures and multiple suicide attempts by multiple modalities as early as 2003. The decedent was on hunger strike since January 2009 and had five suicide attempts in May 2009.

Based upon the available information, the manner of death is "Suicide"

(b)(6)

(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 prénoms) Al Hanashi, Muhammad Ahmad, A. S.		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 Yemen	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 Négre	<input type="checkbox"/>	MARRIED Marié	<input type="checkbox"/>	CATHOLIC Catholique
<input type="checkbox"/>	OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/>	WIDOWED Veuf	<input type="checkbox"/>	JEWISH Juif
			<input type="checkbox"/>	DIVORCED Divorcé	<input checked="" type="checkbox"/> Other Autre (Spécifier)
			<input type="checkbox"/>	SEPARATED Séparé	

NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du défunt 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 Maladie ou condition directement responsable de la mort		Asphyxia due to Ligature Strangulation
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
<input type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle		
<input checked="" type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE (b)(6)	DATE 3 June 2009
		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non

DATE OF DEATH (day, month, year) Date du décès (le jour, le mois, l'année)	PLACE OF DEATH Lieu de décès
(b)(6) 2009 (b)(6)	Joint Task Force Guantanamo Bay Cuba

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	TITLE OR DEGREE Titre ou diplôme
(b)(6)	Medical Examiner
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
(b)(6)	Dover AFB, Dover DE
DATE Date	SIGNATURE Signature
6/16/2009	(b)(6)

¹ State disease, injury or complication which caused death, but not the cause of death.
² State conditions contributing to the death, but not related to the disease or condition causing death.
³ Preciser 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 cœur, etc.
⁴ Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.