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CCRIO No: 64695/03

ANNEX CO TO
Investigation Summary of WO2 Spence DPW, RMP (SIB)
Dated 5 Apr 04

PATHOLOGISTS POST MORTEM & INJURIES REPORT

	<p>Department of Aviation Pathology</p>  <p>Our Reference: CAM/364/4/1/AVP 11 February 2004</p>
<p>Dr I R Hill OBE MA MD PhD FRCPath LDS MRACs</p>	
<p><u>RE: DEATH IN CUSTODY AND ALLEGED ASSAULTS</u></p>	
<p>I am Dr Ian Rowland Hill. I am an accredited Home Office pathologist. My qualifications are: MA MD PhD LDS FRCPath MRACs</p>	
<p>I am currently employed as a Consultant Pathologist at RAF Henlow. I have been a pathologist for nearly 30 years. I regularly appear both for the prosecution and the defence in cases of assault and homicide.</p>	
<p>I have attached my reports in these cases. In preparing them I have:</p>	
<ul style="list-style-type: none"> (i) Carried out an autopsy at Shaibah, Iraq on 21 September 2003. (ii) Examined a number of detainees at Camp Bucca and BMH Shaibah. (iii) Reviewed the following albums of photographs, all supplied by the SIB, labeled 3877, 3878, 3879, 3880, 3881 3882, 3883. (iv) Read the following statements: - <ul style="list-style-type: none"> (a) Adrian Peter Redfern. (b) Christopher John Allibore (c) Eric Shaw (d) Eric Shaw 2 (e) Eric Shaw 3 (f) Gareth Aspinall (g) Glen Ashley Cravesoft (h) James Riley (i) James Riley 2 (j) Private McKenzie (k) Richard Betteridge (l) Scott Hughes (m) Scott Hughes 2 (n) Scott Hughes 3 (o) Stephen Baxter (p) Stephen Baxter 2 (q) Steven Paul Winstanley  	
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- (t) Steven Paul Winstanley 2
- (s) Steven Paul Winstanley 3
- (r) Private D T Fallon
- (u) Private L M Graham
- (v) Sgt P F Smith
- (w) John William Douglas
- (x) Gary Paul Redden
- (y) Paul Anthony Stirland
- (z) **S010**

(v) I have also read a statement prepared by Dr Michael John Maguire, who treated Mr Mutari at BMH Shaibah. 

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1. AUTOPSY FINDINGS

On the 21st September 2003 at BMH Shaibah I carried out a post mortem on an adult male identified to me as that of -

MR BAHAD DA'OUH SALIM MUSA aged 26 years

CIRCUMSTANCES

I understand that on Sunday 14th September 2003 a raid was conducted on a hotel in Basra by a troop of soldiers who were under the impression that loyalists were resident there and that there may have been arms present in the building.

Mr Musa was arrested on 14th September 2003 sometime after 06.00 hours. At 10.00 hours on that day he and a number of other prisoners were taken to Al Basrah. There is general agreement amongst the witness statements that the men were handcuffed with plasticuffs, which were fastened in front of the body. They were to sit cross-legged with their arms outstretched, parallel to the floor in what was described as a stress position. There is also some evidence to show that the men were not allowed to sleep and that they had sandbags placed over their heads. From time to time they were raised to a standing position. Throughout the period of detention Mr Musa and others were subjected to punching and kicking. It is suggested that at one stage because the responses to the kicking and punching varied, in that the men made different noises, they were referred to as a choir. Some prisoners dropped to their knees as a result of the punching and some complained of pain. As time progressed the floor became covered in urine and there was what was described as an awful smell in the detention centre.

Various witnesses say that during the night the prisoners were prevented from sleeping; a metal bar was used to stop them from going to sleep and that they were all moaning as if in pain. They were given food and water from time to time but the only references to this relate to breakfast and to them being given water, some of which was squirted into their faces or poured over the hoods of the men.

The following day, on the 15th September, it was obvious that some of the prisoners were injured and they were seen by medics. At 21.30 hours on 16th there was what was described as a mini riot, pandemonium having broken out and a man who had been assaulted was struggling.

Mr Bahad Musa was said to have been in the centre of the room on his own. I understand that just prior to his death he was lying face down on the floor with an NCO on top of him with one knee in the area between the shoulder blades. The NCO was said to be holding Mr Musa's arms slightly behind him and Mr Musa was struggling. Another soldier attempted to put handcuffs on his wrists; however, he managed to pull his hands apart releasing the plasticuffs. Both soldiers are then said to have stood up and the NCO kicked him twice on the right side in the rib area. The NCO is then said to have knelt on Mr Musa with his knee at the base of the neck. Mr Musa struggled and banged his head on the left side on a wall and then stopped struggling.

The two soldiers then placed Mr Musa in a sitting position and he slumped sideways. He was again sat up. His pulse was checked but his breathing was said to have stopped.

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A doctor was summoned and resuscitation was attempted. He was taken to the Regimental Aid Post and worked on for a further 30 minutes before death was pronounced. At that time he had dried blood around his nose and bruising to his abdomen and right side.

EXTERNAL EXAMINATION

The body was that of a well-built, well-nourished young adult male the appearances of whom were consistent with the stated age.

He was 5ft 10ins in height.

There was no rigor. Hypostasis was present on the back of the body. There was a little early putrefaction.

The hair was black and he had a full beard and moustache.

There was marked bodily hair with shaving of the pubic region.

There was a scar in the left inguinal region and the left testis was absent.

At the time of my examination he was wearing the following items of clothing:

1. A pair of black trousers, which were partially pulled down over the thighs. These were wet and split up the back.
2. With the body was a white vest and a green shirt, which appeared to have been cut off.
3. There was an identity bracelet on the left wrist and there was a black plastic tag on the right ankle.

SIGNS OF TREATMENT

There was a line in the left antecubital fossa.

There was an endotracheal tube in the mouth and there were ECG pads on the chest.

There was some peripheral cyanosis.

SIGN OF INJURYINJURIES TO HEAD AND FACE

There was distortion to the nose and bleeding from the nose. The nose was also slightly swollen on both sides.

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Head & Neck

1. There was a 1cm x 0.1cm graze on the left side of the forehead, three centimetres above the eyebrow and towards the latter part of the front of the forehead. This was a linear graze.
2. There was a slightly irregularly shaped graze just below the above injury on the left side of the forehead which measured 0.6cm x 0.3cm at its maximum.
3. There was an irregularly shaped, almost rectangular patch of abrasion on the left side of the forehead, overlying the lateral half of the left eyebrow and extending down on to the eyelid, and the side of the face lateral to the eye. This measured overall 7cm x 3cm. It was reddish in colour and there were some patterned, interrupted lines on the medial aspect of the wound lying principally just above the eyebrow and contained some bruising.
4. There was bruising around the left eye measuring 6cm x 3cm.
5. There was a bruise on the left side of the nose side towards the inner canthus of the eye which measured 2.5cm x 1.5cm.
6. There was some bruising and grazing on the left cheek overlying the front end of the left cheekbone just below the eye and towards its outer aspect. This measured 4.5cm x 2cm.
7. There was a patch of small dot-like bruises overlying the left cheek between injury number 6 and the side of the nose. These were small and discreet.
8. There was some bruising and grazing on the left side of the cheek, just in front of the left ear and towards the middle of the ear, measuring 2cm.
9. The tragus of the left ear measuring 0.5cm x 0.5cm.
10. There was some interrupted bruising and grazing on the left cheek, just above the outer angle of the mouth measuring 1.5cm x 1cm.
11. There was a small graze lateral to the right eye between the eye and the ear, approximately one third of the way along, measuring 0.5cm x 0.2cm.
12. There was some grazing on the right upper eyelid towards the corner of the eyelid, measuring 1.5cm x 2cm.
13. There was bruising of the right eye measuring 4cm x 3cm. There was also some post mortem change in the cornea of the eye and there was some bleeding in to the eye.
14. There was some grazing and bruising on the right cheek just below the outer corner of the right eye, measuring 2cm x 1cm.
15. There were some grazes on the right cheek below and lateral to injury number 14, covering an area measuring 3.5cm x 2.6cm. This consisted of a patch of discreet grazing.
16. There was some grazing medial to injury number 14 on the right cheek measuring 2cm x 0.6cm.
17. There was an almost U-shaped graze, extending from the bridge of the nose, passing down the right side of the nose and curving round on to the cheek. The outline was irregular. This measured overall 3.5cm x 3cm.
18. There was a 1cm x 0.8cm bruise on the top of the left ear.
19. There was a bruise measuring some 3.5cm x 1.5cm just below the point of the chin.
20. There was a horizontal parchmented bruised and grazed area passing horizontally across the front of the neck, just above the voice box and level with the junction of the floor of the mouth with the neck. This measured 7cm x 0.8cm.

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21. There was a large area of discreet small bruises with some grazing arranged haphazardly across the front of the neck and extending down on to the left of the neck. This patch measured 11cm x 7cm and covered almost the whole of the front of the neck.
22. On the right side of the neck overlying the right sternomastoid muscle in its middle portion there was a similar area of discreet bruising measuring 11cm x 4cm.
23. There was some bruising and grazing on the left side of the neck, just below the left ear and behind the posterior border of the vertical ramus of the mandible, which consisted of some almost vertical parallel lines of bruising and two areas of circular bruising which were of fingertip size at the bottom of the parallel bruising, one either side of it and associated with these were some small bruises which were discreet in nature.
24. There were two areas of bruising on the left side of the neck below injury number 23 and in a line with the left ear, extending down towards the side of the neck, the upper most one overlying the sternomastoid muscle and the lower one just below the lower border of the sternomastoid muscle, in its upper third. These measured overall 7cm x 7cm. They had the appearance of being parchmented bruises with some grazing.
25. There was a further area of bruising just below the above which overlaid the belly of the left sternomastoid muscle, at the junction of the middle third and the lower third.

Torso

26. There was some interrupted bruising over the top of the right shoulder measuring 4cm x 3cm. This was slightly patterned.
27. There was some interrupted bruising measuring 1cm x 0.5cm just below the medial end of the clavicle on the front of the chest on the right.
28. There was some grazing measuring 1.5cm x 0.6cm which was roughly triangular in shape and extending downwards and medially from below the right clavicle at the front of the chest towards its inner third.
29. There was some bruising on the right upper chest, just lateral to injury number 28, measuring 1cm x 0.5cm.
30. There were some bruises which were of varying severity overlying the front of the chest, just to the right of the midline and over the sternum, below the sternal notch, measuring 2.5cm x 1.5cm. This injury was just below injury number 27.
31. There was some patchy, faint bruising over the lower end of the sternum measuring 9.5cm x 5cm.
32. There was some interrupted bruising on the left side of the chest, almost on the side of the body and towards the lower end of the rib cage, measuring 2.5cm x 0.6cm.
33. There was a 2.5cm x 2cm faint blue bruise on the front of the abdomen, on the left side just below the lower border of the rib cage, just lateral to the midline.
34. Just below and medial to injury number 33 there was some blue bruising measuring overall 1.5cm x 0.7cm.
35. There was some purple bruising which was an irregular shape over the front of the abdomen, just above the umbilicus going across the abdomen and slightly down on the left side, measuring overall 6cm x 4.5cm.

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36. There was a blue bruise in the lower right abdomen just below the umbilicus and to the right of the midline measuring 2.5cm x 1.6cm.
37. There was an area of purplish-blue bruising running downwards and medially, just above the inguinal ligament on the right side of the lower abdomen, measuring 8cm x 7cm.
38. In the midline there was a patch of bruising which was bluish-purple in colour measuring 12cm x 7cm.
39. Overlying the left inguinal ligament there was an area of bruising on the front of the abdomen measuring 3cm x 1.5cm.
40. Just above the pubic area, on the left side of the front of the abdomen, there was a bruise measuring 1.5cm x 1cm.
41. There was an almost horizontal graze on the left side of the back of the body, lateral to the midline and passing almost horizontally across the back of the body and just above the upper border of the pelvic bone. This measured 10cm x 1.8cm.
42. Lateral to injury number 41 there was an area of grazing on the left side of the back of the abdomen measuring 8cm x 0.6cm which passed downwards and slightly laterally.
43. There was an area of bruising on the left side of the abdomen which extended almost from the midline, round the back of the abdomen and in to the left flank, measuring 23cm x 15cm overall. This was irregularly shaped and contained injuries number 41 and 42.
44. There was a small grazed area on the right side of the back of the abdomen, just above the pelvic bone, measuring 0.3cm
45. There was an area of reddish-blue bruising with vague lines passing downwards and medially. This measured overall 7cm x 5cm and was situated on the upper outer quadrant of the right buttock.
46. There was an area of patterned bruising on the right side of the chest, in the flank area, measuring 4.5cm x 3.5cm.
47. There was an area of interrupted bruising measuring overall 4cm x 3cm below injury number 46.
48. There was another area of interrupted bruising measuring 4cm x 3cm below injury number 47.
49. There was a small bruise measuring 1cm towards the back of the right side of the lower chest.
50. Just below injury number 49 there was a similar 1cm area of bruising on the back of the right side of the lower chest.
51. There was some purple patchy grazing and bruising on the right side of the lower abdomen, just above the buttocks, measuring 18cm x 9cm.
52. There was some petechial-like bruising on the lower right side of the body, just above the hip measuring 3cm x 5cm. This was in the midline.
53. There was a blue bruise just below the lower end of the rib cage on the left flank area, measuring 2.5cm x 1.5cm.

Upper Limbs

54. There was a 6cm x 0.3cm area of interrupted bruising passing downwards on the front of the left shoulder, just above the axilla. [REDACTED]

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55. There was an area of interrupted linear bruising which was slightly patterned with the components consisting of three lines of bruising each separated by 1cm and measuring overall 7cm x 3cm on the front of the upper arm.
56. On the medial aspect of the left upper arm there was a bruise measuring 0.8cm x 1cm.
57. Just lateral to injury number 56 there was an area of bruising measuring 5cm x 2cm. This was on the inner surface of the left upper arm and lay just below injury number 55.
58. There was some linear grazing and bruising passing across the lower border of the back of the left wrist, consisting of two parallel bars on the medial aspect, followed by two small dark bruises and an area of bruising, which was approximately D-shaped which was on the little finger border of the left arm. This measured overall 8.5cm x 1.5cm.
59. There was a 0.6cm graze which lay on the back of the left hand, halfway down the back of the hand and below the left index finger.
60. Just below and medial to injury number 59 there was a small graze measuring 0.2cm.
61. There was an area of grazing on the lateral aspect of the left thumb, by the knuckle, measuring 0.7cm x 0.8cm. The hand was swollen.
62. There was a small area of bruising at the base of the thumb on its radial border, measuring 1.1cm x 0.7cm.
63. On the front surface of the left lower arm, just above the wrist, there was an area of grazing measuring 0.2cm.
64. There was some bruising on the outer aspect of the right upper arm, just below the shoulder measuring 6.7cm x 3cm.
65. On the back of the right wrist there was an area of grazing which was parchmented, measuring 2.5cm x 7.5cm. This extended across the whole of the back of the right wrist and was irregular in shape.
66. There was a small graze measuring 0.2cm just below the web space between the right index and middle fingers.
67. There was a small graze measuring 0.2cm at the base of the right ring finger on the back of the hand. The hand was swollen.

Lower Limbs

68. There was a bruise measuring 1cm in diameter over the front of the left thigh, just below the inguinal ligament.
69. There was an area of bruising measuring 1.5cm x 2cm on the front of the left thigh in its upper third.
70. There was some purple faint bruising consisting of a number of small bruises on the inner aspect of the left thigh, one third of the way up from the knee, measuring overall 11cm x 6cm.
71. There was a small bruise measuring 1.5cm on the inner aspect of the left knee.
72. Just above and lateral to injury number 71 there was a small bruise measuring 1cm.
73. There was an area of bruising at the lower inner border of the right knee measuring 2.5cm x 1.5cm.
74. There was a patch of grazes and bruises on the outer aspect of the left knee, measuring 8cm x 4cm.

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75. There was a faint purple bruise on the inner aspect of the left calf halfway down, measuring 4cm x 2cm.
76. There was some faint red bruising on the outer aspect of the left calf one third of the way down measuring 1cm x 0.6cm.
77. Medial to injury number 75 and lying in the midline and slightly below injury number 75, there was an area of faint red bruising measuring 2cm x 1.5cm.
78. There was a 0.7cm x 0.4cm area of grazing on the front of the left shin, two thirds of the way down and towards the lateral border.
79. There was an area of grazing measuring 1cm x 0.5cm just below injury number 78, on the front of the left shin.
80. There was some interrupted purple bruising on the front and at the top of the left foot, extending from the ankle down towards the forefoot, measuring overall 9cm x 5cm.
81. The lateral malleolus of the left ankle there was an area of grazing measuring 1.2cm x 0.5cm.
82. There was some bruising and grazing measuring 1.5cm x 2cm just above the right knee.
83. Just overlying the bottom of the right knee, there was some bruising and grazing measuring 4cm x 1.5cm.
84. There was a linear area of bruising going downwards and laterally, just below the right knee. (*Check against photograph*).
85. There was a small graze measuring 0.2cm in the midline of the right shin, one third of the way down.
86. There is a similar graze just lateral to and below injury number 85, measuring 0.7cm.
87. Medial to the above injury there was a small graze measuring 0.2cm.
88. There was a 0.1cm graze on the front of the right shin, halfway down.
89. There was an area of bruising measuring 5cm x 1.5cm, at the junction of the middle and lower thirds of the right shin, on the front.
90. There were some grazes on the inner aspect of the left ankle lateral to the medial malleolus and towards the front of the ankle area, measuring 2cm x 0.5cm.
91. There was an area of bruising with some grazing on the outer aspect of the right knee, measuring 5cm x 5cm overall.
92. There was some bruising which was interrupted at the outer aspect of the right popliteal fossa.
93. There was an area of grazing measuring 2cm x 1.5cm on the back of the right calf, on the lateral border.

INTERNAL EXAMINATION

- SCALP & SKULL:** The scalp was unremarkable. The vault and base of the skull were free of fracture.
- BRAIN & MENINGES:** The brain showed slight swelling overall and there was slight evidence of coning.
- FACIAL BONES:** The nose was fractured but not displaced. The maxilla and mandible were free for fracture.

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MOUTH & TONGUE:	The mouth contained natural teeth. There was bruising to both lips. On the upper lip this measured 3cm x 1cm and on the lower lip this measured 2cm x 1.5cm. This bruising was in the midline. The lips were swollen.
NECK STRUCTURES:	The voice box was free of fracture. The soft tissues of the neck were free of injury. The vessels and nerves were free of injury.
LUNGS & PLEURAE:	The pleural spaces were clear. The airways contained a small amount of bloodstained fluid, which was present in both the trachea and in the bronchi. The lungs were markedly oedematous and congested with free fluid flowing from their cut surfaces. The pulmonary arteries were patent.
PERICARDIUM, HEART & BLOOD VESSELS:	The heart was of normal size. The coronary arteries were largely free of atherosclerosis. The myocardium and heart valves were healthy. The aorta was largely free of atherosclerosis.
OESOPHAGUS:	The oesophagus was healthy.
STOMACH & CONTENTS:	The stomach was empty and there was slight bleeding in the cardia region.
INTESTINES & MESENTERIC GLANDS:	The small intestine was healthy. It contained only gas. The large intestine contained a small amount of faeces. The mesentery and peritoneum were unremarkable.
LIVER & GALL BLADDER:	The liver was slightly enlarged and fatty. The gall bladder was healthy.
PANCREAS:	The pancreas was healthy.
SPLEEN:	The spleen was healthy.
KIDNEYS & URETERS:	The kidneys stripped easily from their capsules revealing a smooth sub capsular surface. The ureters were healthy.
BLADDER & URINE:	The bladder was empty.
GENERATIVE ORGANS:	The generative organs were unremarkable.
ENDOCRINE SYSTEM:	The endocrine system was unremarkable.

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**OTHER
ORGANS:**

There was an area of bruising on the left side of the chest measuring 12cm x 10cm. This overlay the 8th to 12th ribs and was on the lateral border of the chest. The left 7th to 8th ribs were fractured close to the spine and left 8th to 9th ribs in the mid axillary line. This was associated with some bruising extending up in to the intercostal muscles either side of the fractures but particularly centred over this area where the fractures were and there was slight tearing of the intercostal muscles.

The remaining organs were unremarkable save for the fact that they all showed slight signs of post mortem degeneration.

Samples of the relevant organs were taken by me for histological examination.

Samples of blood and liver were taken by me for toxicological examination. This showed that Mr Musa had a fatty liver. The histological findings were consistent with but not diagnostic of the autopsy findings.

WEIGHT OF ORGANS:

Brain:	1400 gms
Right Lung:	750 gms
Left Lung:	650 gms
Heart:	330 gms
Liver:	2005 gms
Spleen:	100 gms
Right Kidney:	160 gms
Left Kidney:	170 gms

CONCLUSIONS

1. The body was that of a well-nourished adult male the appearance of whom was consistent with the stated age.
2. There was no evidence of natural disease which could have caused or contributed to death at that particular time.
3. The results of the toxicological examination are awaited.
4. The multiplicity of injuries and their widespread distribution is consistent with a systematic beating taking place over a period. It is impossible to say how long that period of beating may have lasted because the timing of injuries is an inexact science, especially when injuries are inflicted over a relatively short period of time measured in hours rather than days.
5. The injuries are all consistent with blunt impacts. Their appearances are consistent with the history that he could have been beaten over a period of time and he could have been struggling on the floor of the detention centre. The fact that there is a mixture of grazes and bruises is indicative of a mixture of glancing blows against a firm object and directly applied force with blunt objects. It is quite possible that some of the facial bruising and grazing occurred because he was face downwards and on the floor

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and that he may moved his head from side to side against the surface of the floor and even banged his head against a wall.

6. The linear parchmented abrasion passing horizontally across the neck has the appearances of a ligature mark, in which a piece of cloth could have been pulled against the skin, abrading the surface. The other injuries to the neck would be consistent with some cloth abrading the surface and there is a suggestion of a grip mark on the left side of the neck.

7. The absence of food from the stomach and the small intestine does not accord well with the indication that he was fed during the course of his detention. Stomach emptying times are extremely variable and it is difficult to be exact in this context, but unless he vomited the total absence of any fluid from the stomach and the presence of only gas in the small intestine in its upper reaches, is an unusual finding in some one who has been fed regularly.

8. The appearances are consistent with an asphyxial death. It is well known in the literature and has received wide publicity in the lay press that detaining people whilst forcing them to lie on their fronts whilst pinioning their arms behind their back, together with the application of pressure on the upper part of the chest and neck, can dispose to a condition known as postural asphyxia. This does not necessarily leave any of the classical signs of asphyxia and the mechanisms are not fully understood. Here we have a situation in which a man was held face downwards and it is said that there was a knee in his back and latterly in the back of his neck. Thus his breathing would have been restricted. Added to this a man who was hooded and who has a roughened ligature mark on the front of his neck, all of which adds up to an asphyxial mode of death. To this must be added the cumulative effect of the widespread injuries, which he sustained during his captivity. It is my understanding that when he was examined by a medic at about 15.00 hours on the Sunday, there were no visible injuries therefore it can be concluded that these injuries occurred after that time and before he died. Individually the injuries were all survivable and indeed, I would have expected a young person to have survived from these injuries had there been no other interference. Nevertheless, the fact that there are so many and the conditions under which they were caused would undoubtedly have had an adverse effect upon Mr Musa, consequently they cannot be divorced from the overall cause of death.

Cause of Death:

- 1a: Ligature strangulation and postural asphyxia.
2. Multiple injuries.

Ian R Hill OBE MA MD PhD FRCPath MRAeS LDS
Department of Aviation Pathology

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2. EXAMINATION OF THE DETAINEES

On the 22nd September 2003 at Camp Bucca I carried out an examination on the an adult male identified to me as that of:-

UK Tag No: 090362 D001

CIRCUMSTANCES

D001 was one of the men who had been captured on the 14th September 2003 when a troop of soldiers carried out an operation on a hotel in Basra. I understand that on Sunday 14th September 2003 a raid was conducted on a hotel in Basra by a troop of soldiers who were under the impression that loyalists were resident there and that there may have been arms present in the building.

D001 was a middle-aged man who moved extremely slowly and lay very still on the bed. He was slightly overweight but there were no signs of any other illness. He was extremely tender to the touch in the chest and on inspiration this caused considerable pain. I understand that whilst he was in detention he may have been kicked and punched.

He had the following injuries:

SIGN OF INJURY

1. On the left side of the back there was some diffused bruising going down laterally and faintly which was grayish green in colour and ended below the shoulder blade at the lower end. It measured 4cm x 1cm and was 11cm from the midline and 13cm from the shoulder. This is shown in photograph numbers 6 and 7 of album 3878.

2. There was an area of purple, blue and greenish bruising which had diffuse edges and was irregular in shape in the lower left flank area, just above the waistline. There were also three fingertip type bruises at the upper end of the lateral border of the bruise. The bruise itself measured 12cm x 8cm overall. It was 8cm from the midline and 32cm from the shoulder. This is shown in photograph numbers 3 and 4 of album 3883 and photograph numbers 4, 5 and 6 of album 3878

OPINION:

D001 had sustained blunt impact injuries. Their appearances were consistent with them having been inflicted about one week before, but injury timing is more of an art than a science.

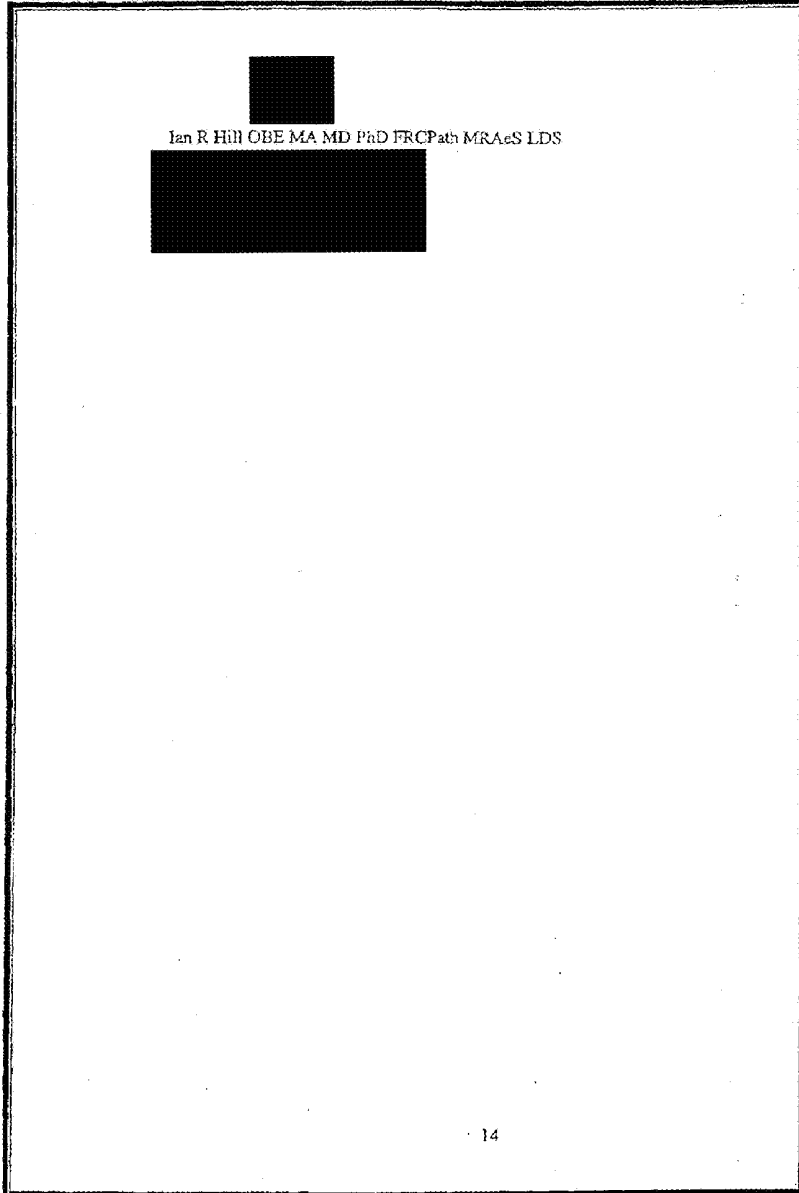
Because of the pain on inspiration it was recommended that he should have a chest x-ray. I am not aware of the results of this examination.

In my opinion these injuries could have been caused by punching or kicking, but probably the former

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On the 22nd September 2003 at Camp Bucca I carried out an examination on the an adult male identified to me as that of:-

UK Tag No: 090366 Ahmed Taha Musa AL MATARI (MTAYRE)

CIRCUMSTANCES

Mr Al Matari was one of the men who had been captured on the 14th September 2003 when a troop of soldiers carried out an operation on a hotel in Basra. I understand that on Sunday 14th September 2003 a raid was conducted on a hotel in Basra by a troop of soldiers who were under the impression that loyalists were resident there and that there may have been arms present in the building.

I understand that Mr Matari may have been subjected to punching or kicking whilst in detention.

Mr Matari was an elderly gentleman who was complaining of pain in the left calf and was limping badly. He had had cramps before he had been arrested but he was kept for two days with his legs underneath him. He had the following injuries:

SIGN OF INJURY

1. There was an area of feint red bruising on the left side of the lower back, consisting of two linear bruises, one of which was 6cm long and 5.2cm below this was an area of bruising which was 3cm in length. This was 7cm from the midline and 30cm from the shoulder. This is shown in photograph numbers 10 to 12 in album 3878.
2. There was an area of bruising on the left side of the back, which was diffuse and purplish in colour. The bruise measured 5cm x 4cm and was 8cm from the midline and 45cm from the shoulder. This is shown in photograph number 9 of album 3878.
3. There was tenderness over the left inguinal region with slight swelling and an inguinal hernia, which was not obstructed.
4. The left calf was slightly swollen compared with the right. The left measured 36.6cm and the right 35.6cm. He had varicose veins and the leg was painful and tender over the mid-calf region. Homan's sign was positive. Walking was difficult and he was shuffling. He was also short of breath.

Later Mr Matari said that he had had a similar problem in the past and he'd had to sit for 15 days with ice packs and had been told that he'd had bleeding into the calf and was given tablets by his doctor.

There was no evidence of bleeding on external examination.

OPINION:

Mr Matari was referred for a medical opinion because of the possibility of a deep vein thrombosis, but I am not aware of the results of this referral. [REDACTED]

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The injuries, which he sustained, were mild and could have been caused by blunt trauma, such as punching or being pulled around. They are non-specific in nature.

They are all consistent with the time scale, although it has to be accepted that timing injuries is more of an art than a science.

The pain in the left calf was the most potentially the most serious problem. It is well known that inactivity can predispose to the development of deep vein thrombosis, especially in older people and those with varicose veins.

The tenderness of the hernia may have been related to the activity, which he had undertaken during arrest, but equally it could have been one of the problems of a pre-existing condition.



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On the 22nd September 2003 at Camp Bucca I carried out an examination on the an adult male identified to me as that of:-

UK Tag No: 090361 Kifau Taha MUTARI (Mutari Kefer Taha)

CIRCUMSTANCES

Mr Mutari was one of the men who had been captured on the 14th September 2003 when a troop of soldiers carried out an operation on a hotel in Basra. I understand that on Sunday 14th September 2003 a raid was conducted on a hotel in Basra by a troop of soldiers who were under the impression that loyalists were resident there and that there may have been arms present in the building.

Mr Mutari was admitted to BMH Shaibah at about 22.40 hrs on 16 September 2003, where he was seen by Dr A J Maguire. A diagnosis of renal failure caused by the breakdown of muscle (rhabdomyolysis), which appeared to have resulted from trauma, was made.

Mr Mutari responded to conservative treatment.

He had the following injuries:

SIGN OF INJURY

1. A 2.4cm x 1.1cm bruise just above the right axilla. (No photograph).
2. A 2.3cm x 1.2cm interrupted bruise one third of the way down on the inner border of the right upper arm. This is shown in photograph numbers 1 and 2 in album 3877.
3. An interrupted and diffuse bruise which was interrupted and diffuse, on the outer aspect of the lower third of the upper arm, on its inside border measuring 5.5cm x 2cm. This is shown in photograph number 4 of album 3877.
4. Directly opposite injury number 3, on the inner border of the right upper arm, there was a 4.5cm x 2cm deep purple bruise. This is shown in photograph numbers 4 to 6 of album 3877.
5. On the medial aspect of the right elbow there was a diffuse, faint 3cm x 0.3cm bruise. This is shown in photograph number 6 of album 3877.
6. On the outer aspect of the right wrist there was a healing abrasion which was 1.5cm in diameter. This is shown in photograph numbers 7 and 8 in album 3877.
7. On the upper aspect of the left upper arm on its lateral border, one third of the way down from the axilla, there was a 2.2cm x 1.5cm bruise. This is shown in photograph numbers 11 and 12 of album 3877.

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8. Just below injury number 7, on the lateral border of the left upper arm, there was a small area of bruising. This is shown in photograph numbers 11 and 12 of album 3877.
9. Below and medial to injury number 7, there was a 0.8cm bruise. (No photographs).
10. There was an area of bruising over the left antecubital fossa, extending up into the upper arm and down on to the front of the lower left arm, which measured 13cm x 10cm. This is shown in photograph numbers 9 and 10 of album 3877.
11. On the outer aspect of the left upper arm, on its lateral border, there was a 12cm x 8cm area of yellowing bruising covering the middle third of the arm. (No photographs).
12. At the base of the left thumb there was a small bruise measuring 2cm x 1.1cm. (No photographs).
13. On the inner aspect of the right thigh, two thirds of the way down, there was a bruise measuring 2cm x 0.3cm. This is shown in photograph numbers 21 and 22 of album 3877.
14. There was a 0.7cm x 0.2cm bruise just above the right knee, on the side of the right upper leg. (No photographs).
15. There was a 2cm x 1cm graze on the inner aspect of the right knee. This is shown in photograph numbers 23 and 24 of album 3877.
16. On the inner aspect of the left upper leg, two thirds of the way down, there was a bruise measuring 10cm x 8cm. This is shown in photograph numbers 13 and 14 of album 3877.
18. There is some linear bruising passing down the outer aspect of the left thigh measuring 10.5cm x 5.5cm overall. This consisted of three bands of linear bruising with diffuse outlines and some scattered blue bruising. This is shown in photograph numbers 8 and 9 of album 3879.
19. Below injury number 18 there was an area of bruising measuring 6cm x 7cm. This is shown in photograph numbers 3 and 4 of album 3879.
20. On the outer aspect of the left thigh, two thirds of the way down, there was an area of bruising measuring 6cm x 6cm. This shown in photograph numbers 15 and 16 of album 3877.
21. Just below injury number 20 there was an area of bruising measuring 5cm x 2cm. (No photographs).
22. On the front of the left shin there was an area of bruising measuring 10cm x 6cm which was interrupted. (No photographs).

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23. Just below the left knee, on the outer aspect of the knee, there was a graze measuring 0.7cm x 0.7cm. (No photographs).

24. There was a graze measuring 3cm x 1cm passing horizontally above the left knee. This is shown in photograph numbers 17 and 18 of album 3877.

25. There was a patch of grazes with faint greenish bruising on the front of the left shin, measuring 9cm x 6cm overall. This is shown in photograph numbers 19 and 20 of album 3877.

26. There was an area of bruising above the umbilicus measuring 3cm x 4cm. This was purplish in colour and diffuse. This is shown in photograph numbers 6 and 7 of album number 3879.

27. An extensive area of bruising extending downwards from below the left axilla and on the upper border of the left side of the lower chest, going down to the lower border of the abdomen and ending just above the hip. This extended round almost to the front of the abdomen on the left side and round the back ending near the midline. This was deep purple in colour. This is shown in photograph numbers 10 to 12 of album number 3879.

28. On the right side of the abdomen there was an extensive area of diffuse, irregular shaped purple bruising, extending from the lower border of the chest down, just above the buttocks and extending down to the right leg on the thigh going round towards the front of the abdomen and extending backwards, almost towards the midline of the back. This was purplish in colour.

Note: In the left antecubital fossa there are two areas of bruising which are associated with therapeutic wounds, two of which can be seen in the bruises. (Photograph number 2 album 3879).

OPINION:

Mr Mutari's injuries were extensive and serious, and gave rise to a life-threatening condition, which needed complicated medical treatment. At the time of my examination he was responding to that treatment. It is my understanding that Mr Mutari's renal failure was a direct consequence of his injuries. The biochemical and other markers are all said to have pointed to this cause.

There is a well-established relationship between muscle damage and the development of acute renal failure. This can occur even in fit young adults. However, here it followed widespread blunt trauma of considerable severity.

It is not possible to say over what length of time Mr Mutari was subjected to blunt trauma.

The appearance of his injuries is consistent with sustained abuse, such as has been described by various witnesses. This is said to have included kicking and punching.

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At the time of my examination, about one week after the event, the injuries had changed in appearance. Some were healing and others had become more diffuse. Nevertheless, the overall appearances were consistent with them having been caused during the period of detention.

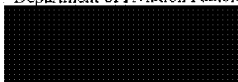
I also agree with Dr M J Maguire who said:

"The episode of renal failure is totally consistent with kidney damage resulting from generalized muscle damage, which in the presence of bruising and given the circumstances almost certainly resulted in physical assault".

This was undoubtedly a serious response to trauma, resulting in a life-threatening condition, which may leave sequelae which could affect Mr Mutari's long term health. An appropriate opinion should be sought to resolve this issue.



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On the 22nd September 2003 at Camp Bucca I carried out an examination on the an adult male identified to me as that of:-

UK Tag No: 090358 **D003**

CIRCUMSTANCES

D003 was one of the men who had been captured on the 14th September 2003 when a troop of soldiers carried out an operation on a hotel in Basra. I understand that on Sunday 14th September 2003 a raid was conducted on a hotel in Basra by a troop of soldiers who were under the impression that loyalists were resident there and that there may have been arms present in the building. I understood that whilst **D003** was in detention he was said to have been subjected to kicking and punching.

D003 was initially seen in hospital but he had not noticed any improvement in his symptoms since that time. He was still complaining of difficulty in breathing and pain in his chest on turning to the left and right. He had had some pain in his head and scalp but this had gone by the time that I saw him. He had had a chest x-ray at the hospital and some photographs were taken when he was admitted to hospital.

SIGN OF INJURY

Head & Neck

1. There was some resolving grazing on the bridge of the nose, extending down on to the nose. This was flaking and had some of the appearances of a sunburn injury. This is shown in photograph numbers 2, 3, 8 and 14 of album 3880.
2. There was a small graze on the right side of the forehead, above the medial end of the eyebrow. This was of fingertip size and could be seen in photograph numbers 2-4 and 13 of album 3880.
3. There was a small fingertip sized superficial graze by the outer corner of the right eye. This can be seen in photograph number 13 of album 3880.
4. There was an interrupted oval graze on the right side of the cheek, midway between the ear and the angle of the mouth. This can be seen in photograph number 13 of album 3880.
5. There was a faint linear graze passing diagonally downwards from the outer border of the left eye, towards the angle of the mouth. This can be seen in photograph number 14 of album 3880.

(Injuries number 1 to 5 are all healing).

6. There was a 13cm x 4cm healing abrasion passing horizontally across the lower abdomen in an area of reddened bruising which passed from side to side across the abdomen and extended from the lower border of the abrasion towards the bottom of the rib cage. This was irregular in outline. This can be seen in photograph numbers 15-18 in album 3880.
7. There was a further healing abrasion on the left flank, which was just above the inguinal region and overlying the anterior aspect of the hip. This is shown in photograph number 22 of album 3880.

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8. In the lower back there was an area of darkish discoloration which looked like an abrasion on the left side measuring 5cm x 6cm. This is shown in photograph numbers 23 to 25 of album 3880.
9. On the right wrist on the dorsal aspect there were areas of abrasion and bruising. On the radial border of the right wrist, there were three small parallel areas of abrasion. On the radial border there was a small pinpoint abrasion measuring 0.2cm. Just below this there was a 3cm long abrasion which was 0.7cm wide and just above the base of the thumb there was one which was 0.2cm wide and 3cm in length. On the radial border there were two areas of abrasion separated by 0.8cm. the upper most one was 1cm length and the lowest was 0.5cm. These are shown in photograph numbers 4, 5 and 6 of album 3880.
10. On the back of the left wrist there was a 1cm x 0.7cm bruise on the radial border. This is shown in photograph number 2 of album 3880.
11. Just above the base of the thumb on the back of the left hand, towards the wrist, there was a 2.5cm x 0.8cm linear bruise running across the wrist. (No photograph).

OPINION:

The injuries seen are typical of the type of injury which can be caused by blunt impact. They are healing injuries. However, because the timing of injuries is more of an art than a science, accurate dating cannot be undertaken. Nevertheless, their appearances are consistent with them having been caused about one week previously.

Whilst they are not by themselves especially severe injuries, their distribution suggests that they were produced during a fierce struggle. Also they are consistent with the history of abuse given by the various witnesses whilst he was in detention.

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On the 22nd September 2003 at Camp Bucca I carried out an examination on the an adult male identified to me as that of:-

UK Tag No: 090359 **D002**

CIRCUMSTANCES

D002 was one of the men who had been captured on the 14th September 2003 when a troop of soldiers carried out an operation on a hotel in Basra. I understand that on Sunday 14th September 2003 a raid was conducted on a hotel in Basra by a troop of soldiers who were under the impression that loyalists were resident there and that there may have been arms present in the building.

I understand that **D002** may have been subjected to punching and kicking whilst in detention.

D002 was complaining of pain in the lower right rib cage with some difficulty in breathing. The pain radiated through to the back. He had the following injuries:

SIGN OF INJURY

1. There was a gaping 1cm x 0.4cm laceration on the right side of the forehead at the medial end of the right eyebrow. This extended upwards and laterally into the forehead and it had ragged edges. This was associated with a bruise measuring 0.9 x 0.2cm. This is shown in photograph numbers 19 to 21 of album 3883.
2. There was an area of painful bruising, swelling and crepitus on the bridge of the nose. The bruising was very feint. This is shown in photograph numbers 19 to 21 of album 3883.
3. There was an area of bruising underneath the right eye extending down on to the cheek, measuring 2.5cm x 0.9cm overall. This is shown in photograph numbers 19 to 21 of album 3883.
4. On the back of the left shoulder there was a diffuse bruise which was purple-green in colour measuring 4cm x 1cm. This is shown in photograph numbers 28, 29 and 30 of album number 3883.
5. On the right flank, 14cm from the axilla, there was an area of feint bruising which was reddish in colour which was 6cm x 2cm. (No photographs).
6. The lower right flank there was an area of bruising measuring 17cm x 9cm which was purple in colour, passed horizontally across lower abdomen. It was 14cm from the midline and 45cm from the axilla. This is shown in photograph numbers 23 to 27 of album number 3883.
7. Photograph number 32 of album 3883 is said to be of an unknown site on Mr **D002**. It appears to be the right thigh. No injury was complained of at that site at

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the time of my examination. It looks like a fingertip type red bruise and an area of linear grazing/bruising which is resolving.

OPINION:

Mr D002 has a series of mild injuries, which could have been caused by rough handling, such as has been described. The appearances are consistent with the time scale, but it has to be remembered that timing of injuries is not an exact science.

Because of the injury to the nose/eyelid and the pain in the chest together with the dyspnoea, Mr D002 was referred to hospital, but I am not aware of their findings.



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On the 22nd September 2003 at Camp Bucca I carried out an examination on the an adult male identified to me as that of:-

UK Tag No: 090360 **D004**

CIRCUMSTANCES

D004 was one of the men who had been captured on the 14th September 2003 when a troop of soldiers carried out an operation on a hotel in Basra. I understand that on Sunday 14th September 2003 a raid was conducted on a hotel in Basra by a troop of soldiers who were under the impression that loyalists were resident there and that there may have been arms present in the building.

I understand that **D004** may have been subjected to kicking and punching whilst in detention.

D004 was a young man who said that had had some injuries but the signs of them had gone. He told me that he was going to get treatment when he got out. He was somewhat truculent. He was complaining of pain which was going down the right side of the rib cage and he said that it was painful when he turned over at night. He also complained of considerable pain going down the right side of the body if he turned his head to the right, or the left. He told me that he was punched when he was captured and that he was hit on the left upper arm which was very painful and that he also had a severe pain in the right side and that he had received an injection from a doctor. There was no clinical sign of any fractured ribs.

SIGN OF INJURY

1. There was an area of feint linear grazing on the left side of the back of the body which was 12cm from the midline and 22cm from the shoulder. They passed downwards and laterally and were extremely feint. They were no more than 0.2cm wide. The upper most one measured 7cm. Between them there were two small grazes measuring 2cm. There was a further graze which was 5cm long below and medial to the above grazes there was then a smaller 2cm bruise and below that a 7cm graze. The major grazes were separated by a distance of 2cm each. They were slightly interrupted. They are shown in photograph numbers 13 and 14 of album 3878.
2. There was a 7cm x 2cm brown bruise on the back of the left shoulder. This is shown in photograph numbers 15 and 16 of album 3878.
3. There was a 3cm x 2cm an interrupted reddish-brown bruise on the back of the left shoulder area, 9cm from the midline and 3cm from the shoulder. This is shown in photograph numbers 15 and 16 of album 3878.
4. There was a smaller area of bruising on the back of the left axilla, measuring 4.5cm x 3.5cm. This is shown in photograph numbers 15 and 16 of album 3878.

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5. Just below and medial to injury number 4 there was another area of brown bruising measuring 2cm x 2cm, which was 6cm from the midline and 11cm from the shoulder. This is shown in photograph numbers 15 and 16 of album 3878.

6. On the back of the right shoulder there was a 2cm x 1.1cm area of brown bruising which was 4cm from the shoulder. No photograph.

7. There was a browna bruise just above the axilla measuring 2cm x 2cm on the back of the right shoulder, 6cm from the tip of the shoulder and 8cm from the midline. These are shown in photograph numbers 17 and 18 of album 3883.

8. There was a dressing on the right ear, which was slightly swollen. Apparently this had been treated the day before, on 13th September.

OPINION:

D004 had a variety of mild injuries which could have been caused by rough handling during detention, such as has been described. They are non-specific in nature.

The injuries are consistent with the time scale, but it has to be remembered that timing injuries is not an exact science.

[REDACTED]

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[REDACTED]

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3. OTHER CASES

I have also reviewed the following photographs taken of people who I did not examine:

A. 090363**D006**

D006 (photograph number 2, album 3883), appears to have a graze on the left cheek, below the outer border of the left eye.

B. 090364**D005**

There is a suggestion of a graze at the medial end of the right eyebrow in photograph number 13 of album 3883. There also appears to be some redness in the outer corner of the left eye.

C. 090365**D007**

Photograph numbers 5-9 in album 3883 specifically refer to **D007**

Photograph number 7 shows a small diffuse area of purple bruising in the right front. Below this is a further large purple/red/yellow bruise, which is approximately 14.5cm x 9.8cm. This bruise is also shown in photograph number 8.

Photograph number 9 shows two faint diffuse linear areas of bruising, which seem to be in the right upper back/flank area. The uppermost is some 3.2cm x .05cm and the lower one some 10.5cm x 1cm.

D. Photograph numbers 10-12 of album 3883 are unlabeled. They show a fading blue/red and yellow bruise with some greenish tinge is diffusely oval.



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4. OPINION:

The appearances of the various injuries seen in the men who were detained on 14 September 2003 is consistent with the infliction of blunt trauma. Various witnesses have said that they observed soldiers punching and kicking the detainees, and there is evidence that one of them may have struggled, freeing himself from his handcuffs. The type of behaviour described could have caused the injuries seen. They are though, non-specific blunt injuries and as such could have a variety of causes. Nevertheless, given their circumstances, there is no doubt in my mind that they were inflicted whilst the men were being held.

It has to be admitted, though, that timing injuries is not easy. Bruises may go through the full range of colour changes in 72 hours but it may take three weeks. Thus the exercise is more of an art than a science, and any such determination has to be treated with caution. In this case the death of Mr Musa and the hospitalization of Mr Mutari, who had similar injuries, supports the view that the various injuries were caused between 14th-16th September 2003.

Some witnesses have alleged that kicking took place. It may have done, and some of the injuries would be consistent with such a cause. However, the absence of any specific patterning to the injuries means that there cannot be medical proof of this having occurred. However, the extent of some of the bruising is strongly supportive of kicking.

The appearances and pattern of the various injuries is that of a spectrum of abuse occurring over a prolonged period. It is also highly valuable in severity, and extent. The reasons why this should be so are outwith the scope of a forensic pathologist, and may need to be addressed by an appropriately qualified psychologist and/or psychiatrist.

It is difficult to understand how the various injuries can have gone undetected, given that on occasions various detainees were examined. Admittedly as stated above, injury timing is inexact, but the appearances of the injuries and the history, supports the view that injury causation took place over a period of time.

Inevitably, the possibility that some or all of the injuries could have been caused during normal arrest and handling procedures, especially if any of the men resisted arrest has to be raised. Normally the degree of injuries seen is much less extensive than is seen here especially in the more severely injured. Indeed, in the cases of Mr Musa and Mr Mutari for example, I would regard such a possibility as being so remote that it can be discounted. Moreover, if any of the injuries were caused during arrest, then they ought to have been noted.

The other possibility that they were caused after being released from the detention centre has to be raised. Again, given the caution about the timing of injuries, their appearances and the history make this extremely unlikely, and thus it can be discounted.

It is disconcerting to note that some of the detainees had conditions which needed treatment. Thus, for example, ~~XXXX~~ had a laceration near his right eyebrow, which needed suturing and Mr Al-Matari had a suspicion of deep vein thrombosis, which needed specialist investigation. As a forensic pathologist I am not qualified to comment other than on basic principles in such matters, and they should be referred to an appropriately qualified clinician.

5. CONCLUSIONS:

- 1. There is clear medical evidence showing that

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090359 **D002**
090360 **D004**



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 090362
 090366 Ahmed Taha Musa Al-Matari (Mayre)
D006
 090363 **D005**
 090364 **D007**
 090365

were subjected to a variety of blunt impacts.

2. The degree of injury sustained was variable, ranging from mild to fatal.
3. Mr Kifau Taha Mutari sustained injuries which, had they not been treated would have killed him. The development of acute renal failure following muscular injury is a very serious matter. He was undoubtedly saved by the provision of skilled medical care.
4. It is recommended that appropriate clinical advice is sought about the possibility of long term effects developing in Mr Kifau Taha Mutari.
5. It is surprising that the laceration to **D002** forehead was not treated. Similarly it is surprising that some of the detainees had injuries and pre-existing medical conditions, which may have warranted further medical consideration. The arguments involved are beyond the competence of a forensic pathologist, and should be addressed by an appropriately qualified clinician.
6. The appearances of the injuries is consistent with the history given by the various witnesses of kicking and punching. However, there are no injuries which show a pattern, which might be helpful in identifying specific footwear. Moreover, it has to be acknowledged that the injuries would have to be classified as non-specific blunt trauma.

I will gladly review my findings and my opinion when the results of the various hospital referrals are made known to me, and if further medical evidence is made available.

7. It is clear from the overall pattern, nature and severity of the injuries, that these are not those that are usually seen in arrests and detention. They are consistent with the application of varying degrees of force, some of which were obviously severe.
8. In this context it would be helpful to have the opportunity to review any photographs which were taken in the hospital.
9. Whilst injury timing is more of an art than a science, the overall appearances of the injuries is consistent with them being inflicted during the period of the 14th - 16th September 2003.

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