



MOD-83-000497-A

Republic of Iraq  
Medical and Legal Forensic Report

Ministry of Health  
[Illegible] Basra  
[Illegible] 2  
Date: 27/5/2013  
Number: 2

To: Military Police

I, the undersigned Dr. Saeed Abdul Razak Seedy, have conducted a forensic examination on the body of the deceased Saeed Shipram who was sent with a "Request of Forensic Examination" application issued by ....., number ....., dated on ..... The examination took place on 24.5.2003 at ..... Hour at the Forensic Medicine department, Al basra. My findings are as follows:

**Description of the body:**

Gender: Male. Height: 170 cm. Built: Medium. Skin colour: Wheat. Hair: Black. Colour of Facial Hair: ..... Eyes: Black. Age: 19.

Other Distinctive Marks, i.e. Spot, tattoo, congenital deformity, amputation, etc and its location on the body, particularly if the identity is unknown.

Clothes Description: White vest, blue top, white trousers.

Post Mortem Signs: ..... Post Mortem Rigidity: Complete. Post Mortem Lividity: Posterior.

Putrefaction: Has not started.

External Injuries:

White pinkish foamy froth from the nose.

An abrasion at the bottom of the dorsal left forearm, size: 1.5 cm X 2 cm. Edges are irregular. There is another abrasion in the same area. Size of the abrasion: 1.5 cm X 0.5 cm. Irregular Edges.

An abrasion at the bottom of the exterior side of the right forearm, length: 18 mm, width: around 1mm, Edges: irregular.

An abrasion at the top of the right shoulder area, size: 1.5 cm X 6 mm, irregular edges.

An abrasion at the bottom of the left lumbar area, size: 1 mm X 6 mm, irregular edges. These abrasions are likely to have happened during life. Putrefaction has not occurred in the body. There are not any apparent cuts or bruises anywhere on the rest of the body. On opening the body and dissecting the muscular layers there was no sign of any hemorrhage.

Seal: [Al basra {illegible} Department, Forensic Medicine Department.]

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Internal Examination

Head:

Scalp: Normal

Cranium and cranial base: No sign of fractures

Meninges and cerebrum: Engorged.

Facial bones, mouth cavity and teeth: No signs of fractures

Neck, larynx and larynx cartilage, hyoid bone, trachea, esophagus: All seem normal. There are no signs of fractures in the hyoid bone; neither there are any signs of ruptures in the larynx cartilage. There is foamy froth in the trachea.

Thyroid gland, nerves and blood vessels in the neck, cervical vertebrae: All seem normal.

Torso:

Chest cavity: Normal

Collarbone, sternum and rib cage: There are no signs of fractures

Pericardium, the heart and its main blood vessels: The heart muscle, valves and blood vessels all look normal. Heart cavities contain un-coagulated blood.

Lungs and pleura, thoracic spine; Obvious fluid swelling in the lungs. Lungs fill most of the rib cage. Hemorrhagic spots on the lungs surface.

Abdominal cavity:

Peritoneum: Engorged

Stomach and stomach contents: Stomach is full of water mixed with emulsified food.

Intestines: Contain water.

Liver and biliary tracts: Engorged. Look normal.

Spleen: Engorged

Pancreas:

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Adrenal glands, kidneys, ureters and bladder: All engorged. There are not any pathological changes in the blood vessels.

Place of Death: Neighbourhood or Village.....Township.....County.....Governorate  
Basra

Date of Death (In words) .....Hour.....Day.....Month.....Year 23/5/2003 (Illegible)

Name of Father: (Illegible)

Name of Mother: [REDACTED]

Name of Informant: [REDACTED]

Relation to the Deceased:

Complete Address of Informant: Basra

### Medical Certificate of Death

#### PART 1:

Immediate Cause	A	(Caused by or as a result)
Final Disease or Condition Resulting in Death	B: <i>Drowning</i>	(Caused by or as a result)
	C	

#### PART 2:

Other significant conditions contributing to death but not resulting in the underlying cause given in PART 1:

#### Approximate Interval Onset to Death:

If female:

If Woman of Childbearing Years from (15 -49) Tick the Following Boxes:

Death Occurred During: Pregnancy                      Delivery                      Post Natal

Place of Death:

Hospital    House    Other

Health Institution Stamp

I Hereby Certify That The Death Occurred Due To The Reasons Aforementioned.

Doctor's Place of Work: Dr Saeed Abdul Razak

Doctor's Name and Signature: (Signature)

#### Forensic Medicine Certificate (To Be Completed and Signed by the (Illegible) Doctor)

I, Doctor Said Abdul Razak Al Saidi, Hereby Certify Having Performed the Following:



Uterus and uterine appendages (In females.):

Lumbar and sacral spine:

Pelvis, upper limbs and lower limbs: There are not any signs of fractures.

Analysis:

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Conclusion:

- 1- It appears by the descriptions of physical signs seen on the body of the deceased Saeed Shipram that drowning is the cause of his death.
- 2- We have noticed abrasions on the upper limbs and the back. These are described under "External Injuries" in this report. These abrasions are likely to have happened during life. They are not linked to the death cause. Apart from the above mentioned we have not noticed anything to indicate the body has undergone any harshness.

[Signature]

Dr. Saeed Abdol Razak Mahdi  
Head of Forensic Medicine Unit

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**Republic of Iraq**  
**Ministry of Health**

Department of Health and Vital Statistics

**Certificate of Death**

Certificate No 216926

Date of Organization 25/5/2003

Registered with the Health Authorities in .....,under the Series Year 20.....

The Deceased:

Name of Deceased: Saeed Shapram

Sex: Male

Nationality: Iraqi

Religion: Muslim

Occupation: Private Sector

Marital Status: Single...X... Married..... Widowed..... Divorced.....

Date of Birth: 27/12/1984

Place of Birth: District.....Governorate Basra

Permanent Residence: House No.....Alley.....Neighbourhood or  
Village.....Township.....County.....Governorate

Examined the body of the deceased Saeed Radhi, which was sent by the Police, Certificate No.....,  
Date of Certificate 24/5/2003 , Time 15.30

(Illegible) (Taken from ID of Civil Status)

Registration No

Page No 16

Governorate Basra

ID of Civil Status No 18692 (Attached with the Certificate)

Note: (X) Should Be Placed in the Correct Place

2 - Civil Status Copy

3 - Stakeholders' Copy

4 - Organizer of the Certificate's Copy