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

REPLY TO
ATTENTION OF

October 30, 2009

Office of the Armed Forces
Medical Examiner

Department of Defense
HQ, Combined/Joint Task Force (CJTF)-82
Attn: SFC (b)(6)
Bagram Airfield, Afghanistan
APO AE 09354

Dear SFC (b)(6) :

As requested, enclosed is a copy of the Autopsy Report Protocol in the case of PFC Kevin C. Thomson SSN (b)(6) , SPC Christopher T. Griffin, SSN (b)(6) , SGT Joshua J. Kirk, SSN (b)(6) , SPC Stephan L. Mace, SSN (b)(6) and SGT Joshua Hardt, SSN (b)(6) .

I realize that there is a possibility that some of the terminology used therein may be unfamiliar to you. If you have questions regarding any portion of the report provided, please do not hesitate to call me at (b)(6) or fax at (b)(6) (b)(6) . You may also contact me via e-mail at the following address: (b)(6)

As these are copies of the reports, there is no need to return them to our office. However, if the next of kin desires a copy of this report please have them contact the Office of the Armed Forces Medical Examiner directly to request a copy of the autopsy report in writing, which will be released only from our office. If you need any further assistance, please do not hesitate to contact me.

Sincerely,

(b)(6)

(b)(6)
Captain, Medical Corps
United States Navy
Armed Forces Medical Examiner

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ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
301-319-0000

AUTOPSY EXAMINATION REPORT

Name: Kirk, Joshua John
SSAN: (b)(6)
Date of Birth: 19 JUL 1979
Date of Death: 03 OCT 2009
Date/Time of Autopsy: 06 OCT 2009 @ 1300
Date of Report: 21 OCT 2009

Autopsy No.: ME 09-0688
AFIP No.: 3143495
Grade: E-5, U.S. Army
Place of Death: Afghanistan
Place of Autopsy: Port Mortuary
Dover AFB, DE

Circumstances of Death: This 30 year-old Soldier was serving in Afghanistan in support of Operation Enduring Freedom when, by report, the Combat Out-Post (COP) that he was at came under a complex attack.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471.

Identification: Positive identification by ante-mortem and post-mortem fingerprint and dental comparisons.

CAUSE OF DEATH: Gunshot wound of the head

MANNER OF DEATH: Homicide

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EXTERNAL EXAMINATION

The body is received in a black body bag within a black body bag. Attached to the outermost body bag is a paper tag labeled with the decedent's name and SSAN. The body is clad in the clothing listed below. Attached to the left wrist is a paper tag labeled with the decedent's name and SSAN. A white tag labeled ME09-0688 is attached to the left ankle by mortuary personnel at intake.

The body is that of a well-developed, well-nourished male. Injuries are described in the section "Evidence of Injury" and medical therapy is described in the section "Medical Intervention". The body is approximately 74 ½ inches in length and weighs 195 pounds. Lividity is fixed on the posterior surface of the body except in the areas exposed to pressure. Rigor is resolving to an equal degree in all four extremities. There is green discoloration of the skin of the lower quadrant of the abdomen, scrotum and the lower back.

The scalp hair is brown. Facial hair consists of stubble. The irides appear brown. The corneae are cloudy. The left conjunctiva is pale and the right conjucntiva is hemorrhagic. The left sclera is white and the right sclera is hemorrhagic. The external nares and right external auditory canal contains blood. Both ears appear pierced. The chest is symmetric. The genitalia are those of an uncircumcised male. There are multiple flesh-colored papules on the back. The anus is non-traumatic. The extremities are symmetric and the nails are intact. There are scars on both lower extremities. Tattoos are noted on both elbows and both forearms (photographed for documentation).

CLOTHING AND PERSONAL EFFECTS

The body is clad in a t-shirt (cut) and black shorts (cut). Around the neck is a chain with attached pendant. On the left ring finger is a metal ring. Around the right wrist is a metal band with an inscription. Around the right ankle is a bracelet with attached metal identification tag with the decedent's demographic information. A green blanket and green personal effects bag with contents accompany the body. The chain with pendant, ring, bracelets and green bag are released to mortuary affairs personnel at intake.

MEDICAL INTERVENTION

An endotracheal tube is in the airway. An oxygen mask is around the neck. An intra-osseous catheter attached to a bag of saline is in the sternum and a vascular catheter is in the left antecubital fossa.

RADIOGRAPHS

A complete set of post-mortem radiographs is obtained. Orthopedic hardware is noted in the right medial malleolus. Injuries are incorporated into the section "Evidence of Injury".

EVIDENCE OF INJURY

I. Gunshot wound of the head:

On the right cheek, centered 6 inches below the top of the head and 2 inches right of the anterior midline is a 3/8 x 3/8-inch entrance gunshot wound with radiating micro-tears and a 1/8-inch wide contusion along the margin. There is no

evidence of soot deposition or gunpowder stippling on the surrounding skin. The bullet injures the skin, maxilla and right zygoma, sphenoid bone, dura mater, right temporal and right occipital lobes of the brain, right hemisphere of the cerebellum, right parietal bone and occipital bone. On the back of the head, centered 6 inches below the top of the head and 3 ½ inches right of the posterior midline is a 1 x ¼-inch exit gunshot wound. No bullet or bullet fragments are recovered. The wound path is directed front to back and left to right with no up/down deviation. Associated injuries include hemorrhage and bone fragments along the wound path, contusion of the right eyelid, subgaleal hemorrhage of the right side of the head, subdural hemorrhage (right greater than left), diffuse subarachnoid hemorrhage, intraventricular hemorrhage, contusions of the base of the frontal lobes and multiple fractures of the right side the base of the skull and right parietal bone.

II. Additional injuries:

On the center of the forehead is a ¼ x 1/8-inch abrasion. On the anterior aspect of the right arm and right side of the chest are multiple ballistic impact points that measure up to ¼-inch in maximum dimension. On the left side of the lower back is a 2 x 1-inch abrasion. A 1 x 1-inch contusion is on the right elbow. A 1 x ½-inch abrasion is on the back of the left hand. There is a ½-inch contusion on the anterior aspect of the left leg.

INTERNAL EXAMINATION

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. There are no adhesions or excess fluid in any of the cavities. The organs occupy their usual anatomic positions. There is mild decomposition of the internal organs including green discoloration of the pericardial sac, lungs and bowel.

HEAD (CENTRAL NERVOUS SYSTEM) and NECK:

See "Evidence of Injury". The injured brain weighs 1640 grams. Coronal sections through the cerebral hemispheres and transverse sections through the cerebellum and brainstem reveal no non-traumatic lesions. The atlanto-occipital joint is stable.

The anterior strap muscles of neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland has no cystic or nodular change.

RESPIRATORY SYSTEM:

The upper airway is contains black fluid. The mucosal surfaces are smooth, dark and unremarkable. The right and left lungs weigh 340 and 300 grams, respectively. The pulmonary parenchyma is green to red-purple exuding small amounts of blood and frothy fluid. The pulmonary arteries are normally developed and patent without thrombus or embolus.

CARDIOVASCULAR SYSTEM:
The heart is contained in an intact pericardial sac. The heart weighs 380 grams. The coronary arteries are present in a normal distribution and are widely patent. The myocardium is soft and homogenous. The walls of the left ventricle, interventricular septum, and right ventricle are 1.1, 1.2, and 0.3 centimeters thick respectively. The right ventricle is dilated. The aorta gives rise to three intact and patent arch vessels. There is mild atherosclerosis of the aorta. The renal and mesenteric vessels are unremarkable. The vena cava and its major tributaries return to the heart in the usual distribution and are free of thrombi.

LIVER & BILIARY SYSTEM:
The liver weighs 1780 grams and has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown with the usual lobular architecture. No mass lesions are identified. The gallbladder contains scant bile. The extrahepatic biliary tree is patent.

SPLEEN:
The spleen weighs 340 grams and has a smooth, intact, red-purple capsule. The parenchyma is maroon. There is a 2 x 2 centimeter accessory spleen adjacent to the hilum of the spleen

PANCREAS:
The pancreas is red-tan. No mass lesions or other abnormalities are identified.

ADRENALS:
The right and left adrenal glands are symmetric. No masses are identified.

GENITOURINARY SYSTEM:
The right and left kidneys weigh 140 grams, each. The external surfaces are intact and smooth and red-tan. The cut surfaces are red-tan and the cortices are delineated from the medullary pyramids. The pelves are unremarkable and the ureters are normal in course and caliber. The bladder contains less than 150 milliliters of clear urine. The prostate and testes are unremarkable.

GASTROINTESTINAL SYSTEM:
The tongue is unremarkable. The esophagus is lined by smooth, grey-white mucosa. The stomach, small bowel, colon, and appendix have areas of green discoloration. The stomach contains less than 10 milliliters of brown fluid.

MUSCULOSKELETAL:
See "Evidence of Injury". Muscle development is normal. No non-traumatic bone or joint abnormalities are identified.

ADDITIONAL PROCEDURES

1. Specimens retained for toxicology testing and/or DNA identification are: Blood (heart), vitreous fluid, urine, brain, liver, myocardium, lung, kidney, spleen, psoas muscle, and adipose tissue. Unable to obtain peripheral blood.
2. Selected portions of organs are retained in formalin without the preparation of slides.
3. Personal effects are released with the body.
4. Recovered evidence: None.
5. Documentary photographs are taken PO Cole (OAFME). Assisting with the autopsy is SSgt. Bernard (OAFME).

FINAL AUTOPSY DIAGNOSES

I. **Gunshot wound of the head:**
   A. Entrance: Right cheek; no evidence of close range discharge of a firearm
   B. Injury to: Skin, facial bones, dura mater, brain, skull and scalp
   C. Exit: Back of the head
   D. Recovery: No bullet or bullet fragments recovered
   E. Direction: Front to back and left to right
   F. Associated injuries: Hemorrhage and bone fragments along the wound path, contusion of the right eyelid, subgaleal hemorrhage, subdural hemorrhage, subarachnoid hemorrhage, intraventricular hemorrhage, contusions of the brain and fractures of the skull

II. **Additional injuries:**
   A. Abrasions of the forehead, back and left hand
   B. Contusion of the right elbow and left leg
   C. Ballistic impact points of the right arm and right side of the chest

III. **Natural disease:** Mild atherosclerosis of the aorta

IV. **Medical intervention:** As described in "Medical Intervention"

V. **Identifying marks:** As described in "External Examination"

VI. **Post-mortem changes:** As described in "External Examination" and "Internal Examination"

VII. **Toxicology (AFIP):**
   A. VOLATILES: No ethanol detected in the blood and vitreous fluid.
   B. DRUGS: No screened drugs of abuse/medications detected in the urine.

OPINION

This 30 year-old Soldier, Joshua John Kirk, died of a gunshot wound of the head. The bullet injured the skull and brain. No bullet or bullet fragments are recovered. There is no evidence of close range discharge of a firearm. The toxicology screen is negative. The manner of death is homicide.

(b)(6)

QC: 26 OCT 2009

(b)(6)

(b)(6) , MD, PhD
Maj, USAF, MC
Deputy Medical Examiner

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

REPLY TO
ATTENTION OF

AFIP-FME-FT

PATIENT IDENTIFICATION

AFIP Accessions Number	Sequence
3143495	00

Name
KIRK, JOSHUA JOHN

SSN: (b)(6) 8551 **Autopsy:** ME09-0688
Toxicology Accession #: 095104
Date Report Generated: October 13, 2009

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: MODERATE PUTREFACTION
Date of Incident: 10/3/2009 **Date Received:** 10/8/2009

VOLATILES: The **BLOOD AND VITREOUS FLUID** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

DRUGS: The **URINE** was screened for amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, 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) PhD) DABFT
Director, Forensic Toxicology Laboratory
Office of the Armed Forces Medical Examiner

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