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: Thomson, Kevin Christopher
SSAN: (b)(6)
Date of Birth: 11 Feb 1987
Date of Death: 3 Oct 2009
Date/Time of Autopsy: 6 Oct 2009 @ 1230
Date of Report: 23 Oct 2009

Autopsy No.: ME09-0685
AFIP No.: 3143491
Rank: PFC, U.S. Army
Place of Death: Afghanistan
Place of Autopsy: Port Mortuary, Dover Air Force Base, DE

Circumstances of Death: This 22 year-old Soldier was serving in Afghanistan in support of Operation Enduring Freedom when, by report, his post was attacked by enemy fire.

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: **Multiple ballistic injuries**

MANNER OF DEATH: **Homicide**

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EXTERNAL EXAMINATION

The body is received in a black body bag within another black body bag. Attached to the outermost bag is a paper tag labeled "BTB: Unidentified." The body is clad in the clothing listed below. A paper tag is attached to the left index finger labeled "BTB: Unidentified." A white tag labeled ME09-0685 is placed on the left ankle at intake by mortuary affairs. Recovered from the inner body bag are a large caliber bullet casing, belt link, and fragment of glass (photographed for documentation and placed in a sealed labeled evidence container).

The body is that of a well-developed, well-nourished male. The body weighs 198-pounds, measures 76-inches in length and appears compatible with the reported age of 22 years. 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. Mild green skin discoloration is on the lower abdomen.

Injuries to the head and neck are described below in "Evidence of Injury." The head is normocephalic, and the scalp hair is short and brown in a normal distribution. Facial hair consists of brown beard stubble. The irides appear hazel. The corneae are clear. The conjunctivae are congested, greater on the left. The sclerae are congested, greater on the left. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. Both earlobes are pierced. The nasal skeleton and maxilla are palpably intact. The uninjured teeth are natural and in good condition. The neck is straight, and the trachea is midline and mobile.

Injuries to the torso are described in "Evidence of Injury." The chest is symmetric with no external evidence of injury to the ribs or sternum. The abdomen is flat with no healed surgical scars present. The genitalia are those of a circumcised adult male. Pubic hair is present in a normal distribution. The anus is non-traumatic. The testes are descended with no palpable masses present. An irregular grey metal fragment is found on the skin of the pubis (photographed for documentation and placed in a sealed labeled evidence container).

Injuries to the extremities are described in "Evidence of Injury." The upper and lower extremities are symmetric and without clubbing, edema, or fractures. The fingernails are intact and trimmed. No identifying marks (scars or tattoos) are identified.

CLOTHING AND PERSONAL EFFECTS

The body is clad in a pair of boots, pair of socks, ACU trousers, underwear, belt, t-shirt, and helmet. A watch is on the left wrist. A green personal effects bag with contents is received with the body (released to mortuary affairs personnel at intake).

An irregular grey metal fragment is recovered from the helmet (photographed for documentation and placed in a sealed labeled evidence container).

MEDICAL INTERVENTION

No medical intervention is present on the body at the time of autopsy.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and the findings are incorporated into the "Evidence of Injury" section.

EVIDENCE OF INJURY

The ordering of the following injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity. All wound pathways are given relative to standard anatomic position.

I. Multiple ballistic injuries:

A. Perforating gunshot wound of the head and neck:

On the right cheek, located 8-inches below the top of the head and 2 ¼-inches right of the anterior midline of the head, is a round ¼ x ¼-inch entrance gunshot wound with a marginal abrasion collar up to 1/8-inches on the superior wound margin. There is no evidence of soot deposition or gunpowder stippling on the surrounding skin. The projectile injures the skin and soft tissue of the right cheek, the right mandibular body (fractured), the base of the tongue (2 ½-inch defect), posterior oropharynx, the 4th and 5th cervical vertebrae (fractures of the left lateral mass of C-4 and left transverse process of C-5 are identified radiographically), soft tissue of the left posterior neck and the left upper back, and the skin of the left upper back. On the left upper back, located 11 ¼-inches below the top of the head and 2 3/4-inches left of the posterior midline, is a 7/8 x ½-inch lacerated exit wound with an associated ½-inch contusion. An irregular copper-colored metal jacket fragment is recovered from the soft tissue of the left side of the neck adjacent to the 5th cervical vertebrae. The direction of the wound path is right to left, front to back, and downward. Associated injuries include hemorrhage along the wound path, fractures of the posterior right lower teeth, epidural hemorrhage and contusion of the spinal cord in the region of the 3rd-5th cervical vertebrae, hemorrhage of the deep paracervical musculature of the neck, and hemorrhage into the left anterior neck musculature.

B. Perforating ballistic wound of the right flank:

On the right back, located 29-inches below the top of the head and 6 ½-inches right of the posterior midline, is a ½ x ¼-inch tangential ballistic entrance wound with an associated ¾ x ¼-inch abrasion along the lateral wound margin and ½ x 1/8-inch abrasion located 1/8-inches below the entrance wound. There is no evidence of soot deposition on the surrounding skin or overlying clothing. The projectile injures the skin and soft tissue of the right flank only and does not perforate the peritoneal cavity. On the right side of the torso along the axillary line, located 29-inches below the top of the head and 10 ½-inches right of the posterior midline, is a ½ x 3/8-inch lacerated exit wound. No projectiles are recovered. The direction of the wound path is back to front, and left to right with no significant upward or downward deviation. Associated injury includes hemorrhage along the wound path.

Defects in the overlying clothing are consistent with the pattern of injury described above and show no evidence of soot deposition.

C. Penetrating ballistic wounds (2) of the left ankle:

On the medial surface of the left ankle, located 4 ½-inches above the left heel and 2-inches left of the posterior midline of the extremity, is a round ¼ x ¼-inch ballistic wound with a circumferential marginal abrasion collar (up to 1/8-inches). There is no evidence of soot deposition on the surrounding skin or overlying clothing. The projectile injures the skin and soft tissue of the left ankle. No exit wound is present. An irregular grey metal fragment is recovered from the soft tissue of the left ankle at an approximate depth of ¾-inches (photographed for documentation and

placed in a sealed labeled evidence container). The direction of the wound path is right to left with no significant upward/downward or front/back deviation. Associated injury includes hemorrhage along the wound path. Located ¼-inches anterior to the entrance wound is a 1/8 x 1/8-inch superficial ballistic wound with injury to the skin and recovery of an irregular grey metal fragment (photographed for documentation and placed in a sealed labeled evidence container).

Defects in the overlying clothing (left boot and left sock) are consistent with the pattern of injury described above and show no evidence of soot deposition.

II. Additional injuries:

A. Head and neck:

A ¼ x ¼-inch abrasion is on the right side of the forehead. A 1 x 1/8-inch abrasion is on the left side of the lower lip. A ½ x 1/8-inch curvilinear laceration is on the posterior scalp located 2-inches below the top of the head and 2 ½-inches left of the posterior midline of the head with associated underlying subgaleal hemorrhage.

B. Torso:

A ½ x ¼-inch abrasion is on the right side of the abdomen. A ½ x 1/16th inch abrasion is on the left side of the lower back. A 1/8 x 1/8-inch abrasion is on the right buttock.

C. Lower extremities:

A 1 ¼ x ¾-inch contusion is on the anterior surface of the right leg. A 1/8 x 1/8-inch abrasion is on the posterior surface of the right thigh. Two (2) contusions are on the anterior surface of the left leg (1 ½ x 1-inches, and ¼ x ¼-inches).

INTERNAL EXAMINATION

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions. The subcutaneous fat layer of the abdominal wall is unremarkable.

HEAD (CENTRAL NERVOUS SYSTEM) and NECK:

See "Evidence of Injury." There are no skull fractures. The dura mater is intact with no evidence of hemorrhage. The leptomeninges are thin and delicate. Clear cerebrospinal fluid surrounds the 1540-gram brain, which has unremarkable gyri and sulci. The cerebral hemispheres are symmetrical and the structures at the base of the brain, including the cranial nerves and blood vessels are intact. Coronal sections through the cerebrum, transverse sections through the cerebellum, and sagittal sections through the brainstem show no non-traumatic lesions. The ventricles are of normal size. The atlanto-occipital joint is stable.

The uninjured anterior strap muscles of the neck are homogenous and red-brown. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change.

RESPIRATORY SYSTEM:

See "Evidence of Injury." There is a small amount of blood present in the major airways and the mucosal surfaces are smooth, yellow-tan, and unremarkable. The right and left lungs weigh 680 and 680-grams, respectively. The external surfaces are smooth and deep red-purple. The pulmonary

parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present. The pulmonary arteries are normally developed and patent. The diaphragm is intact.

CARDIOVASCULAR SYSTEM:

The 480-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show widely patent coronary arteries. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1.1, 1.2, and 0.3-centimeters thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal, mesenteric, and iliac vessels as well as the venae cavae are unremarkable.

HEPATOBILIARY SYSTEM:

The 1880-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains approximately 1-milliliter of green-black bile and no stones. The mucosal surface is green and velvety.

LYMPHORETICULAR SYSTEM:

The 260-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested. Lymph nodes in the hilar, periaortic, and iliac regions are unremarkable.

ENDOCRINE SYSTEM:

The pituitary gland is unremarkable. The thyroid gland has been described (see NECK, above). The right and left adrenal glands are symmetric, with bright yellow cortices and red-brown medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 200 and 180-grams, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 80-milliliters of clear yellow urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, gray-white mucosa. The stomach contains approximately 30-milliliters of red fluid. The gastric wall is intact. The small bowel and colon are unremarkable. The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The appendix is present.

MUSCULOSKELETAL SYSTEM:

See "Evidence of Injury." No non-traumatic abnormalities of the muscles or bones of the appendicular and axial skeletons are identified.

TOXICOLOGY

VOLATILES: The blood and vitreous fluid are examined for the presence of ethanol at a cutoff of 20 milligrams/deciliter. No ethanol was detected.

DRUGS: The urine is 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. No drugs are detected.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin with preparation of histologic slides.

- The liver shows autolysis with no significant periportal inflammation, portal fibrosis, or steatosis.
- The kidney shows autolysis with no significant glomerulosclerosis or hyaline arteriolosclerosis.
- The spleen shows autolysis and normal lymphoid follicle formation.
- The lung shows multifocal congestion and no significant intra-alveolar or interstitial inflammation.

Slide key:
Slide 1: Lung, liver, kidney, and spleen

ADDITIONAL PROCEDURES AND REMARKS

1. Documentary photographs are taken by Mr. (b)(6) and MCC (b)(6) (AFMES staff photographers). Assisting with the autopsy is (b)(6) (AFMES staff).
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicology testing and/or DNA identification are: psoas muscle, blood (peripheral), blood (central), urine, bile, vitreous fluid, gastric contents, brain, heart, kidney, spleen, liver, lung, and adipose tissue.
4. The dissected organs are forwarded with the body.
5. Recovered evidence includes irregular metal fragments from the left neck, the medial left ankle (2), skin of the pubis, and inside the helmet, as described above. An irregular copper-colored metal jacket fragment is recovered from the left side of the neck. A large caliber bullet casing, belt link, and fragment of glass are recovered from the inner body bag. All evidence is retained by the OAFME.

FINAL AUTOPSY DIAGNOSES

I. Multiple ballistic injuries:

a. Perforating indeterminate range gunshot wound of the head and neck
   i. Entrance wound on the right cheek; no evidence of close range fire
   ii. Injury to the skin and soft tissue of the right cheek, right mandibular body (fractured), base of the tongue (2 ½-inch defect), posterior oropharynx, left lateral aspects of the 4th and 5th cervical vertebrae (fractured), soft tissue of the left side of the posterior neck and upper back, and skin of the left upper back
   iii. Exit wound on the left upper back
   iv. Recovered is an irregular copper-colored metal jacket fragment from the soft tissue of the left neck
   v. Direction is right to left, front to back, and downward
   vi. Associated injuries include hemorrhage along the wound path, fractures of the posterior right lower teeth, epidural hemorrhage and contusion of the spinal cord in the region of the 3rd-5th cervical vertebrae, hemorrhage of the deep paracervical musculature of the neck, and hemorrhage into the left anterior neck musculature

b. Perforating ballistic wound of the right flank:
   i. Entrance wound on the right back; no evidence of soot deposition on the skin or overlying clothing
   ii. Injury to the skin and soft tissue of the right flank only
   iii. Exit wound on the right side of the torso
   iv. No projectiles are recovered
   v. Direction is back to front, and left to right with no significant upward or downward deviation
   vi. Associated injury includes hemorrhage along the wound path

c. Penetrating ballistic wounds (2) of the left ankle:
   i. Entrance wounds on the medial surface of the left ankle; no evidence of soot deposition on the surrounding skin or overlying clothing
   ii. Injuries to the skin and soft tissue of the left ankle
   iii. No exit wound is present
   iv. Recovered are irregular grey metal fragments (2) from the soft tissue of the left ankle
   v. Direction of the wound path is right to left with no significant upward/downward or front/back deviation
   vi. Associated injury includes hemorrhage along the wound path

II. Additional injuries:

a. Head and neck:
   i. Abrasion on the right side of the forehead
   ii. Abrasion on the left side of the lower lip
   iii. Curvilinear laceration is on the left posterior scalp with underlying subgaleal hemorrhage.

b. Torso:
   i. Abrasion of the right side of the abdomen
   ii. Abrasion of the left side of the lower back

iii. Abrasion of the right buttock

c. Lower extremities:
   i. Contusion of the anterior surface of the right leg
   ii. Abrasion of the posterior surface of the right thigh
   iii. Two (2) contusions of the anterior surface of the left leg

III. **Natural disease and/or pre-existing conditions:** None identified within the limitations of this examination

IV. **Medical therapy:** None identified

V. **Post mortem changes:**
   a. Rigor is present and equal in all extremities
   b. Lividity is posterior and fixed except in areas exposed to pressure
   c. Mild green skin discoloration of the lower abdomen

VI. **Identifying marks:** None identified

VII. **Toxicology:**
   a. Volatiles: No ethanol is detected in the blood and vitreous fluid
   b. Drugs: No drugs of abuse or screened medications are detected in the urine

OPINION

This 22 year-old Soldier, Kevin Christopher Thomson, died of multiple ballistic injuries. He sustained ballistic injuries to the head, torso, and extremities. The wound to the head was a perforating indeterminate range gunshot wound that entered the right cheek and showed no evidence of close range discharge of a firearm. The bullet injured the right side of the mandible, tongue, 4th and 5th cervical vertebrae, and soft tissue of the left side of the neck. The exit wound was on the left side of the upper back. An irregular copper-colored metal jacket fragment is recovered from the soft tissue of the left side of the neck. The direction of the wound path is right to left, front to back, and downward. Associated injuries included hemorrhage and epidural hemorrhage and contusion of the spinal cord in the area of the 3rd-5th cervical vertebrae.

There was a perforating ballistic wound of the right flank that injured the skin and soft tissue of the right flank. No projectile fragments were recovered. The direction of the wound path was back to front and left to right with no significant upward or downward deviation.

There were two penetrating ballistic wounds of the medial surface of the left ankle. Two metal fragments were recovered from the skin and soft tissue of the ankle. The direction of the wound path was right to left.

The toxicology screen is negative for ethanol, drugs of abuse, and screened medications. The manner of death is homicide.

(b)(6)

(b)(6) , M.D.
MAJ, MC, USA
Associate Medical Examiner

(b)(6)

(b)(6) , Ph.D., M.D.
CDR, MC, USN (SWMDO)
Chief Deputy Medical Examiner

BH 23Oct09

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
3143491	00

Name
THOMSON, KEVIN CHRISTOPHER

SSN: (b)(6) 2150 **Autopsy:** ME09-0685
Toxicology Accession #: 095100
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: GOOD
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.

(b)(6)

(b)(6) , ~~PhD~~, DABFT
Director, Forensic Toxicology Laboratory
Office of the Armed Forces Medical Examiner

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