

FORENSIC AUTOPSY REPORT

CASE NUMBER: 21

Name of the Decedent: Jordan Reyes

Age: 29

Sex: Male

Location: Old Town Public Library – basement archives room

Discovered by: Night Security Guard

Date and Time of Autopsy: 6 th December 2025

Time of Discovery: December 3, 2025

PMI: 4 hours prior to discovery

Performed By: R. Amisa, Medical Trainee under Supervision, Moncton Medical Center

Location of Autopsy: Forensic Pathologist Lab, University Medical Teaching Hospital

Authority Requesting Autopsy: Office of Medical Examiner

Summary of Case:

The decedent was discovered seated on the floor, back against a bookshelf. Signs of disturbance at the scene around the body. The basement door was locked from outside. The security cameras were disabled 3 days ago. Personal belongings missing and no evidence of violent struggle in the room.

Evidence / Observations from Scene:

- A library staff keycard in the decedent's pocket that doesn't belong to him
- Security log shows someone else entered the basement earlier but didn't swipe out

- Dim lighting; the basement's security camera was disabled 3 days before
 - A spilled bottle of industrial cleaner on the shelf above where he fell
 - Decedent's phone missing; no emergency ID or medical bracelet found
 - Historical documents scattered near his left side
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External Examination:

- **Identifying Information**
 - **Apparent Sex:** Male
 - **Height:** 5'11"/ 180 cm
 - **Weight:** 172 lbs/ 78 kg
 - **Build:** Well-nourished and developed adult build
 - **Ethnicity:** Not specified
- **Clothing:**
 - **Outergarments:** Navy sweater and gray jeans; slight dirt accumulation on knees and lower pants. A faint odor of chemical on shirt collar
 - **Undergarments:** Present
 - **Feet:** Black sneakers
 - **Accessories:** None
- **Condition of the Body**
 - **Rigor mortis:** Mild in the whole body, slowly developing— putting the interval of death around 4 hours prior to discovery
 - **Lividity:** Purple discoloration on dependent areas

- Aligns with reported position of the body when discovered and estimated time postmortem interval of 4 hours
- Mild cyanotic tinge observed on fingertips; no sign of blanching or putrefaction noted
- **Injuries:**

→ **Head:**

- Mild contusion (~1 cm) on right temporal region
- No laceration or fracture present
- No swelling or palpable depression of the skull

→ **Face:**

- Pupils equal, fixed (postmortem)
- No fractures palpated in the nasal bridge or mandible externally
- No swelling

→ **Neck:**

- No ligature marks, no petechiae visible on conjunctivae
- Slight redness on anterior neck consistent with minor contact with clothing collar

→ **Upper Extremities:**

- No classic defensive wounds on forearms or hands.
- No external mark

→ **Torso:**

- No penetrating wounds or defensive bruising observed
- Clothing intact
- Chest symmetrical

- Clothing intact and undisturbed

→ **Back:**

- Normal spine alignment
- No evidence of trauma

→ **Lower Extremities:**

- Dust and slight superficial abrasions on knees
- No bruising or laceration

→ **Hands and Feet:**

- Skin cool to touch.
- Early postmortem drying around fingertips and lips.
- No restraints, bindings, or patterned marks.

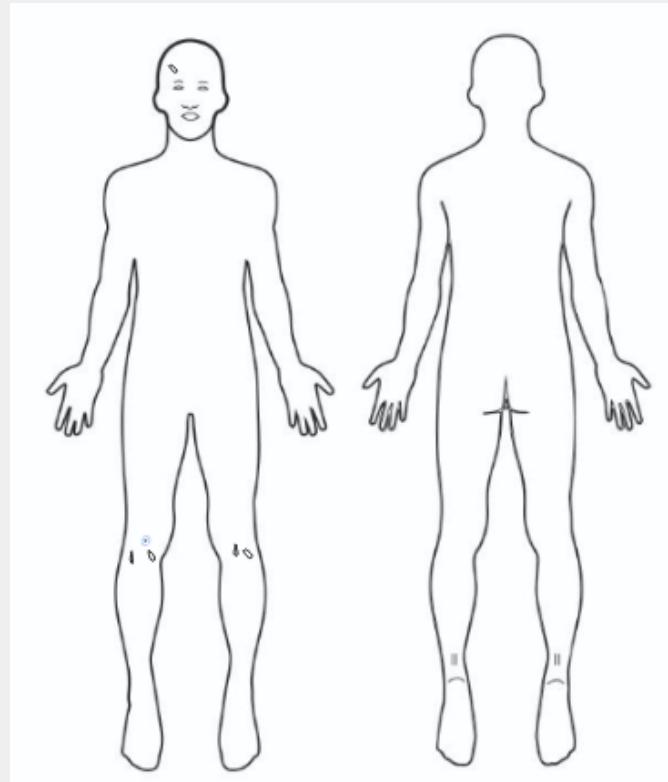
● **Other Distinguishing Features**

- No scars, surgical implants, tattoos, or birthmarks observed

● **Other observations:**

- **Mouth:** No trauma
- **Eyes:** Closed; brown irises with 0.3 cm pupils
- **Fingernails:** Short, free of debris
- **Dentition:** Intact, no recent dental work
- **Hair:** Short and neatly kept. Black with 1.5 cm in length at the longest length
- **External Genitalia:** No evidence of trauma
- No needle/ injection marks/ stab marks observed on any surface
- No evidence of self-inflicted injury

- No medical devices present except half-used asthma inhaler in right jacket pocket



Overall Internal Findings Summary :

The external examination revealed no signs of struggle or defensive injuries identified externally, aside from right temple contusion and minor abrasions which are consistent with accidental fall or collapse. The chemical odor suggests possible exposure.

Internal Examination:

Body Cavities:

The body is opened through a standard Y-shaped incision. No abnormal fluid

accumulation is present in the pleural, pericardial, or peritoneal cavities.

- **Head and Central Nervous System:**

- **Scalp/ Skull:** No observable fracture
- **Brain:** No infarcts, tumors, or congenital abnormalities observed.
Brainstem and cerebellum intact; no herniation noted.
- Mild subcutaneous contusion on right temporal region, consistent with external abrasion

- **Neck:**

- **Neck Structures:** No fractures of hyoid bone or thyroid cartilage. No petechiae of the strap muscles or soft tissue hemorrhage. No sign of manual or ligature strangulation.
- Mild redness of pharyngeal mucosa

- **Thorax:**

- **Heart:** Normal size and shape; coronary arteries patent; no thrombi, myocardium appears normal; valves intact. No congenital abnormalities identified

- **Lungs:**

- Lungs show mild hyperinflation, small areas of mucus accumulation, consistent with possible asthma exacerbation
- Trachea clear; no foreign material or soot.
- No contusions within lung parenchyma

- Airways free of foreign material

→ **Pleural Space:** Unremarkable

→ **Ribs/ Thoracic Cage:** No rib fractures are identified upon palpation or internal inspection.

- **Abdomen:**

→ **Liver:**

- Normal architecture, no lacerations or contusions.
- No discoloration or nodularity observed
- Smooth capsule, normal appearance

→ **Spleen:** No abnormalities

→ **Pancreas:** Unremarkable

→ **Kidneys:**

- No traumatic injury
- Normal corticomedullary differentiation
- No sign of dehydration related stress

→ **Stomach:**

- No pills, tablets, or foreign material noted
- No unusual odors or materials noted
- Stomach lining is unremarkable

→ **Intestine:**

- Normal configuration; no hemorrhage or perforation
- No distension or obstructive findings.

→ **Genitourinary System:** Normal

- **Musculoskeletal System:** Minor soft contusion on knees and palm, consistent with external abrasions. No fractures of long bones. No deep tissue injuries of back or torso. No sign of defensive movements or impacts of overexertion

Table 1.

Organ	Weight
Brain	1,350 g
Heart	320 g
Right lung	520 g
Left lung	480 g
Liver	1,520 g
Spleen	160 g
Right kidney	140 g
Left kidney	145 g
Stomach	150 mL (partially digested food; last meal estimated 2-3 hours prior to death, no pill fragments)
Bladder	80 mL of clear urine

Overall Internal Findings Summary :

Internal examination shows minor soft contusions consistent with external abrasions, but no major trauma. Lungs show possible respiratory compromise.

Toxicology Report:

Specimen Received: Femoral blood, vitreous humour, urine, gastric contents, and liver tissue were submitted.

Date Collected: 6th December 2025

Laboratory: City Forensic Toxicology Lab

Analytical Findings:

Substance	Specimen	Result	Reference/ Normal Range
Salbutamol (Asthma Inhaler)	Blood	0.08 mg/L	Therapeutic: 0.02-0.10 mg/L
Ethanol	Peripheral Blood	0.0 g/dL	N/A
Common Drugs of Abuse(Cocaine, Heroin Amphetamines, etc)	Blood, urine, liver	None detected	N/A
Nicotine/ Cotinine	Blood, liver	None detected	N/A
Electrolytes (Na, K, Cl)	Blood	Within normal limits	Sodium: 135–145 mmol/L Potassium: 3.5–5.0 mmol/L Chloride: 98–107

			mmol/L
Carbon Monoxide	Blood	Negligible (1% saturation)	N/A
Other Toxitants	Blood, liver	No cyanide or heavy metal detected	N/A

Interpretation:

Toxicology doesn't indicate substance abuse or poisoning as the cause of death. No substance identified to be lethal independently. Mild chemical exposure combined with pre-existing vulnerability (asthma) could have been a major factor in death.

Histological Examination:

Mild chemical residue consistent with inhalation of industrial cleaner in low concentration. Signs of mild airway inhalation. No signs of acute chemical pneumonitis

Relevant History:

- Recently complained to friends about bad air quality at work downstairs
 - No explicit suicidal threats.
 - No known recent conflict or financial crisis.
 - No previous self-harming behavior or suicide attempts noted.
 - No history of drug abuse or alcohol
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Medical Background:

- Known mild asthma
 - No known heart conditions, but history of seasonal breathing issues
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Discussion:

The decedent, a 21-year old male, was found in the basement of a library. Scene investigation revealed no sign of struggle or external violence. However, his phone was missing and the basement door was locked from outside.

External examination showed minor contusion on right temple and mild abrasions on knees and palm, possibly from stumbling or fall. Internal examination was consistent with external findings; lungs revealed signs of respiratory compromise. Toxicology identified no chemical present to be lethal or deteriorate cognitive ability.

Possible respiratory compromise and environmental data support a death due to acute asthma exacerbation. This was worsened by asthma, panic from forced confinement, and the fall.

The locked door, missing phone, and disabled camera indicate homicide by environmental entrapment. The circumstance created the scenario in which an asthma attack could be fatal, with no means for escape or calling for help.

Based on the integration of external, internal, medical background, and scene findings, death is most consistent with fatal respiratory compromise due to acute asthma attack. The manner of death is being assigned as homicide.

Cause of Death: Acute asthma exacerbation by environmental irritant exposure

Mechanism of Death: Bronchospasm + Airway edema + Mucus plugging → Hypoxemia + Hypercapnia → Respiratory collapse → Cardiac arrest

Manner of Death: Homicide

Evidence Supporting Homicide:

- The intent behind locking the basement door was to not let the decedent escape
 - The phone was missing or taken by the perpetrator to prevent calls of help and communication. The security cameras being disabled three days ago indicates that it was all planned
 - Someone with access likely planted the staff keycard in the decedent's jacket pocket
 - Since victim previously complained about the air quality down there, the perpetrator was likely aware of vulnerability
 - Use of inhaler likely would not have prevented death as asthma attacks can escalate rapidly, particularly under stress, poor ventilation and rising anxiety, potentially resulting in collapse before the medication's full effect.
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Signature

Medical Trainee under Supervision

6th December 2025

Author's Note: This mock autopsy report is based on a fictional case scenario generated using AI, as I do not have access to real forensic cases. The analysis, biological reasoning, and report structure were developed independently by me. This piece reflects my interest in forensic pathology and my effort to understand mechanisms of death through structured, scientific writing. Certain details have been simplified for clarity and may not fully reflect real-world forensic procedures.