

# **FORENSIC AUTOPSY REPORT**

**CASE NUMBER:** 19

**Case ID:** 2025-11-19-FR01

**Name of the Decedent:** Withheld pending family notifications

**Age:** 34 years old

**Sex:** Male

**Date and Time of Autopsy:** November 19, 5:00 PM

**Time of Discovery:** November 19, 2025, 8:45 PM

**PMI:** A local resident reporter hearing a loud sound ("thud") at approximately at 8:30 P.M. Given the witness statement of a suspicious figure leaving the scene and immediate discovery of the body at 8:45 P.M., the post-mortem interval is estimated to be at or shortly after 8:30 P.M.

**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

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## **Summary of Case:**

The decedent was lying prone near a stack of wooden crates in an abandoned warehouse. Blunt force trauma to head. Evidence of possible alcohol use and disturbance, but not robbery.

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## **Evidence / Observations from Scene:**

- Blood pooled around head and upper torso

- Limbs in a semi-flexed position; body lying prone on the ground
  - No sign of overt defensive wounds at first sight
  - Personal belongings discovered: Wallet (containing ID), smartphone, and a torn jacket
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#### **Environmental Data:**

- The abandoned warehouse is nearby a dock
  - Several broken bottles nearby; some liquid spilled on the floor
  - No sign of forced entry in the warehouse doors
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#### **Witness Statements:**

- Local resident reported hearing a loud sound ("thud") around 8:30 P.M.
  - Another resident reported seeing a suspicious figure wearing black hoodie, leaving the warehouse at around 8:35 P.M.
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#### **External Examination:**

- **Identifying Information**
  - a. **Apparent Sex:** Male
  - b. **Height:** 5'8" / 178 cm
  - c. **Weight:** 163 lbs/ 74 kg
  - d. **Build:** Well-nourished and developed
  - e. **Ethnicity:** East Asian
- **Clothing:**
  - **Outer garments:**

- ➔ Dark grey T-shirt
  - ➔ Black jeans
  - ➔ Torn dark green jacket; the right sleeve of the jacket is torn at the seam
  - ➔ Clothes are moderately soiled with dust and dried blood
  - ➔ No rips or tears consistent with the sharp force injury noted on clothing
  - **Undergarments:** Present
  - **Feet:** Black sneakers
  - **Accessories:** None
- **Condition of the Body**
    - **Rigor mortis:** Early and developing in the jaw and upper extremities
    - **Lividity:** Posterior and partially blanching
    - Consistent with estimated time of death
    - Early postmortem drying around fingertips and lips.
    - No sign of putrefaction is observed
  - **Injuries Noted:**
    - **Head:**
      - Notable irregular laceration measuring 6.2 cm over the left parietotemporal region, with radiating superficial split wounds.  
Abraded margins
      - Area of palpable depression of the skull present under the laceration
      - Surrounding contusion extends approximately 9 cm in diameter
    - **Face:**

➤ Multiple linear abrasions on the left cheek and zygomatic area (each 1-2 cm)

➤ Minor swelling on the upper lip

➤ No fractures palpated in the nasal bridge or mandible externally

○ **Neck:**

➤ No ligature mark, no petechiae present on conjunctiva

➤ Mild soot-like dust present, but no injuries

○ **Upper Extremities:**

➤ A fresh abrasion present ( $3.1 \times 0.8$  cm) on dorsal right hand,

consistent with contact against rough surface

➤ No classic defensive wound present

○ **Torso:**

➤ A broad contusion (approx.  $12 \times 7$  cm) over the left upper chest, faintly patterned, possibly from impact with a hard object or crate surface.

➤ No penetrating injuries.

➤ No visible rib deformity externally.

○ **Back:**

➤ Dust and particulate matter consistent with the warehouse floor.

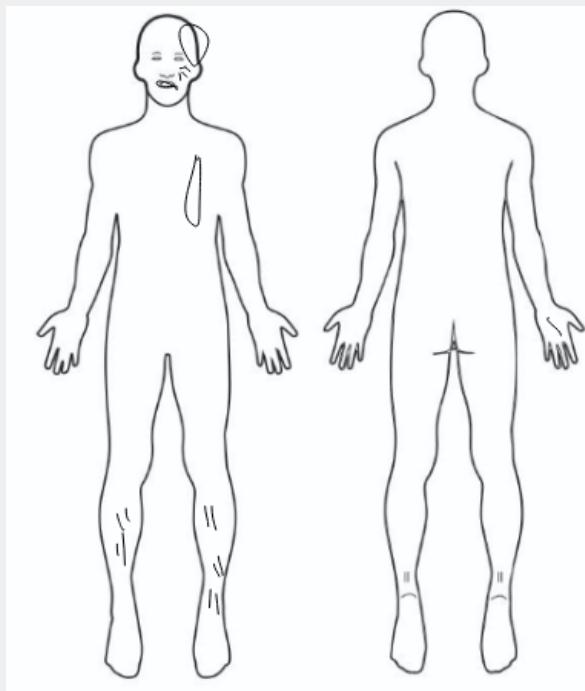
➤ No traumatic injuries aside from minor superficial abrasions over the right scapular region.

○ **Lower Extremities:**

➤ Several parallel abrasions on both shins, consistent with stumbling or contact with crates or debris.

➤ No deformities, no sharp-force injuries.

- **Hands and Feet:**
  - Intact with presence of small amount of warehouse debris/ dust. No subungual debris was present
  - No restraints, bindings, or patterned mark observed
- **Other Distinguishing Features**
  - Small healed scar (1 cm) on right eyebrow
  - Tattoo of geometric symbol on the left inner forearm
  - No medical intervention marks
- **Other observations:**
  - **Mouth:** No trauma
  - **Fingernails:** Short, free of debris
  - **Dentition:** Intact, no recent dental work
  - **Hair:** Black, slightly damp from blood
  - **External Genitalia:** No evidence of trauma
  - No needle/ injection marks/ stab marks observed on any surface



- **Summary Comment**

External injuries support a death due to traumatic head injury. No evidence of sexual assault or defensive injuries identified externally. Postmortem changes consistent with the reported time of death.

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### **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.

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- **Head and Neck:**

#### **→ Scalp/ Skull:**

- Reflection of the scalp reveals extensive subgaleal hemorrhage over the left parietotemporal region, measuring approximately  $11 \times 9$  cm.
- Beneath the major external laceration, there is a depressed skull fracture, roughly 5.3 cm in greatest dimension, with inward displacement of bony fragments

#### **→ Brain:**

- A left-sided subdural hematoma (45 mL) is present, with associated subarachnoid hemorrhage over the left cerebral hemisphere
- Mild midline shift of approximately 0.4 cm is observed

- Cortical contusions are noted on the underside of the left temporal lobe, consistent with coup injury
  - No penetrating brain trauma or skull-base fractures are identified
  - No infarcts, tumors, or congenital abnormalities observed
- Brainstem and cerebellum intact noted

**→ Neck Structures:**

- No fractures of hyoid bone or thyroid cartilage
- No petechiae of the strap muscles or soft tissue hemorrhage
- Trachea clear; no foreign material or soot

**● Thorax:**

**→ Heart:**

- Normal size and shape; coronary arteries patent; no thrombi, myocardium appears normal; valves intact
- No congenital anomalies
- No myocardial scarring or fresh infarction
- Cardiac chambers unremarkable

**→ Lungs:**

- Mild congestion and early edema, consistent with agonal changes
- 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:**

- Smooth capsule, normal appearance
- Normal architecture, no lacerations or contusions.

→ **Spleen:**

- No abnormalities
- Soft congested

→ **Pancreas:** Unremarkable

→ **Kidneys:**

- No traumatic injury
- Normal corticomedullary differentiation

→ **Stomach:** Ethanol odor present; no pills, tablets, or foreign material noted

→ **Intestine:** Normal configuration; no hemorrhage or perforation.

- **Genitourinary System:** Normal
- **Musculoskeletal System:** No fractures of long bones. No deep tissue injuries of back or torso. No sign of defensive movements or impacts

**Table 1.**

Organ	Weight
Brain	1,360 g (slightly increased due to early edema)
Heart	340 g
Right lung	520 g
Left lung	460 g

Liver	1,550 g
Spleen	180 g
Right kidney	150 g
Left kidney	145 g
Stomach	300 mL (partially digested food; odor of ethanol detectable, no pill fragments)
Bladder	80 mL of clear urine

### Toxicology Report:

#### Screening & Methods:

- Gas chromatography-mass spectrometry (GC-MS) for drugs of abuse
- Immunoassay for common pharmaceuticals
- Alcohol analysis by headspace GC

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

#### Analytical Finding:

→ Ethanol:

- **Peripheral Blood:** 0.06 g/dL
- **Central Blood:** 0.07 g/dL
- **Vitreous Humor:** 0.05 g/dL
- **Urine:** 0.10 g/dL

→ **Common Drugs of Abuse (In blood, urine, liver):**

- THC (cannabis) detected at very low level (Inactive metabolite) <2 ng/mL
- Negative for cocaine, amphetamines, opiates, and benzodiazepines

→ **Prescription Drugs (In blood):**

- **Acetaminophen:** Detected at low therapeutic level (3 ng/mL)
- No antidepressants, antipsychotics, antihistamines, or sedatives detected

→ **Carbon Monoxide (In blood):** 2% (Normal)

→ **Other Toxicants (In blood/ liver):** No cyanide, or heavy metal detected.

**Gastric content:**

- Alcohol odor faintly present
- Partially digested food consistent with last known meal 1-2 hours prior to death.
- No pills, toxins, or foreign substances detected.

**Interpretation:** Toxicology does not appear to be the primary cause of death.

Low-level alcohol consumption wasn't enough to cause confusion or collapse. The urine > blood ratio suggests alcohol was being metabolized, not postmortem production. No evidence of foul play via chemical agents. The cause of death remains consistent with blunt force trauma.

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**Discussion:**

The decedent, a male of approx. 34 year old, was discovered in an abandoned warehouse. Scene investigation revealed no sign of forced entry and robbery.

External examination revealed traumatic head injury, leaving a palpable depression in the skull beneath an irregular laceration with surrounding contusion. Along with multiple linear abrasions on left side of the face and an abrasion on dorsal right hand, a broad contusion was present on the left upper chest. No defensive wounds noted. Internal examination was consistent with coup injury— extensive subgaleal hemorrhage over the left parietotemporal region, depressed skull fracture, and a left-sided subdural hematoma.

Toxicology identified mild alcohol use, not sufficient to impair cognitive ability or make someone collapse.

A witness reported seeing a suspicious figure in black hoodie leaving shortly after the decedent's death.

The injuries are consistent with a fall from a height. However, the lack of defensive injuries, the nature of lateral impact, and witness statements raise the possibility of externally induced fall, such as shoving. Thus considering everything, death is most consistent with traumatic head injury, and the manner is determined to be homicide.

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**Cause of Death:** Coup injury to the left parietotemporal region

**Mechanism of Death:** Intracranial hemorrhages → increased intracranial pressure → brain herniation → brainstem compression → cardiovascular collapse + respiratory failure → cardiac arrest

**Manner of Death:** Homicide

**Evidence Supporting Homicide:**

- The main injury is a left parietotemporal depressed skull fracture, consistent with getting shoved suddenly with controlled fall direction rather than a slip.
- Low alcohol level isn't enough to cause a slip with no defensive wound or bracing. With this level, the decedent should have been able to brace himself. However, No defensive scrapes present on palms. The abrasion on the back of the victim's hand is

more consistent with shoving turbulence, not bracing. Meaning the shove was sudden and quiet, leaving no time to brace.

- The broad chest contusion is likely from being shoved in the upper torso or hitting the crate edge after the head injury.
  - The location being an abandoned warehouse indicates that the decedent was likely here to meet someone. According to the witness report, a suspicious figure in black hoodie left the warehouse shortly after the victim's death, possibly the perpetrator.
  - The broken alcohol bottles could have been placed there in warehouse to make it look like an accidental death where the decedent slipped due to cognitive impairment, but he was sober.
  - No robbery indicates the intention to only kill, not theft or impulsive.
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### **Signature**

*Medical Trainee under Supervision*

*19th November 2025*

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*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.*