

# **FORENSIC AUTOPSY REPORT**

**CASE NUMBER:** 20

**Name of the Decedent:** Alex Moran

**Age:** 17 years old

**Sex:** Male

**Occupation:** Student

**Date and Time of Autopsy:** November 26, 2025, 12:35 PM

**Time of Discovery:** November 26, 2025, at 7:42 PM

**Location:** City Central Library, 3rd floor study area

**Discovered by:** Librarian doing closing rounds

**PMI:** 2-4 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

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## **Summary of Case:**

The decedent was found slumped forward over a study desk, head resting over their folded arms. No sign of violence, struggle, or disturbance.

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

- No overt external injury present.
- Undisturbed clothing.

- Caffeine tablets discovered in the decedent's backpack purchased legally over-the-counter.
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#### **Environmental data:**

- A backpack and open laptop were on the table; the laptop showed research notes for a school project.
  - A half-empty stainless-steel water bottle was present.
  - Security footage shows ALex entering alone at 4:10 PM and no one else approaching the desk afterward.
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#### **External Examination:**

- **Identifying Information**
  - a. **Apparent Sex:** Male
  - b. **Height:** 5'6"/ 172 cm
  - c. **Weight:** 138 lbs/ 63 kg
  - d. **Build:** Well-nourished and developed
  - e. **Ethnicity:** Caucasian
- **Clothing:**
  - a. **Outergarments:** Gray hoodie and dark jeans
  - b. **Undergarments:** Present
  - c. **Feet:** Canvas sneakers
  - d. **Accessories:** None

- **Condition of the Body:**
  - a. **Rigor mortis:** mild in the upper extremities and more developed in the lower extremities.
  - b. **Lividity:** Present over the anterior torso and thighs, blanching with pressure
  - c. Aligns with reported position of the body when discovered and estimated time postmortem interval of 2-4 hours
  - d. No signs of putrefaction observed

- **Injuries:**

→ **Head:**

- No laceration, abrasion, contusion, or fracture present
- No swelling or palpable depression of the skull

→ **Face:**

- No fractures palpated in the nasal bridge or mandible externally
- No swelling

→ **Neck:**

- No ligature marks, no petechiae visible on conjunctivae

→ **Upper Extremities:**

- No classic defensive wounds on forearms or hands.
- A faint asthma inhaler imprint commonly seen in regular users (non-traumatic).

→ **Torso:**

- No penetrating wounds or defensive bruising observed
- Chest symmetrical
- No visible rib deformity externally
- Clothing intact and undisturbed

→ **Back:**

- No patterned impressions from furniture or objects.
- No deformities or injuries noted

→ **Lower Extremities:**

- No deformities, no sharp-force injuries.
- No swelling or discoloration

→ **Hands and Feet:**

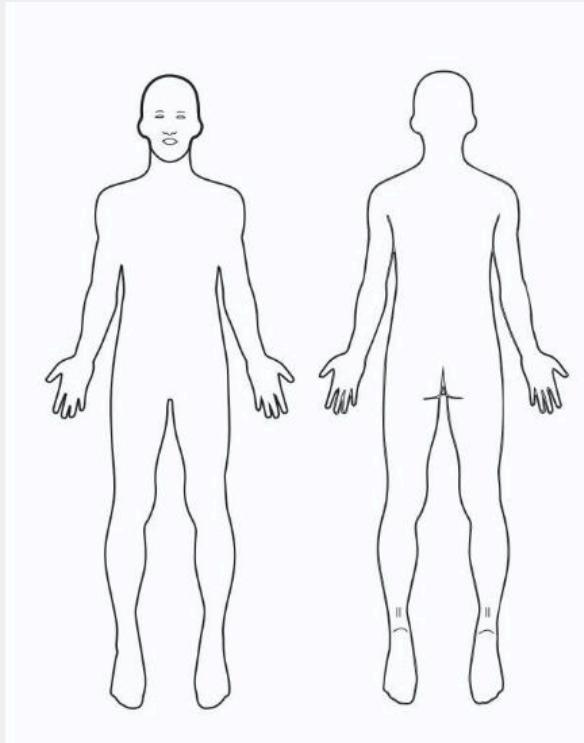
- Skin cool to touch.
- Early postmortem drying around fingertips and lips.
- No restraints, bindings, or patterned marks.

● **Other Distinguishing Features**

- a. No scars, surgical implants, tattoos, 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



### **Overall External Findings Summary**

No signs of trauma, injuries, or evidence supporting assault or force identified externally.

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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 Central Nervous System:**

→ **Scalp/ Skull:** No observable fracture

→ **Brain:** No infarcts, tumors, or congenital abnormalities observed.

Brainstem and cerebellum intact; no herniation noted.

→ **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

→ 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 abnormalities identified
- Electrical conduction pathways cannot be evaluated grossly but may be relevant to the decedent's history of fatigue and caffeine intake

→ **Lungs:**

- Airways show mild mucous plugging, consistent with a known history of asthma, but nothing indicative of a severe cardiopulmonary event
- 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 unusual odors or materials noted
    - Stomach lining is unremarkable
  - **Intestine:**
    - Normal configuration; no hemorrhage or perforation
    - No distension or obstructive findings.
- **Genitourinary System:** Unmarkable
- **Musculoskeletal System:** No fractures of long bones. No deep tissue injuries of back or torso. No sign of defensive movements or impacts or 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 :**

No organ disease detected by gross examination. Mild mucous airway change consistent with asthma history, but not severe enough to cause sudden collapse.

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## Toxicology Report:

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

**Date Collected:** November 26, 2025

**Laboratory:** City Forensic Toxicology Lab

### Analytical Findings:

Substance	Specimen	Result	Reference/ Normal Range
Caffeine	Blood	55 mg/L	2-10 mg/L (typical for moderate coffee intake)
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%)	N/A

		(saturation)	
Other Toxicants	Blood, liver	No cyanide or heavy metal detected	N/A

### **Interpretation:**

Toxicology suggests caffeine overdose as a contributing factor to the sudden collapse, exacerbated by mild asthma history. No evidence or foul play via chemical agents.

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### **History:**

- According to interviewed friends, the decedent has asthma. But no major medical issues
  - They reportedly had been skipping meals while trying to finish a project before the deadline
  - No explicit suicidal threats were reported
  - 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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**Discussion:** The decedent, a male 17 year-old student, was found slumped forward over a student desk. Study materials on the table. Caffeine tablets found in his bag. No evidence of disturbance was present at the site of discovery.

The external examination reveals a structurally normal heart, suggesting if a cardiac rhythm disturbance occurred, it may have been functional/ electrical rather than anatomical. The internal examination also revealed no trauma, both consistent with sudden collapse rather than external harm.

However, toxicology identified significantly high level, suggesting possible overconsumption or overdose. The decedent was reported to be skipping meals under the stress of finishing up a project, explaining the use of caffeine tablets. Combined with mild asthma history, this may have triggered a cardiac arrhythmia or sudden syncope.

Based on the external, internal, toxicological, history, and scene findings, death is most consistent with caffeine overdose; the manner is determined to be accidental.

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**Cause of death:** Caffeine overdose

**Mechanism of Death:** Overstimulated nervous system + mild asthma → cardiac arrhythmia → cardiac arrest

**Manner of Death:** Accidental

**Evidence Supporting Accidental:**

- The scene findings and the decedent's friend's statements supported pressure of project deadline, due to which they have been skipping meals and have been taking caffeine tablets for.
- Lack of awareness or underestimating the intake increased the chance of caffeine overdose.

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**Signature**

*Medical Trainee under Supervision*

*26th 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. Many things have been simplified and might not be accurate.*