

OFFICE OF IMDY MEDICAL EXAMINER

AUTOPSY REPORT

CASE #:

5041374

DATE:

5/19/18

DECEDENT INFORMATION:

NAME: Kowalski Tobias M
LAST FIRST M.I.

RACE: Caucasian SEX: Male D.O.B.: 6/7/87 D.O.D.: 5/17/18 AGE: 30

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Evaluation:

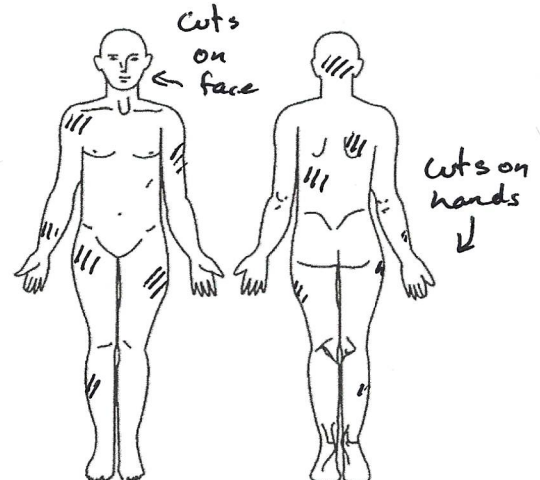
ITEMS FOUND ON BODY: Wallet with ID & Money, Hotel key card, watch, phone

BODY DESCRIPTION ON DISCOVERY: Fully clothed. No missing items

STAGE OF DEATH: PALLOR: ☒ ALGOR: ☒ RIGOR: ☒ LIVOR: ☒ PUTREFACTION: ☐
DECOMPOSITION: ☐ SKELETONIZATION: ☐ FOSSILIZATION: ☐

MARKS AND WOUNDS:

- Has several bruises over the entire Cadaver
- Has cuts and lacerations over the arms and legs
- Swelled brain and bruise on back of head.



POSSIBLE CAUSE OF DEATH: Blunt force to the back of the head

I HEREBY DECLARE THAT AFTER RECEIVING NOTICE OF THE DEATH DESCRIBED HEREIN I TOOK CHARGE OF THE BODY AND MADE INQUIRIES REGARDING THE CAUSE OF DEATH IN ACCORDANCE WITH SECTION 405-8037 IMDY CODE ANNOTATED AND THAT THE INFORMATION CONTAINED HEREIN REGARDING SUCH DEATH IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

5/19/18

DATE

Jeff Park

M.E. NAME PRINT

Jeff Park

M.E. SIGNATURE