CASE# edited DECEDENT: (edited)

AGE: 43 YEARS

RACE: WHITE

SEX: MALE

SSN: 451-80-7909

DATE AND TIME OF AUTOPSY:

PERFORMED BY: (edited)

MANNEROFDEATH: HOMICIDE.

OFFICE OF THE MEDICAL EXAMINER METROPOLITAN GOVERNMENT OF (EDITED)

(address edited) AUTOPSY REPORT

HEIGHT: 69INCHES

WEIGHT: 169 LBS IDENTIFIEDBY: Circumstances.

December 8, 1994 at 8:00 a.m.

Final (X)

CAUSEOFDEATH: EXSANGUINATIONDUETOMULTIPLESTABANDINCISEDWOUNDS

(HEAD, NECK, TRUNK, UPPER EXTREMITIES).

FINDINGS:

1. Generalized pallor and evidence of exsanguination.
2. Multiple stab and incised wounds of head, neck, trunk and upper extremities with one (1) stab wound penetrating left skull into  brain; three (3) stab wounds penetrating right back into chest cavity and right lung; another stab wound at lateral right chest penetrating into right lung; and multiple wounds of upper extremities consistent with defensive injuries.
3. Left lower lateral chest-wall abrasions and contusions with overlying rib fractures of left ribs #6, #7 and #8.
4. Subarachnoid hemorrhage of right cerebrum underlying one of the large, undermined right scalp incised wounds.
5. A few other minor blunt-force injuries of head and trunk.
6. Moderate emphysematous changes of lungs.

LABORATORY RESULTS: TOXICOLOGY:

1. Blood:
   1. Ethanol: 0.16 gm%.
   2. Drugs: Cocaine present at less than 0.1 ug/ml; cocaethylene  present at 0.2 ug/ml; quantity not sufficient for further examination.
2. Urine:  Positive for cocaine, cocaine metabolite (ecgonine methyl ester), and cocaethylene, with negative EMIT barbiturates screen.
3. Ocular fluid: Ethanol, 0.16 gm%.  INTRODUCTION

AUTHORIZATION: Themedicolegalexaminationofthebodyof(editedwas performed by (edited), M.D., Chief Medical Examiner, Metropolitan Government of (edited), at the Medical Examiner's Facility, (edited), on December 8, 1994 at 8:00 a.m., pursuant to the (edited) "Post Mortem Examination Act" for the determination of cause and manner of death.

GENERALAPPEARANCE: Thebodyisthatofawell-developed,well-nourished,

adultwhitemanwhoappearsthestatedageof43years. Bodyheightis69 inches,andbodyweightis169lb. Atautopsy,rigormortisisgeneralizedto late; livor mortis is posterior and slightly blanching; the body is cool to touch. Artifactsofdecompositionareabsent,andevidenceofmedicaland postmortemcareisabsent. Thereisobviousevidenceofmultiplesharp-force injury.

IDENTIFICATION: Theidentityofdecedentwasestablishedbycircumstancesof death and discovery of the body.

ROUTINE EXTERNAL EXAMINATION

CLOTHINGANDVALUABLES: Thebodyisadmittedtothemorguedressedandwithin a sheet and shroud, and then within a body bag, and with the hands bagged.

Clothing is very bloody and has injuries matching those at the trunk (see below). Inaddition,priortoremovalofclothing,thebodywasexamined concurrently by me and by the crime scene technician from the (edited) Police Department,andtraceevidencewascollectedfromthebodyandclothing. See "TRACEEVIDENCE"sectionatendofreport. Theclothingconsistsofablue- and-white western-style shirt, a pair of blue jeans, a brown belt, a pair of whitesocksandapairofbrowncowboy-styleboots. Valuablesonorwiththe body include a cigarette lighter, a key ring with five (5) keys, a pocket knifeand$16.43incash. Thevaluablesarereleasedtothemotherofthe decedent while the clothing is retained for the law enforcement agency.

Please also see "ARTIFACTS" and "INJURIES" sections below.

HEADANDNECK: Theheadisnormallyshaped. Scalphairisshort,brownand straightwiththefrontalportionbalding. Thehead,face,neckandupper shouldersshownosuffusion. Theiridesaregreen;thepupilsareequaland round; the sclerae are white; the conjunctivae have no petechiae and the periorbitalareashavenoecchymosis. Facialhairiscleanshaven. Aslight amountofbloodymucusispresentinnthenasalandoralcavities. Theteeth arenatural,andoralhygieneisgood. Intraoralpetechiaearenotpresent. The neck has no deformities and has the usual range of motion without crepitus.

TRUNK: Thechestisnotincreasedintheanteroposteriordimensionbuthas heavy,driedbloodoverthexiphoidandlowersternalregions. Thebreasts aremasculineandhavenopalpablemassesornippledischarge. Theabdomenis soft with a modest panniculus adiposus, and there is no venous discoloration oftheexternalwall. Thebackandbuttockshavenonaturalabnormalities. The anus is moderately dilated with some reddish purple circumferential ecchymosis,buttherearenolacerationsandnovisiblescars. Theexternal genitalia are appropriate for age and have no injuries.

EXTREMITIES: Theextremitiesaresymmetricalandwithoutnaturaldeformities. Thelegshavenosignificantperipheraledemaandnoskinatrophy. The fingernails are all of medium length except the ring fingers which are short andeven. Therightringfingernailappearsacutelymissingbutinasmooth, bloodless fashion.

SCARS,TATTOOS,NEVI,INCIDENTALFINDINGS: Thelowmidclavicularleftchest hastwo(2)oldscars,possiblyskingrafting. Anoldscarisatthelowleft paravertebralback. Ashortscarisatthebackofthewebspaceoftheleft thumb. Oldscarsarealsoattheleftkneewithone(1)beingsurgical. The back of the left wrist has a tattoo of the letters "JD".

ARTIFACTS OF MEDICAL OR POSTMORTEM CARE

Therearenoacuteorrecentmedicalartifacts. Thebodyhasnoembalmingor other mortician's artifacts.

ARTIFACTS OF THE POSTMORTEM INTERVAL

See"GENERALAPPEARANCE"aboveforsignsofdeath. Decompositionisminimal butprogressinginternallywithsomeautolysis. Thereisnosignificant putrefaction.

INJURIES

Multiple incised and stab wounds are present on the head, neck, chest, back andupperextremities. Theseareentirelytoonumeroustocountanddetail. However, in general, there are 30 or more on the head, 15 or more on the chest and back, and about 40 defensive incised wounds at the right and left hands andforearms. Mostofthesharp-forceinjuriespresentareincisedwounds, and most of the stab wound are actually nonpenetrating of the body cavities, except as detailed below, and except for the deeper ones at the upper extremities. Therearealsosomeblunt-forceinjuriesandsomeoverlyingrib fractures as below.

Many of the head wounds are very irregular and have slightly scalloped or curvingborders,asdiscussedbelow. Theforehead,therightfacebesidethe nose, the right lips, the left side of the head and ear and the right side of theheadhavemultipleincisedwounds. Attheforehead,thelargestis5cm long and is irregular and mostly vertical while most of the incised wounds are diagonal, slanting from upper left to lower right, and being about 1.5 cm long each. Thelongestattherightfaceis5.5cmlong. Thoseatthelipsare superficial. Attheleftsideoftheheadareseveralmarks,mostlydiagonal downward and to the front and also passing along the left side of the forehead andtheleftsideoftheface. AtthefrontoparietalareaisaV-shaped incisionwhichappearstobetwoincisionscrossing. Therearealsofive(5) short,jab-typeincisionsatthelateral-mostlowleftforehead. Thesejust penetrate the outer table of the skull beneath this area, the largest being 0.2x0.1cm. Justinferiorandposteriortothesejabwoundsisadefinite, penetratingstabwoundoftheskull. Attheskin,thisisdiagonalwiththe blunt end 0.1-0.2 cm in thickness, and being at the anteroinferior aspect of the diagonal stab wound, and the acute angle at the superoposterior aspect, thewoundbeing1.6cmlong. Attheskull,thismakesasimilartriangular- shaped wound, more horizontal over the left sphenoid bone, with a base thicknessof0.1-0.2cmandlengthof1.6cm. Theanterior-most1.0cmof thisstabistheactualpenetrationoftheskull. Itpasses3.5cmtotal (approximately) through the skin and brain, passing into the brain about 2.0 cmattheinferolateralleftfrontallobe. Itcreatesa1-cm-widex2-cm-deep permanentstabcavityatthatarea. Itjustentersthetipoftheleft lateral ventricle and is accompanied by a slight intraventricular hemorrhage and also by a slight white-matter contusion surrounding the injury.

The inferior border of the left ear has a prominent red band of abrasion and an upside-down V-shape, with a 6-cm-long vertical incision passing through the centeroftheabrasionandontotheupperlateralleftneck. Thelongest incision of the left face is 5 cm long.

At the right side of the head are multiple stab wounds varying from 1.5 to 5.5 cm long, and including a curving stab, 6.5 cm long, with undermining in theposteriordirection. Infrontoftherightearisa9.5-cm-long,curving incision also.

At the top of the head, located mostly on the right front side are another group of incised wounds, the most prominent having slightly scalloped edges, andbeing2.2cmlong. Attheupperlateralleftsideoftheheadaretwo(2) wounds, 0.9 cm between each other and parallel, each curving slightly and having slightly scalloped edges with the scalloping especially at the left, and with overlying, perpendicular, parallel, pale, reddish purple abrasion and contusion lines over a total area of 2 x 3 cm.

Beginning at the middle of the upper right sternocleidomastoid muscle, the right posterolateral and posterior neck have deep, muscular, incised wounds actuallyrepresentingabouttwoorthreetotalcuts. Theleft-mostaspecthas a 1 cm superficial cut while the major cut passing over to the right posterolateralregionis13.5cmlong. Aseparate2-cm-longincisionoverlies the right posterolateral aspect of this incision and combines with the incision for an additional 9 cm to terminate at the right sternocleidomastoid musclewherethisdiscussionbegan. Moreinferiorly,theright sternocleidomastoid muscle also has a smaller incision.

The head also has some blunt-force injuries although these may be ragged incisedwoundsfromadullobject. Thebackoftheheadhasfour(4) parallel, diagonal (upper left to lower right) lacerations with visible tissue

bridging. Theuppermosttwo(2)arethemostsuperficialandmayactuallybe incisions,thesebeing1.5cmlongand4.0cmlong,respectively. The lowermost two are mostly on the left side and are 2.7 and 1.7 cm long, respectively, and they have prominent abrasion and contusion around the edges. The back of the right ear also has some reddish purple and reddish black abrasion and contusion; the nasal bridge and tip of the nose have some abrasions and contusions; the left scalp above the ear has a linear, vertical abrasion; and the vertex of the head has a 2.3- x 0.6-cm irregular abrasion.

Inside the head, the right parietotemporal region of the cerebrum has a focal area of increased subarachnoid hemorrhage; but, other than the stab wound at the left frontal lobe, the brain has no contusion, lacerations, subdural hematomaorotherinjuries. Thisdoesunderliethelarger,curving, 6.5-cm-longincisedwounddiscussedearlier. Thespinalcordisnotexamined.

At the left midclavicular region of the upper left chest are some small, skip- likeabrasions. Themidrightclavicularregionoftheupperchestalsohasa smallareaofabrasion. Attherightparasternalchestisa5-cm-tallstab wound. Theinferiorborderisslightlyroundedoracuteandhassomeslight contusion with slightly undulating edges at the inferior third of the stab wound. Theupperedgeofthestabwoundattheskinissquaredoff,0.3cm wide. Thestabpassesthroughthesternuminaroughlydiagonalfashionwith blunt upper right edge and acute lower left edge, passing into the chest at therightthirdintercostalspaceanteriorly. Itpassesposteriorly,slightly downward and to the right, and it just catches the outer edge of the right lungatthejunctionoftherightupperandrightmiddlelobes. Thestab stopsinthelungforatotalofabout6cm. Otherwise,theanteriorchest hasnostabwounds. Laterally,therightupperchesthasa1.6-cm-longstab, roughly horizontally oriented with the posterior aspect acute and the anterior aspectblunt. Thispassesintotherightposterolateralchestviathethird right intercostal space with no visible entry into the lung and with a depth of the stab totalling greater than or equal to 6 cm.

The lateral left chest at the lower half has an irregular area of mottled abrasions and contusions without pattern, the largest two (2) areas being 3.0x0.3cmand1x1cm. Theseoverliethefracturesoftheribswith accompanying slight intercostal-space contusion, mainly at the left lateral sixth rib, the left posterolateral seventh rib, and the left posterolateral eighthrib. Theseventhribhasaparietalpleuralperforationandthe greatestamountofcontusionalhemorrhage. Theseareblunt-forceinjuries.

At the back, there are multiple shallow stabs and jab-type wounds along with some tiny superficial abrasions or incisions, all less than or equal to 0.3cm. Attheleftuppershoulderposteriorlyaretwo(2)ofthemore prominent superficial stab wounds not passing into the chest, the upper right lateral one being diagonally oriented and 2.2 cm long, and the more medial one being1.4cmlongandorientedhorizontally. Atthemidcenteroftheback, slightly more on the right side of the spine than the left, are seven (7) parallel,diagonalstabs. Theseallhaveroughlythesameappearanceatthe skin, although their upper and lower edges are less distinct than other stab woundsonthebody. Three(3)ofthesearechosenforrepresentative measurements. Theuppermostrightstabofthisgroupis1.8cmlongand appears to have the blunt edge downward with a V-shaped acute edge superiorly. Bringing the two edges of the wound together creates almost a double "V," although the inferior aspect is more of a shallow "V" than the upper "V" is. The inferior-most right wound in this group is 1.5 cm long and has a prominent inferior"V"withanacutesuperioredge. Bringingthetwosidestogether creates no "V" at the top at all but makes the inferior "V" more prominent. The uppermost left wound of this group is 1.6 cm long and has a prominent upperbluntedgeandaninferioracuteedge. Thiswound,whentheedgesare broughttogether,isasimpleslit. Threeofthefourstabsattherightside of this group penetrate the chest, one going through the sixth posterior right intercostal space, one going through the seventh, and one going through the ninth. Thesegointotherightchestcavitywithoneinjuryonlypenetrating therightlungforatotaldepthofgreaterthanorequalto5cm. Thisis probably wound "B" with the depth into the lower lobe of the right lung of about 1.5 cm with a height of 1 cm giving the total penetration as mentioned aboveofgreaterthanorequalto5cm. Thetwo(2)stabwoundstotheleft of the spine pass downward, medially and to the front, but they stop at the left lamina and left lateral side of the spinous processes of the back bone

with a short overall distance for the stab of about 2 cm without penetration of the chest cavity.

As mentioned earlier, the upper extremities have multiple sharp-force injuries. Attheanterior,distalrightwristareseveralabrasionsand lacerations with slight reddish purple contusions, the longest 4.5 x 0.2 cm, andthemostprominent,0.8x1.6cm. Thesearelessclearlydefinedas incisedwounds,althoughtheymaybefromanirregularobject. Atthebackof the right triceps area, almost exposing the bone, is a bloodless, 19.5-cm-long gaping,deep,incisedwound. Thelateralproximalrightshoulderandproximal arm have three (3) incisions, the longest more distal and is 1.6 cm long, with an irregular distal border suggestive of an acute angle and with a proximal bordersquaredoffand0.2-0.3cmwide. Thebackoftherightforearmhas somesmallabrasionsandsomesmallincisedwoundstowardthewrist. The distal right biceps area, just above the antecubital fossa, has one (1) small incised wound.

The left distal forearm has a large, gaping incised wound of 3 x 5 cm surface area,passingthroughthetendons. Justproximaltothisisa6-x4-cmarea ofdriedbloodwithabrasionsandsuperficialincisions. Justproximalto that and more medial are two (2) parallel, linear, thin abrasions.

The backs of the hands have multiple avulsed and oblique incisions and lacerations,mostlyincisions,rangingfrom1.5-3.2cmlong. Inaddition,the back of the right hand has a larger, gaping wound, 5.5 x 3.0 cm long, and the right wounds and the left dorsal wrist wounds have superimposed purple contusions. Onthemedialedgeoftherightthumbisa1.3-cm-longincised woundwhichcontinuesontothethumbpaditself. Atthepalmarsurfaceofthe left hand are approximately eight (8) oblique incised wounds, one being 2.5 cm long and having scalloped edges, and another being 3 cm long with the others varying. Thehandsdohaveclumpsofstraight,long,possiblyblondhairs adherent especially at the left palm. These are collected.

Overall, most of the incised wounds of the trunk suggest a single-edged, thin blade,althoughadouble-edgedbladecannotbeexcluded. Manyofthehead wounds, and also the hand and forearm injuries, suggest a scalloped edge or scalloped object, and the multiple injuries of the hands and forearms are consistent with defensive injuries.

Internally, there is almost no blood present in the heart and great vessels andtissuesduetoexsanguinationfromallofthesemultiplewounds. X-rays of the head and neck and also the chest and upper abdomen show no obvious fracturesorforeignbodies. Theinternalstructuresoftheneck,including the carotid arteries, show no injuries except for the large neck injury passingintothemuscleonlyasmentionedabove. Theheart,liver,etc., havenoinjuries. Seeaboveforstabsofrightlung,stabofbrain,leftrib fractures and right brain subarachnoid hemorrhage.

ROUTINE INTERNAL EXAMINATION

In general, internal artifacts and injuries have been described above and will not be further detailed in this section.

Thebodycavitiesareopenedinthestandardautopsyfashion. Theorgansare presentintheirusualanatomiclocationsandrelationships. Littlebloodis present in the pleural cavities, and there are some slight adhesions at the rightupperlobeofthelungs. Thereisnoevidenceofempyema,purulent exudateoracuteinflammationoftheserouscavities. Thereisnotissue discolorationsuggestiveforcarbonmonoxideintoxicationorjaundice. There is a slight smell suggestive of alcoholic beverages within the body.

Thegallbladdercontainstheusualbile. Thestomachcontains20mlof grayish mucoid fluid with curdled-like, small, soft, whitish lumps of mostly digested,unrecognizablefood;butthereisnoevidenceofdrugresidue. The vermiformappendixispresent. Theurinarybladdercontainsclearurine. In general,atherosclerosisisverymild. Thehearthasnoevidenceof infarctionorscarring. Thelungshavebullousemphysematouschangestoa slightdegree,mostlyattheupperlobes. Therightlungalsohasthetwo(2) stabwoundsmentionedearlier. Theliverappearspalebutnotfatty. The spleen, pancreas, kidneys, heart, adrenals, thyroid, pituitary, prostate and

bladderarenototherwiseremarkable. Thetestesshownocontusions. The penis does not appear to be circumcised.

Routine organ weights are as follows: heart, 370 gm; right lung, 530 gm; left lung, 580 gm; liver, 1630 gm; spleen, 80 gm; pancreas, 160 gm; right kidney, 140 gm; left kidney, 170 gm; and brain, 1450 gm.

PROCEDURES AND SPECIMENS TOXICOLOGY: Blood,bile,urine,ocularfluid,nasalswabs.

PHOTOGRAPHY: Instantprintand35-mmslideidentificationpictures. Instant- print photos are also taken of the scene and of many of the injuries.

TRACEEVIDENCE: Tracematerialsontapefromrightshoulder/chest;possibly small glass fragment from left upper chest; trace materials on tape from left shoulder/neck/chest; trace materials on tape from chest; glass fragments from back; possible glass fragments from chest; hairs adherent to right and left sleeves of shirt; hairs adherent to left hand; one (1) hair from inside the mouth; right fingernail clippings; left fingernail clippings; and adherent hairsfromrighthand. Purple-andred-toppedtubesofbloodarealso collected and sent to the lab.

CHEMISTRIESORCULTURES: None. FIREARMSEXAMINATION: None. X-RAYS: See"INJURIES."

MICROSCOPICEXAMINATION: Representativesectionsofmajororgansystemshave been obtained and routinely processed onto glass slides for histologic examination. Thesehavebeenreviewed.

The liver, heart and kidney are not remarkable aside from some moderately advancedautolysisespeciallyatthekidney. Thelungsshowdiffuse,moderate emphysematous changes including septal fibrosis and an increased number of macrophages,alongwithcongestion. Thecerebrumshowsacutepetechial hemorrhages at the directed section from the stab-wound area, but otherwise thecerebrumisnotremarkable. Theanodermshowsnocontusion,butitdoes have dilated submucosal vessels without significant inflammation or scarring. There are no additional significant findings.

D: 12/08/94 T: 03/08/95