

*CONTINUING LEGAL EDUCATION*

*FALL 2015*

*OCTOBER 8, 2015*

*ROLE OF THE MEDICAL EXAMINER AND  
TOXICOLOGIST IN LITIGATION*

*MARK TAFF, M.D., DONALD HOFFMAN, PH.D., AND  
MICHAEL ALPERSTEIN, ESQ.*



SPONSORED BY:  
APPELLATE DIVISION, FIRST DEPARTMENT  
AND  
THE ASSIGNED COUNSEL PLAN FOR THE FIRST DEPARTMENT

OFFICE OF MEDICAL EXAMINER

REPORT OF AUTOPSY

Name of Decedent:

M.E. Case #:

Autopsy Performed by: Medical Examiner, M.D.

Date of Autopsy: November 25, 2010

FINAL DIAGNOSES

- I. MULTIPLE BLUNT FORCE INJURIES OF HEAD, TORSO AND EXTREMITIES
  - A. ABRASIONS, CONTUSIONS AND LACERATIONS OF SCALP AND FACE
  - B. NASAL FRACTURE
  - C. SUBARACHNOID HEMORRHAGE
    - 1. SEE SEPARATE NEUROPATHOLOGY REPORT
  - D. ANTERIOR RIB FRACTURES
  - E. CONTUSIONS ON LOWER LEGS
- II. ADULT HUMAN BITE MARK ON CHEEK
  - A. SEE SEPARATE FORENSIC ODONTOLOGY REPORT
- III. SUBMERSION IN WATER
  - A. WATERY FLUID IN SPHENOID SINUSES
  - B. WATERY FLUID AND SAND IN STOMACH
  - C. WET LUNGS

CAUSE OF DEATH: BLUNT FORCE INJURIES OF HEAD WITH NASAL FRACTURE, SUBARACHNOID HEMORRHAGE AND SUBMERSION IN WATER

MANNER OF DEATH: HOMICIDE

**REPORT OF AUTOPSY**

• CASE NO. \_\_\_\_\_

I hereby certify that I, \_\_\_\_\_, MD, City Medical Examiner - I, have performed an autopsy on the body of \_\_\_\_\_ on November 25, 2010 commencing at 9 am in the Mortuary.

This autopsy was performed in the presence of Drs. Moe, Larry and Curly.

**EXTERNAL EXAMINATION**

The body is that of a well-developed, well-nourished, average-framed, dark-skinned female measuring 5'7" long and weighing 141 pounds. The decedent's appearance is consistent with the given age of 35 years. The curly black hair measures up to 5". The ears and auditory canals are unremarkable. The torso and extremities do not show injuries. Needle track marks are not present. Each hand is wrapped in a brown paper bag that in turn is secured with red evidence tape. The bags are removed, labeled with the case number, and submitted to evidence. There is an intact, approximately 1" long, clear with gray designs, artificial fingernail on all but the right index and left middle fingers; the fingernails on these two fingers are intact. There are no fibers, hairs or blood stains on the uninjured hands, although there are focal areas of blood-soaked sand on each hand which easily wash away. The unremarkable external genitalia are female. The vagina and anus are atraumatic. The entire body is covered with fine, light-colored sand.

**POSTMORTEM CHANGES**

Rigor mortis is absent. Lividity is ambiguous. The body is cool.

**TATTOOS**

The following professional-appearing, polychromatic tattoos are present. There are 1/2" to 3" in greatest dimension birds associated with the phrase "this too shall pass" around the left arm. There is an up to 1" wide, circumferential belt design around the left arm.

**CLOTHING**

The decedent is clothed in 1) a polka dot print bra, 2) a white, short-sleeve shirt, 3) a pair of blue/yellow/green socks and 4) a black thong. Each item is covered with abundant, fine, light-colored sand. There are no fabric defects. The bra, shirt and socks are labeled with the case number and submitted to evidence and the thong is submitted to Forensic Biology as part of the Vitullo sex assault kit.

**INJURIES, EXTERNAL AND INTERNAL**

There are blunt force injuries of the head, at least one human bite mark is on the face, some ribs are fractured, and there are contusions on the lower extremities.

**BLUNT FORCE INJURIES OF HEAD:** There is a 2", horizontally-oriented laceration in the left scalp, approximately 3" above the top of the left ear, which is associated with a 1-1/2" x 1" area of full-thickness scalp hemorrhage. There is a 1/2", crescent-shaped laceration in the skin of the upper left forehead, approximately 1" below the hairline, which is associated with a 3-1/2" x 2" area of full-thickness scalp hemorrhage. There are three areas of mottled purple and red skin discoloration, ranging from 1" to 1-1/2" in greatest dimension, on the middle forehead. The largest area is located on the lower middle forehead and at its inferior edge; approximately 1-

1/4" above the glabella and 1/2" right of midline, there is a 1/4" skin laceration which is without underlying scalp hemorrhage. Soft tissue swelling with purple/red skin discoloration is present in and around the orbits, over the nasal bridge and on the nasal tip, and over the cheek bones. There are superimposed, punctate abrasions in the skin over the lateral orbits and the cheekbones, more on the left than on the right. There is a 1/2" in greatest dimension, stellate laceration in the skin over the upper nasal bridge in the midline, approximately 1/2" below the glabella, and the underlying nasal bones are palpably fractured. There is a 3/4" in greatest dimension, stellate defect that perforates the upper lip just right of midline, with a 1" to 1-1/2" in greatest dimension purple contusion around the defect on both the external and internal lip. The oral mucosa is otherwise atraumatic and the native dentition is in good repair without chipped or absent front teeth. The conjunctivae are congested but there are no petechiae. The skull is not fractured and there is no epidural or subdural hemorrhage. There is a film of dark red subarachnoid hemorrhage over the lateral cerebral hemispheres.

**BITE MARK(S) OF FACE:** There is an approximately 1" diameter, slightly ovoid array of multiple, adjacent, up to 1/8" long by 1/32" wide, rectangular to triangular, red purple skin indentations and superficial puncture marks on the lateral right cheek which surround an erythematous center. Swabs of the indentations are taken and are submitted to Forensic Biology. There are a few, 1/8" to 1/4" in greatest dimension, rectangular, triangular and slightly rounded, abrasions and superficial puncture defects in the skin over the middle to lateral right nare and nasal tip (Comment: these two clustered pattern injuries, and particularly the one on the right cheek, are suggestive of human bite marks; Forensic Odontology will consult on these injuries and their findings will be separately reported).

**RIB FRACTURES:** Anterior right ribs #2-4 and anterior left rib #2 are fractured and there is slight associated hemorrhage in the adjacent intercostal soft tissues. There are no injuries to the thoracic viscera.

**CONTUSIONS OF LOWER EXTREMITIES:** There are a few, 1/4" to 3/4" in greatest dimension, purple red contusions on and around the anterior right knee and on the left shin. There is a 2-1/2" x 1-1/2" purple contusion on the medial right lower leg and ankle.

*The injuries listed above, having been described once, will not be repeated.*

### INTERNAL EXAMINATION

**GENERAL FINDINGS AND BODY CAVITIES:** The subcutaneous fat is 1" thick. The tissues and organs are moist. The organs are in their normal situs. The pleural, pericardial and peritoneal surfaces are smooth and glistening. There are no abnormal fluid collections or hemorrhages. The retroperitoneum is unremarkable.

**HEAD:** The brain weighs 1170 grams and is retained in formalin for neuropathologic consultation. The sphenoid sinuses contain clear, watery fluid.

**NECK:** The cervical vertebrae, hyoid bone, tracheal and laryngeal cartilages and paratracheal soft tissues are without trauma. The upper airway is patent. The tongue and epiglottis are unremarkable.

**CARDIOVASCULAR SYSTEM:** The heart weighs 250 grams. The epicardial fat is normal in amount and the epicardial surface is smooth and glistening. The epicardial coronary arteries demonstrate their usual distributions and calibers, and the coronary circulation is right-predominant. The coronary ostia are patent and unremarkable. The left anterior descending, left circumflex, and right coronary arteries show minimal atherosclerotic stenosis of their proximal to middle lumens (up to 20%) and do not contain thrombus. The myocardium is homogeneous, brown and approximately firm without pallor, hemorrhage, softening or fibrotic scars. The chambers do not appear dilated. The left and right ventricles are 1 and 0.3 cm thick, respectively. The endocardium is smooth and transparent. The four cardiac valves are unremarkable. The aorta shows slight atherosclerosis. The vena cava and hepatic, portal and mesenteric vessels are patent and do not contain thrombus or embolus.

**RESPIRATORY SYSTEM:** The right and left lungs weigh 560 and 500 grams, respectively. The right lung has three lobes and the left lung has two lobes. The pleural surfaces are smooth and glistening. Cut surfaces are orange/red, soft and airy with congestion in the lower and posterior upper lobes. A moderate amount of frothy clear fluid is expressed from the lung surfaces with lung compression. There are no masses, hemorrhages, areas of consolidation or emphysematous changes. The small airways are unremarkable. The vessels are patent and without thrombi or emboli. The trachea and bronchi contain scant brown/red fluid and their mucosae are unremarkable.

**LIVER, GALLBLADDER, PANCREAS:** The liver weighs 1240 grams and has an intact, smooth capsule. Cut surfaces are homogeneous, brown and smooth without slippery or fibrous texture. No lesions are identified. The gallbladder contains 20 cc of green bile and no stones. The pancreas is unremarkable in lobulation, color and texture.

**HEMIC AND LYMPHATIC SYSTEMS:** The spleen weighs 60 grams and has an intact, purple and slightly wrinkled capsule. Cut surfaces are red and appropriately firm. The white pulp is inconspicuous. No lesions are identified. Lymph nodes throughout the body are unremarkable. The hilar lymph nodes show anthracosis. The bone marrow is red.

**URINARY AND REPRODUCTIVE SYSTEMS:** The kidneys weigh 220 grams combined. The capsules strip with ease. The surfaces are red/brown and smooth. Cut surfaces are congested and show the usual corticomedullary architecture. The vessels are unremarkable. The calyces and pelves are not dilated. The ureters have normal calibers. The unremarkable bladder is empty and there are no stones. The uterus contains a 4 cm diameter, subserosal uterine leiomyoma that has firm, tan, whorled cut surfaces without hemorrhage or necrosis. The ovaries and fallopian tubes are unremarkable. The vaginal canal is atraumatic. The breasts show no abnormality.

**ENDOCRINE SYSTEM:** The pituitary, thyroid and adrenal glands are normal size, color, and consistency.

**DIGESTIVE SYSTEM:** The esophagus and gastroesophageal junction are unremarkable. The stomach contains 150 cc of light brown, watery fluid and some tan/white particulate matter and fine, lightly colored sand that settles to the bottom of the container after standing for one hour. The small bowel contains brownish fluid and the large bowel contains semisolid brown/green stool. The esophageal, gastric and intestinal mucosae are unremarkable. The small and large bowel are unremarkable. The vermiform appendix is present.

**MUSCULOSKELETAL SYSTEM:** The vertebrae, clavicles, sternum and pelvis are without fracture. The unremarkable musculature is normal color and consistency.

**NEUROPATHOLOGY**

The results of neuropathologic examination of the brain will be separately reported.

**FORENSIC ODONTOLOGY**

Analysis and documentation of the facial bite mark(s) was performed by Drs. Cheech and Chong and the results are separately report and incorporated into the final diagnoses.

**TOXICOLOGY**

Specimens are submitted for toxicologic analysis and the results will be separately reported.

**FORENSIC BIOLOGY**

Blood, a Vitullo kit, and swabs of the bite mark on the cheek are submitted to Forensic Biology and their results will be separately reported.

**POSTMORTEM RADIOGRAPHY**

Radiographs are taken and are retained.

**POSTMORTEM PHOTOGRAPHY**

Photographs are taken and are retained. (Comment: The photographs of the right hand were inadvertently obtained after the synthetic fingernails had been cut off by Dr. \_\_\_\_\_).

**EVIDENCE**

Two (2) brown paper bags in which the hands are wrapped and three (3) items of clothing are submitted to evidence.

\_\_\_\_\_, MD  
DRAFT: 11/26/10  
FINAL: 1/20/11

\_\_\_\_\_, MD  
City Medical Examiner – I  
January 20, 2011

# AUTOPSY NOTES

NAME OF DECEDENT: \_\_\_\_\_ M.E. #: \_\_\_\_\_

SKIN COLOR: \_\_\_\_\_ WD/WN: \_\_\_\_\_ HEIGHT: \_\_\_ FT \_\_\_ IN WEIGHT \_\_\_ LB AGE: \_\_\_\_\_

HAIR: TXTR \_\_\_\_\_ CLR \_\_\_\_\_ IN M \_\_\_\_\_ IN B \_\_\_\_\_ IN EYES: IRIDES \_\_\_\_\_ CONJ \_\_\_\_\_ TEETH/ORAL \_\_\_\_\_

TORSO: ANT \_\_\_\_\_ POST \_\_\_\_\_ GENITALIA +/- \_\_\_\_\_ EXTREMITIES: UPPER \_\_\_\_\_ LOWER \_\_\_\_\_

RIGOR MORTIS: \_\_\_\_\_ LIVOR MORTIS F/NF \_\_\_\_\_ TEMPERATURE: \_\_\_\_\_

SCARS:

TATTOOS:

CLOTHING:

THERAPEUTIC PROCEDURES:

INJURIES:

Head

Brain \_\_\_\_\_ gm

Neck

Cavities \_\_\_\_\_

Vessels

Heart \_\_\_\_\_ gm

L.V. \_\_\_\_\_ cm

R-Lung \_\_\_\_\_ gm

L-Lung \_\_\_\_\_ gm

Liver \_\_\_\_\_ gm

Bile \_\_\_\_\_ ml

Pancreas \_\_\_\_\_

Spleen \_\_\_\_\_ gm

Lymph nodes

Thymus: Y/N

R-Kidney \_\_\_\_\_ gm

L-Kidney \_\_\_\_\_ gm

Urine \_\_\_\_\_ ml

Gonads \_\_\_\_\_

Endocrine \_\_\_\_\_

Digestive Tract \_\_\_\_\_

Gastric \_\_\_\_\_ ml

App. Y/N

Musc-Skel: \_\_\_\_\_

DIAGNOSES:

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EXAMINED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

OFFICE OF MEDICAL EXAMINER

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**EVIDENCE**

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\_\_\_\_\_, MD  
City Medical Examiner – I  
January 20, 2011

\_\_\_\_\_, MD  
DRAFT: 11/26/10  
FINAL: 1/20/11

# AUTOPSY NOTES

NAME OF DECEDENT: \_\_\_\_\_ M.E. #: \_\_\_\_\_  
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 HAIR: TXTR \_\_\_\_\_ CLR \_\_\_\_\_ IN M \_\_\_\_\_ IN B \_\_\_\_\_ IN EYES: IRIDES \_\_\_\_\_ CONJ \_\_\_\_\_ TEETH/ORAL \_\_\_\_\_  
 TORSO: ANT \_\_\_\_\_ POST \_\_\_\_\_ GENITALIA +/- \_\_\_\_\_ EXTREMITIES: UPPER \_\_\_\_\_ LOWER \_\_\_\_\_  
 RIGOR MORTIS: \_\_\_\_\_ LIVOR MORTIS F/NF \_\_\_\_\_ TEMPERATURE: \_\_\_\_\_

SCARS:

TATTOOS:

CLOTHING:

THERAPEUTIC PROCEDURES:

INJURIES:

Head  
 Brain \_\_\_\_\_ gm  
 Neck  
 Cavities \_\_\_\_\_  
 Vessels  
 Heart \_\_\_\_\_ gm  
 L.V. \_\_\_\_\_ cm  
 R-Lung \_\_\_\_\_ gm  
 L-Lung \_\_\_\_\_ gm  
 Liver \_\_\_\_\_ gm  
 Bile \_\_\_\_\_ ml  
 Pancreas \_\_\_\_\_  
 Spleen \_\_\_\_\_ gm  
 Lymph nodes  
 Thymus: Y/N  
 R-Kidney \_\_\_\_\_ gm  
 L-Kidney \_\_\_\_\_ gm  
 Urine \_\_\_\_\_ ml  
 Gonads \_\_\_\_\_  
 Endocrine \_\_\_\_\_  
 Digestive Tract \_\_\_\_\_  
 Gastric \_\_\_\_\_ ml  
 App. Y/N  
 Musc-Skel: \_\_\_\_\_

DIAGNOSES:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EXAMINED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

NEUROPATHOLOGY REPORT  
CASE NUMBER: \_\_\_\_\_

NAME OF DECEDENT:

DR. \_\_\_\_\_ PERFORMED AUTOPSY ON 11/25/10

DR. \_\_\_\_\_ EXAMINED BRAIN ON 12/18/10

GROSS EXAMINATION:

Brain weight: 1170 gm.

The specimen consists of the brain and intracranial dura of an adult. Prior to fixation, a portion of the right occipital lobe has been removed for possible toxicology studies.

The intracranial dura is not remarkable. All venous sinuses are patent.

The leptomeninges reveal recent, thin-layered subarachnoid hemorrhage over bilateral orbital gyri, temporal poles, inferior surface of the left temporal lobe and the left temporal and parietal convexities. The cerebral gyri are of normal size, configuration and consistency. There is no sign of herniation. The external aspects of the brainstem and cerebellum are not remarkable. The arteries at the base of the brain follow a normal distribution and are free of atherosclerosis, aneurysmatic dilations or sites of occlusion. All cranial nerve stumps identified are not remarkable.

Coronal sections of the cerebrum reveal no focal lesions in the cortex, white matter or deep nuclear structures. There is no shift of the midline structures. Sections of the midbrain, pons, medulla oblongata and cerebellum show no focal abnormalities. Myelination is normal for age. The substantia nigra is well pigmented. The ventricular system and cerebral aqueduct are patent, and normal in size and configuration. The ependymal lining is smooth and glistening.

PHOTOGRAPHS: YES

MICROSCOPE EXAMINATION: NO

DIAGNOSIS:

I. HISTORY OF RECENT TRAUMATIC INJURY WITH:

A. SUBARACHNOID HEMORRHAGE, CEREBRAL HEMISPHERES

\_\_\_\_\_  
12/18/10  
NEUROPATHOLOGIST, M.D.

FORENSIC TOXICOLOGY LABORATORY

Deceased: M.E. Case No.: Lab. No.:

Autopsy By: Dr. Medical Examiner Autopsy Date: 11/25/10

Specimens Received: Bile, Blood, Brain, Gastric Content, Liver, Vitreous Humor

Specimens Received in Laboratory By: COORS LIGHT Date Received: 11/27/10

Equivalents: 1.0 mcg/mL = 1.0 mg/L = 0.1 mg/dL = 1000 ng/mL 1.0 mcg/g = 1.0 mg/kg = 0.1 mg/100g = 1000 ng/g

Results

<b>Blood</b>		
Ethanol	0.34g%	GC
Caffeine	< 10mg/L	LC
Caffeine	Detected	GC/MS
Opiates	Not Detected	EI
Benzoyllecgonine		EI
Barbiturates		EI
Amphetamines		EI
Benzodiazepines		EI
Cannabinoids		EI
Salicylate		LC
Acetaminophen		LC
Theophylline		LC

<b>Vitreous Humour</b>		
Ethanol	0.37g%	GC

EI = Enzyme Immoassay      CT = Color Test  
 GC = Gas Chromatography    TLC = Thin Layer Chromatography  
 GC/MS = GC/Mass Spectrometry    ISE = Ion Selective Electrode  
 LC = Liquid Chromatography    SP = Spectorphotometry  
 LC/MS = LC/Mass Spectrometry    < = Less than

Signed: \_\_\_\_\_  
Dr.  
Date: 12/30/10

<b>CASE WORKSHEET</b>		M.E. CASE #:	
NAME OF DECEDENT:		AGE: 35Y	RACE: Black
MEDICAL EXAMINER:		SEX: F	<input checked="" type="checkbox"/> Autopsy <input type="checkbox"/> No Autopsy (Exam) <input type="checkbox"/> Pursuant To Law
		DATE: November 25, 2010	

**PART I: DEATH WAS CAUSED BY:**  Pending Further Studies

a. Immediate cause: *Blunt force injuries of head with nasal fracture, subarachnoid hemorrhage and submersion in water*

b. Due to or as a consequence of

c. Due to or as a consequence of

**PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in part I:**

d.

**MANNER OF DEATH:**  
 Pending studies  Natural  Therapeutic Complication  Accident  Suicide  Homicide  Undetermined

Place of Death: (Name of hospital, facility, or street address): <i>Beach</i>	Any Hospice care in the last 30 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	TYPE OF PLACE: Hospital in-patient Hospital ED/outpatient Hosp DOA Other, specify: <i>Beach</i>	Nursing home/ long term care Hospice facility Decedents residence
DATE & TIME OF DEATH: <i>11/25/10 02:40</i>			

INJURY: Date: <i>11/25/10</i> Time: <input checked="" type="checkbox"/> AM <i>2:20</i> <input type="checkbox"/> PM	AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TYPE OF PLACE (Home, Street, etc.): <i>Beach</i>
LOCATION: <i>Beach Brooklyn, N.Y.</i>		
HOW INJURY OCCURRED: <i>See Above</i>		
IF TRANSPORTATION INJURY: <input type="checkbox"/> driver/operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other, specify		

<b>IF FEMALE:</b> <input type="checkbox"/> Not pregnant within one year of death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant at time of death, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant at time of death, but pregnant 43 days to 1 year before death <input checked="" type="checkbox"/> Unknown if pregnant within one year of death	If within one year of death, outcome of pregnancy <input type="checkbox"/> Live birth <input type="checkbox"/> Spontaneous termination <input type="checkbox"/> Induced termination <input checked="" type="checkbox"/> None Date of outcome mm/dd/yyyy <div style="border: 1px solid black; padding: 5px; display: inline-block;">/ /</div>
Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	For infant under 1 year: Name and address of hospital or other place of birth:



OFFICE OF MEDICAL EXAMINER  
SCENE INVESTIGATION FORM

INVESTIGATOR: \_\_\_\_\_ ME CASE # \_\_\_\_\_  
NOTIFIED 11-25-2010 AT 0426 HOURS POLICE AGENCY: \_\_\_\_\_  
ON SCENE 11-25-2010 AT 0501 HOURS COMMAND \_\_\_\_\_  
DEPARTURE 11-25-2010 AT 0615 HOURS 1<sup>ST</sup> PO \_\_\_\_\_ SHIELD # \_\_\_\_\_  
DISPOSITION 11-25-2010 AT 0615 HOURS REPORTED BY \_\_\_\_\_  
DETECTIVE \_\_\_\_\_ SHIELD # \_\_\_\_\_ UNIT \_\_\_\_\_  
\_\_\_\_\_ SHIELD # \_\_\_\_\_ UNIT \_\_\_\_\_  
PRONOUNCED/FOUND 11-25-2010 AT 0240 HOURS BY EMS SHIELD #: \_\_\_\_\_  
PLACE OF DEATH Beach  
PHYSICIAN CONTACTED \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME OF DECEASED: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
AGE: 35 RACE: Black SEX: Female DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ PHONE # \_\_\_\_\_  
BIRTH PLACE: Unknown VETERAN Unknown MARITAL STATUS: Unknown  
OCCUPATION: \_\_\_\_\_ EDUCATION: \_\_\_\_\_  
NEXT OF KIN: Unknown RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ ALT. PHONE#: \_\_\_\_\_ NOTIFICATION STATUS \_\_\_\_\_

IDENTIFIED AT SCENE BY: Pending RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ ALT. PHONE#: \_\_\_\_\_ REASON IF NO ID: Nobody Present

CASE DISPOSITION: \_\_\_\_\_ RECEIVING FACILITY Medical Examiner Office

KNOWN AUTOPSY OBJECTIONS  
OR REQUESTS (MUST DOCUMENT  
SUPPORTING REASONS AND RELIGION)

Unknown

FUNERAL HOME: Unknown

ME CASE # \_\_\_\_\_

**IF UNNATURAL DEATH:**

INCIDENT LOCATION: Beach

INCIDENT DATE: 11-25-2010 TIME: \_\_\_\_\_ AT WORK \_\_\_\_\_ CRIMINAL CHARGES: Yes

HOW INJURY OCCURRED: Multiple Gunshot Wounds to The Head

IF FEMALE: PREGNANT LAST 6 MONTHS \_\_\_\_\_ RESULT \_\_\_\_\_

**TIME FRAME OF DEATH:**  OR WITNESSED COLLAPSE

LAST SEEN ALIVE 11-25-2010 AT \_\_\_\_\_ HOURS LOCATION Beach BY Boyfriend

FOUND DEAD 11-25-2010 AT 0240 HOURS LOCATION Beach BY Police

DATED ITEMS AT SCENE None

**SCENE DESCRIPTION:**

LOCATION Beach

DESCRIPTION Beach Shoreline

DECEDENT'S RELATIONSHIP TO SCENE Unknown

ILLCIT DRUGS OR ETOH AT SCENE No DESCRIPTION \_\_\_\_\_

CONDITION OF SCENE Beach Shoreline, Cold And Clear

SECURITY DEVICES IN USE AT TIME OF DISCOVERY: X

- N/A  DOORMAN/GUARD  BUZZ-IN ENTRY  CCTV CAMERAS  DOOR LOCKED
- SECURE  SLAM LOCK  DEAD BOLT  CHAIN  WINDOWS CLOSED  WINDOWS LOCKED

BODY LOCATION AND POSITION \_\_\_\_\_

CLOTHING DESCRIPTION \_\_\_\_\_

JEWELRY/VALUABLES ON DECEDENT \_\_\_\_\_

VOUCHERING PO \_\_\_\_\_ SHIELD # \_\_\_\_\_ COMMAND \_\_\_\_\_

**PHYSICAL EXAM:**

RIGOR MORTIS \_\_\_\_\_ DESCRIPTION \_\_\_\_\_

LIVOR MORTIS \_\_\_\_\_

BODY TEMPERATURE 60 F DATE 11-25-2010 TIME 0520 METHOD Thermometer: Rectal  
AMBIENT TEMPERATURE 48 F DATE 11-25-2010 TIME 0508 METHOD Thermometer Outdoors

OTHER POSTMORTEM CHANGES:  NONE DRYING OF:  EYES  LIPS  FINGER/TOES  
 PURGE FROM NOSE/MOUTH  GREEN ABDOMEN  SKIN DISCOLORATION  
 EPIDERMAL SKIN SLIP/OR BULLAE  BLOAT  MUMMIFICATION  ADIPOCERE  MARBLING  
 SKELETONIZATION  MAGGOTS  EVIDENCE OF POSTMORTEM ANTHROPOPHAGY

ADDITIONAL INFO: \_\_\_\_\_

IDENTIFYING MARKS: \_\_\_\_\_

EXTERNAL EVIDENCE OF DISEASE OR INJURY: Gunshot Wound To The Left Frontal  
Area of The Head, Above the Right Orbit, Bridge of The Nose  
And upper Lip

WEATHER INFO: Clear & Cool OUTDOOR TEMPERATURE (F) 48 WATER TEMPERATURE (F) N/A

DECEASED MEDICAL HISTORY \_\_\_\_\_  HYPERTENSION  DIABETES MELLITUS  
 HIV  AIDS  HEP-C  HEP-B  PSYCH  CAD  MI  CVA  CHF  ASTHMA  CANCER  
 IVDA  POLYSUBSTANCE ABUSE  ETOH ABUSE  COPD  TOBACCO USE- (PACK YEARS) \_\_\_\_\_

ADDITIONAL INFO: \_\_\_\_\_

PRESCRIPTIONS (PROVIDE DRUG, DATE AND NUMBER OF PILLS DISPENSED/PILLS LEFT [OR  
INDICATE IF PILL COUNT APPROPRIATE FOR DATE], DOCTOR, PHARMACY NAME/PHONE NUMBER,  
USE SUPPLEMENTAL FORM IF NECESSARY):

OTHER MEDICAL  
DOCUMENTATION  
AT SCENE

DATE 11-25-2010 INVESTIGATOR SIGNATURE \_\_\_\_\_

HOMICIDE  
SUPPLEMENTAL CASE INFORMATION

NAME OF DECEASED:

CASE #:

SUPPLEMENTAL INFORMATION DATE: NOVEMBER 25, 2010

INFORMATION SOURCE: SCENE INVESTIGATION

ADDRESS: BEACH

CONTACT VIA:

TELEPHONE:

PERSONAL INTERVIEW: X

CONTACT INITIATED BY: INFORMANT:

UNDERSIGNED: X

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THIS IS A 35 YEAR OLD BLACK FEMALE WITH UNKNOWN MEDICAL HISTORY. THE DECEDENT WAS FOUND WITH MULTIPLE GUNSHOT WOUNDS TO THE HEAD UNDER THE FOLLOWING CIRCUMSTANCES. ACCORDING TO THE POLICE, THE BOYFRIEND OF THE DECEASED WAS DRIVING HIS CAR ERRATICALLY, BLOWING HIS HORN AND TURNING THE HEADLIGHTS ON AND OFF. HE WAS STOPPED BY POLICE. THEY NOTED THAT HE HAD ALCOHOL IN HIS BREATH AND WAS ACTING BIZARRE. HE TOLD POLICE THAT HIS GIRLFRIEND COMMITTED SUICIDE AT BEACH AND THEN TOLD THEM THAT "I DID SOMETHING I SHOULDN'T OF DONE". POLICE ARRESTED THE BOYFRIEND AND THEN WENT TO THE LOCATION THE BOYFRIEND HAD GIVEN THEM. WHEN THEY GOT THERE, THEY FOUND NOTHING. POLICE WENT TO A LOCAL HANGOUT AND THEY DISCOVERED THE DECEDENT ON THE BEACH. THEY IMMEDIATELY CALLED 911, EMS RESPONDED AND PRONOUNCED THE DECEDENT DEAD ON ARRIVAL AT 02:40 HOURS. DETECTIVE IS ASSIGNED TO THE CASE. CRIME SCENE DETECTIVE RESPONDED TO THE SCENE.

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FORENSIC MEDICAL INVESTIGATOR

# Notice Of Death

Report #: Borough: *Brooklyn* Report Date: *11/25/10* Time: *0426* M.E. #:

### Decedent Information:

Name: Age: *35 Years*  
Sex: *Female* DOB:  
Race: *Black* Marital Status: *Unknown*  
Place of Death: *Beach* Tel Place of Death:  
Residence: Cross Street:

### Reporter Information:

From: *Police* Facility:  
Caller Name: Shield #: Tel #:  
Sixty-One #: *unk* Aided #: *unk* Chart #:

### Circumstances of Death:

App. Manner: *Homicide* History: *Unknown*  
Other Circumstances Are *Unknown* Deceased Was Found *on Beach*  
Info: *Homicide Police Had Limited Inform - Gunshot Wound To The Head*

### Hospital and Physician Information:

Facility: Date: Time:  
Pronounced By: Date: *11/25/2010* Time: *0240*  
Physician: Tel:  
Address:

### MLI Contact, Scene and Disposition:

1. Shield #: Date: *11/25/10* Time: *0429* Investigator On Case: *Aware of the Case*  
2. Shield #: Date: *11/25/10* Time: *0444* ME Case To OCME

Scene Investigation: *No*

Case Disposition: *transport to OME* Date: *11/25/10* Time: *0444*

### Transportation:

1. By: METT Member Assigned: Date: *11/25/10* Time: *0445*  
2. By: METT at Scene, No Custody: Date: *11/25/10* Time: *05:23*  
3. By: METT Takes Custody of Body: Date: *11/25/10* Time: *05:23*

### Autopsy Objection:

Date: Time: Who Objected:

Why:

### OCME Notes:

Initial Call Recorded By:

Printed: *11/25/10 - 08:23*

COMPLAINT FOLLOW-UP  
MEDICAL EXAMINER CASE

DATE OF REPORT:		DAY OF WEEK:	DATE REPORT	DATE ASSIGNED	MP CASE NUMBER:	UNIT REPORTING
11/25/10		THURS.				MESJIN C PERSON SQUAD
DET ABBOTT				ME CASE NUMBER		
NAME OF DECEASED (LAST, FIRST, MIDDLE)			AGE:	RACE:	SEX:	
HOMICIDE			35Y	BLACK	FEMALE	
ADDRESS:						
DATE OF OCCURANCE	TIME OF OCCURANCE	DAY OF WEEK	PLACE OF OCCURANCE			
11/25/10	02:20	THURS	BEACH			
EXPIRED AT:			DATE:	TIME:		
SCENE			11/25/10			
MOS IDENTIFYING			SHIELD	COMMAND		
FAMILY MEMBER IDENTIFYING			RELATIONSHIP			
ADDRESS						
PHOTO PRINTS			COMMAND			
DET COSTELLO						
DOCTOR PERFORMING AUTOPSY			DATE:	LOCATION:		
DR. MEDICAL EXAMINER			11/25/10	ME OFFICE		
CAUSE OF DEATH						
BULLETS RECOVERED DURING AUTOPSY						
DESCRIPTION OF CRIME						
THE ABOVE DECEDENT WAS SHOT BY HER BOYFRIEND (PERP) FOR REASONS UNKNOWN						
MEANS EMPLOYED: <input type="checkbox"/> PHYSICAL FORCE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> MACHINE GUN <input type="checkbox"/> OTHER <input type="checkbox"/> KNIFE <input type="checkbox"/> BLUNT INSTRUMENT <input checked="" type="checkbox"/> HANDGUN <input type="checkbox"/> RIFLE <input type="checkbox"/> STRANGULATION (DESCRIBE)						
MOTIVE: <input type="checkbox"/> ROBBERY <input type="checkbox"/> NARCOTICS <input type="checkbox"/> DISPUTE <input checked="" type="checkbox"/> UNK <input type="checkbox"/> OTHER <input type="checkbox"/> BURGLARY <input type="checkbox"/> SEX CRIME <input type="checkbox"/> ORG. CRIME <input type="checkbox"/> JUSTIFIABLE (DESCRIBE)						
PERP 1:	<input checked="" type="checkbox"/> ARRESTED <input type="checkbox"/> UNKNOWN	NAME (LAST, FIRST, MI)				
PERP 2:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> UNKNOWN	NAME (LAST, FIRST, MI)				
PERP 3:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> UNKNOWN	NAME (LAST, FIRST, MI)				
RELATIONSHIP:						
FRIEND ACQUAINTANCE HUSBAND/WIFE COMMON LAW STRANGER <input checked="" type="checkbox"/> BOY/GIRL FRIEND INTRA FAMILY UNKNOWN						

THE ABOVE INFO WAS RECD BY DET. ABBOTT OF THE PCT SQD.

OFFICE OF MEDICAL EXAMINER

M.E. # \_\_\_\_\_

Name of the deceased: \_\_\_\_\_

Address: \_\_\_\_\_

Date and place of birth: \_\_\_\_\_

Mother's Birthplace: \_\_\_\_\_

Father's Birthplace: \_\_\_\_\_

Closest known family member name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Did the deceased live with another person? \_\_\_\_\_ If yes:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone ( ) \_\_\_\_\_

To your knowledge did the deceased have any of the following conditions:

- High blood pressure
- Heart problems
- Diabetes
- Seizures
- Lung problems
- Tuberculosis
- Psychiatric Illness

- Cancer
- Venereal Disease
- AIDS
- Alcohol Abuse
- Drug Abuse
- Hepatitis
- Other: \_\_\_\_\_

Pregnant in the last 6 months:  
If yes, the outcome was:

- Live Birth
- Induced termination
- Spontaneous termination
- None

Date of outcome: \_\_\_\_\_

If the deceased was treated for any of the above conditions, please list the doctor's name, hospital, clinics, and dates of treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

FATHER

Relationship

11-30-10

Date

OFFICE OF MEDICAL EXAMINER

# Identification Form

M.E. #: \_\_\_\_\_

I, \_\_\_\_\_, residing at

Phone number: \_\_\_\_\_ NYS/DL # \_\_\_\_\_

**State that:**

I am the relationship to deceased of the person whose body was found at location Beach  
On date and subsequently sent to the Office of Chief Medical Examiner, that I have seen the **Photo** of the said deceased, and believe that the body recorded at said office as:

name of deceased  
of AGE: 35 RACE: Black SEX: Female

to be:  
name of deceased  
address of deceased  
of AGE: 35 RACE: Black SEX: Female

Signed: \_\_\_\_\_

Given to me this 30 day of NOVEMBER, 2010  
Identified to \_\_\_\_\_ at Office of Medical Examiner



