

DEATH INVESTIGATION SUMMARY

Case Number: 2014-01366

BOYD, JAMES M.

County Pronounced: Bernalillo
Law Enforcement: Albuquerque Police Department
Agent: CI, Detective Nathan Renden
Date of Birth: 4/8/1975
Pronounced Date/Time: 3/17/2014 2:55:00 AM
Central Office Investigator: Elizabeth Gonzales
Deputy Field Investigator: Elizabeth Gonzales COI

CAUSE OF DEATH

Gunshot wounds

MANNER OF DEATH

Homicide

Odey Ukpo MD

Forensic Pathology Fellow

Sam Andrews MD FRCP

Associate Medical Investigator

All signatures authenticated electronically

Date: 4/23/2014 3:28:48 PM

DECLARATION

The death of BOYD, JAMES M. was investigated by the Office of the Medical Investigator under the statutory authority of the Office of the Medical Investigator.

I, Sam Andrews MD, FRCPC a board certified anatomic, and forensic pathologist licensed to practice pathology in the State of New Mexico, do declare that I personally performed or supervised the tasks described within this Death Investigation Summary document. It is only after careful consideration of all data available to me at the time that this report was finalized that I attest to the diagnoses and opinions stated herein.

Numerous photographs were obtained along the course of the examination. I have personally reviewed those photographs and attest that they are representative of findings reported in this document.

This document is divided into 9 sections with a final Procedural Notes section:

1. Summary and Opinion
2. External Examination
3. Medical Intervention
4. Postmortem Changes
5. Evidence of Injuries
6. Internal Examination
7. Microscopy
8. Radiography
9. Peer Review

Should you have questions after review of this material, please feel free to contact me at the Office of the Medical Investigator (Albuquerque, New Mexico) - 505-272-3053.

Medical Investigator

Sam Andrews MD

Medical Investigator Trainee

Odey Ukpo MD

SUMMARY AND OPINION

According to reports, Mr. Boyd was in a confrontation outdoors with police. He reportedly was carrying a knife and antagonizing law enforcement. Law enforcement shot him and he was transferred to the University of New Mexico Hospital via ambulance and arrived on March 16, 2014 at 20:15 hrs. According to the medical records from the University of New Mexico Hospital, a thoracotomy (opening the chest) was performed in the emergency room due to a undetectable heart rate. He was taken to the operating room and underwent multiple surgical procedures to control bleeding, including a right arm amputation, transverse colon (intestine) resection (removal), splenectomy (removal of the spleen), and left lower lung lobe resection. Postoperatively, his condition deteriorated and he was pronounced dead on March 17, 2014 at 02:55 hrs.

At autopsy, there was an entrance gunshot wound of the lower left back that perforated (passed through) the left psoas muscle (muscle in the lower abdomen), left adrenal gland, large intestine, spleen, diaphragm, left lung, and exited the left axilla (armpit) before re-entering the upper left arm. A missile (bullet) was recovered from within the left deltoid muscle (shoulder muscle). Associated with this gunshot wound was blood in the chest cavities (hemothoraces).

There was a perforating gunshot wound of the upper right arm necessitating surgical amputation of the arm. The amputated right arm was received separately from the University of New Mexico Hospital department of surgical pathology, and showed extensive fractures of the right humerus (bone of the upper arm). Adjacent to the exit defect on the upper right arm and on the upper arm portion of the amputation were irregular lacerations possibly caused by fragmented bone or missile exiting the arm.

There was a perforating gunshot wound of the upper left arm.

On the lower right leg were multiple abrasions (skin scrapes) and lacerations (skin tears) consistent with injuries produced by a dog.

Postmortem toxicological analysis on the antemortem (before death) blood was negative for alcohol and drugs of abuse.

The absence of soot, unburned gunpowder particles and gunpowder stippling on the skin surrounding the entrance defects, and the absence of soot or unburned gunpowder particles on the defects seen in the clothing associated with the gunshot wounds was consistent with an indeterminate range of fire.

Medical Investigator

Sam Andrews MD

Medical Investigator Trainee

Odey Ukpo MD

External exam date time: 3/17/2014 9:35:00 AM
Authority for examination: OMI
ID confirmed at time of exam: No
Means used to confirm identity: Fingerprints
Other verification means:
Location of orange bracelet: Left wrist
Name on orange bracelet: Decedent name
Other name on orange bracelet:
Location of green bracelet: Left wrist
Name on green bracelet: Decedent name
Other name on green bracelet:
Hospital ID tags or bracelets? Yes
If yes specify stated name and location: Left ankle, Trauma Alert, Ward D
Body length (cm): 185.00
Body weight (kgs): 102.00
BMI: 29.80

Development: Well-developed
Development comments:
Stature: Well-nourished
Age: Appears older than stated age
Anasarca: No
Edema localized: No
Dehydration: No
Scalp hair color: Black
Scalp hair length: Short
Eyes: Both eyes present
Irides: Blue
Eyes corneae: Translucent
Eyes sclerae: White
Eyes conjunctivae: Translucent
Eyes petechiae: No
Palpebral petechiae: No
Bulbar petechiae: No
Facial petechiae: No
Oral mucosal petechiae: No
Nose: Normally formed

Ears: Normally formed
Lips: Normally formed
Facial hair: Beard and moustache
Facial hair color: Black
Maxillary dentition: Natural
Mandibular dentition: Natural
Condition of dentition: Adequate
Neck: Unremarkable
Trachea midline: Yes
Chest development: Normal
Chest symmetrical: Yes
Chest diameter: Appropriate
Abdomen: Flat
Anus: Unremarkable
Back: Unremarkable
Spine: Normal
External genitalia: Male
Breast development: None
Breast masses: None
Right hand digits complete: No
Left hand digits complete: Yes
Right foot digits complete: Yes
Left foot digits complete: Yes
Digits comment:
 See Extremities comment
Extremities: Other - enter comment.
Extremities comment:
 Amputation of the right arm at the mid humerus
Muscle group atrophy: No
Senile purpura: No
Pitting edema: No
Muscle other: No

Tattoo(s)

Tattoos present: No

Cosmetic Piercing(s)

Cosmetic piercing present: No

Scar(s)

Scar(s) present: No

Reporting Tracking

reported by: Guye Okpo MD
Verified by: Sam Andrews MD on 4/23/2014 12:00:15 PM
Reviewed and approved by: Sam Andrews MD on 4/23/2014 3:28:48 PM

Medical Investigator

Sam Andrews MD

Medical Investigator Trainee

Odey Ukpo MD

Evidence of medical intervention: Yes

Indwelling Tubes

If nasogastric tube present, specify course and position: No

If endotracheal tube present, specify course and position: Yes

Endotracheal tube: Passes through the mouth and oropharynx, between the vocal folds and terminates in the trachea proximal to the carina

Endotracheal tube comment:

Tracheostomy site/tube: No

Mediastinal tube(s): No

Chest tube(s): Yes

If chest tube(s) present, specify configuration:

Two left chest tubes inserted through the fourth intercostal space.

Right chest tube inserted through the fourth intercostal space.

If Foley catheter present, specify course and position: Yes

Foley catheter: Passes through the urethra, and terminates in the urinary bladder as an inflated bulb

Foley catheter comment:**Medical intervention other:**

Needle puncture of the left antecubital fossa.

Orogastric tube passing down the esophagus and terminating in the stomach.

ECG Monitoring Pads

ECG Monitoring Pads Present?: Yes

ECG Chest Pads: Yes

ECG shins pads: Yes

Other pads comments:**Defibrillator Pads**

Defibrillator pads present?: Yes

Right upper outer chest: Yes

Back: Yes

Vascular Catheter(s):

Vascular catheter(s): Yes

Left subclavian vein: Yes

Right femoral vein: Yes

Posterior aspect of left hand: Yes

Recent Surgical Intervention

Evidence of recent surgical intervention: Yes

Thoracotomy: Yes

Laparotomy: Yes

Orthopedic: Yes

Recent surgical intervention comments:

Right arm amputation at the mid humerus, 23 cm from the acromioclavicular joint.

Bilateral thoracotomy between the anterior third and fourth ribs and body of the sternum.

Left lower lung lobectomy.

Sutures within the left hemidiaphragm.

Packed, open laparotomy with distal transverse colonic resection with anastomosis, and splenectomy.

Report Tracking

Reported by: Odey Ukpo MD

Verified by: Sam Andrews MD on 4/23/2014 12:00:19 PM

Reviewed and approved by: Sam Andrews MD on 4/23/2014 3:28:48 PM

Medical Investigator

Sam Andrews MD

Medical Investigator Trainee

Odey Ukpo MD

External exam date: 3/17/2014 9:40:00 AM
Body temperature: Warm
Rigor mortis: Fully fixed
Livor mortis - color: Purple
Livor mortis - fixation (if applicable): Fully Fixed
Livor mortis - position (if applicable): Posterior
State of preservation: No decomposition

Report Tracking

Reported by: Odey Ukpo MD
Verified by: Sam Andrews MD on 3/19/2014 10:12:08 AM
Reviewed and approved by: Sam Andrews MD on 4/23/2014 3:28:48 PM

Medical Investigator

Medical Investigator Trainee

Sam Andrews MD

Odey Ukpo MD

Are there any injuries: No

Evidence of Injury:

Autopsy date: 3/17/2014 10:44:00 AM

#	Injury	Location	Injury Description
1	Firearm injury	Back	<p>GUNSHOT WOUND OF THE LOWER BACK</p> <p>Entrance (Wound A):</p> <p>On the paramidline lower left back, 63 cm below the top of the head, slightly left of the posterior midline, and 22 cm above the superior border of the intergluteal cleft, is an entrance gunshot wound consisting of a 0.5 cm round defect with a 0.1 cm wide circumferential pink marginal abrasion which is widest at 4 to 6 o'clock. Soot, unburned gunpowder particles and gunpowder stippling are not visible on the skin surrounding the wound.</p> <p>Path:</p> <p>The hemorrhagic wound track sequentially perforates the skin and subcutaneous tissues of the lower left back, left psoas muscle, twelfth left rib, left adrenal gland, transverse colon, spleen, left hemidiaphragm, left lower lung lobe, left upper lung lobe, presumptive left fifth intercostal muscle (due to chest tube insertion the exact path can not be determined), and skin and subcutaneous tissues of the left axilla.</p> <p>Associated injuries include right (600 mL) and left hemothoraces (250 mL).</p> <p>Exit (Wound F):</p> <p>Within the left axilla in the mid axillary line and 32 cm below the top of the head, is an exit gunshot wound consisting of a 1.2 x 1 cm laceration without marginal abrasion. Inferolateral to the exit gunshot wound is an irregular purple contusion.</p> <p>Re-entrance (Wound G):</p> <p>On the proximal medial upper left arm, 31 cm below the top of the head and 20 cm below the left acromioclavicular joint is a re-entrance gunshot wound consisting of a 1.5 x 0.7 cm irregular laceration eccentrically located within a purple contusion. Discontinuous red abrasions surround the wound. Soot, unburned gunpowder particles and gunpowder stippling are not visible on the skin surrounding the wound.</p> <p>Path:</p> <p>The hemorrhagic wound track sequentially perforates the skin and subcutaneous tissues of the upper left arm and the medial left deltoid muscle with penetration of the lateral left deltoid</p>

			<p>muscle.</p> <p>Associated injuries include a 6.5 x 5 cm blue contusion of the lateral upper left arm (30 cm below the top of the head and 4.5 cm left of the anterior midline).</p> <p>Recovery:</p> <p>Recovered in the lateral left deltoid muscle is a markedly deformed, 62.8 grain, copper jacketed, lead missile.</p> <p>Trajectory:</p> <p>The wound track travels from the decedent's back to front, right to left, and upward.</p> <p>Clothing:</p> <p>On the mid lower back segment of the sweater is a 0.3 cm circular defect with frayed edges. Soot and unburned gunpowder particles are not visible on the fabric surrounding the defect.</p> <p>Range of fire:</p> <p>Indeterminate</p> <p>Three containers containing surgical specimens related to the gunshot wound of the lower back are received from the University of New Mexico Hospital surgical pathology department:</p> <ol style="list-style-type: none"> 1. Received in a formalin filled container labeled 'trauma alert, ward d, left lower lung lobe, MRN 5600880' is a 250 g lung lobe with a posterior 3 x 1.5 cm circular defect. There is a 9 cm stapled surgical resection margin. 2. Received in a formalin filled container labeled 'trauma alert, ward d, spleen, MRN 5600880' is an intact spleen with a circular defect measuring 1.4 x 0.7 cm with radiating lacerations. 3. Received in a formalin filled container labeled 'trauma alert, ward d, transverse colon, MRN 5600880' is a non-oriented segment of large bowel measuring 9 x 4.5 x 0.3 cm. Located 2 cm from one resection margin is a 4 x 2 cm defect. The serosal and mucosal surfaces are hemorrhagic.
2	Firearm injury	Extremity	<p>GUNSHOT WOUND OF THE LATERAL UPPER RIGHT ARM</p> <p>Entrance (Wound B):</p> <p>On the proximal lateral upper right arm, 48 cm below the top of the head, 8 cm right of the anterior arm midline, and 29 cm below the right acromioclavicular joint, is an entrance gunshot wound consisting of a 0.4 cm round defect with a 0.1 cm wide circumferential pink marginal abrasion. Soot, unburned gunpowder particles and gunpowder stippling are not visible on</p>

the skin surrounding the wound.

Path:

The hemorrhagic wound track sequentially perforates the skin and subcutaneous tissues of the upper right arm, right deltoid muscle, right humerus, proximal right bicep muscle, and skin and subcutaneous tissues of the proximal medial upper right arm.

Exit (Wound C):

On the proximal medial upper right arm, 46 cm below the top of the head, left of the anterior arm midline, and 28 cm below the right acromioclavicular joint, is an exit gunshot wound consisting of an irregular, 3 x 1 cm, ovoid laceration without marginal abrasion. The exit wound is eccentrically located with a purple contusion. Medial and lateral to the exit defect are multiple small, irregular lacerations.

Trajectory:

The wound track travels from the decedent's back to front, right to left, and upward.

Clothing:

No definitive gunshot defect is seen on the clothing.

Range of fire:

Indeterminate

The following surgical specimen related to the gunshot wound of the upper right arm is received from the University of New Mexico Hospital surgical pathology department:

1. Received in a red biohazard bag labeled 'trauma alert-ward d, right lower arm, MRN 5600880' is a right arm with viable surgical resection margins. The proximal humerus is extensively fragmented, with surrounding soft tissue hemorrhage. On the lateral distal upper right arm, 8 cm above the elbow, is a 0.3 x 0.2 cm slit-like laceration.

GUNSHOT WOUND OF THE MID UPPER LEFT ARM

Entrance (Wound D):

On the mid upper left arm, 46.5 cm below the top of the head at the anterior arm midline, and 19.5 cm inferior to the left acromioclavicular joint, is an entrance gunshot wound consisting of a 1.5 x 1.2 cm oval defect with a 0.2 cm wide circumferential pink marginal abrasion which is widest at 10 o'clock. Soot, unburned gunpowder particles and gunpowder stippling are not visible on the skin surrounding the wound.

Path:

The hemorrhagic wound track sequentially perforates the skin, subcutaneous tissues, and skeletal muscle of the upper left arm.

			<p>Exit (Wound E):</p> <p>On the mid lateral upper left arm, 48 cm below the top of the head, 1.5 cm left of the anterior arm midline, and 27 cm below the left acromioclavicular joint, is an exit gunshot wound consisting of a 2 x 1 cm, irregular, ovoid laceration without marginal abrasion.</p> <p>Trajectory:</p> <p>The wound track travels from the decedent's front to back, right to left, and downward.</p> <p>Clothing:</p> <p>On the left sleeve of the sweater (near the junction of the sleeve with the axilla) is a circular defect measuring 0.3 cm with frayed edges. Soot and unburned gunpowder particles are not visible on the fabric surrounding the defect.</p> <p>Range of fire:</p> <p>Indeterminate</p>
3	Blunt injury	Extremities	<p>On the right buttock is a 5 x 4 cm blue contusion.</p> <p>A 4 x 2.5 cm roughly triangular laceration of the anterolateral mid lower right leg.</p> <p>A 7 x 1.2 cm laceration of the posterolateral proximal lower right leg.</p> <p>Within the right popliteal fossa and on the proximal right calf is an 11.5 x 10 cm area of multiple, red, curvilinear abrasions.</p> <p>On the anterior and lateral proximal lower right leg are multiple, irregular, red abrasions.</p>

Report Tracking

Reported by: Odey Ukpo MD
Verified by: Sam Andrews MD on 4/23/2014 12:12:49 PM
Reviewed and approved by: Sam Andrews MD on 4/23/2014 3:28:48 PM

Medical Investigator

Sam Andrews MD

Medical Investigator Trainee

Odey Ukpo MD

Date of Autopsy: 3/17/2014 10:44:00 AM

Date of Internal Exam: 3/17/2014 12:02:00 PM

BODY CAVITIES

Chest cavities examined: Yes

Abdominal cavity examined: Yes

See evidence of injury section: Yes

Organs in normal anatomic position: Yes

Other organ position comments

Diaphragm: Intact

Serosal surfaces: Smooth and glistening

Body cavity adhesions present: No

Fluid accumulation present: Yes

Fluid accumulation right chest cavity: Yes

Fluid accumulation left chest cavity: Yes

Fluid accumulation pericardial sac: No

Fluid accumulation abdominal cavity: No

Fluid accumulation pelvis: No

Fluid accumulation comments:

See Evidence of Injury

HEAD

Brain examined: Yes

See separate forensic neuropathology consultation report: No

See evidence of injury section: No

See evidence of medical Intervention section: No

See postmortem changes section: No

Brain fresh (g): 1480

Brain fixed (g):

Facial skeleton: No palpable fractures

Calvarium: No fractures

Skull base: No fractures

Skull comments:

Dura mater: Unremarkable and without masses

Dural venous sinuses: Patent

Leptomeninges: Thin and transparent

Absent

Epidural hemorrhages / hematomas:	
Subdural hemorrhages / hematomas:	Absent
Subarachnoid hemorrhages:	Absent
Cerebral hemispheres:	Symmetrical
Gyral and sulcal patterns:	Unremarkable
Gyral convolutions and sulci:	No widening or flattening of gyri and no narrowing of sulci
Uncal processes:	Unremarkable
Cerebellar tonsils:	Unremarkable
Cranial nerves:	Unremarkable
Basilar arterial vasculature:	Unremarkable
Cerebral cortex:	Unremarkable
White matter:	Unremarkable
Corpus callosum:	Unremarkable
Deep gray matter structures:	Unremarkable
Brainstem:	Unremarkable
Cerebellum:	Unremarkable

Spinal Cord

Spinal cord examined: No

Middle Ears

Middle ears examined: No

Neck

Neck examined: Yes

See Evidence of Injury section: No

See Evidence of Medical Intervention section: No

See Postmortem Changes section: No

Subcutaneous soft tissues: Unremarkable

Strap muscles: Unremarkable

Jugular veins: Unremarkable

Carotid arteries: Unremarkable

Tongue: Unremarkable

Epiglottis: Unremarkable

Hyoid bone: Unremarkable

Larynx: Unremarkable

Palatine tonsils: Not examined

CARDIOVASCULAR SYSTEM

Heart examined: Yes

See separate Cardiovascular Pathology report: No

See Evidence of Injury section: No

See Evidence of Medical Intervention section: No

See Postmortem Changes section: No

Heart

Right coronary ostium position: Normal
 Left coronary ostium position: Normal
 Supply of the posterior myocardium: Right coronary artery
 Heart fresh (g): 435
 Heart fixed (g):

Coronary artery stenosis by atherosclerosis (in percent):

Right coronary ostium: 0
 Proximal third right coronary artery: 0
 Middle third right coronary artery: 0
 Distal third right coronary artery: 0
 Left coronary ostium: 0
 Left main coronary artery: 0
 Proximal third left anterior descending coronary artery: 0
 Middle third left anterior descending coronary artery: 0
 Distal third left anterior descending coronary artery: 0
 Proximal third left circumflex coronary artery: 0
 Middle third left circumflex coronary artery: 0
 Distal third left circumflex coronary artery: 0

Cardiac Chambers and Valves:

Cardiac chambers: Unremarkable
 Tricuspid valve: Unremarkable
 Pulmonic valve: Unremarkable
 Mitral valve: Unremarkable
 Aortic valve: Unremarkable
 Right ventricular myocardium: No fibrosis, erythema, pathologic infiltration of adipose tissue or areas of accentuated softening or induration
 Left ventricular myocardium: No fibrosis, erythema, or areas of accentuated softening or induration
 Atrial septum: Unremarkable
 Ventricular septum: Unremarkable
 Right ventricular free wall thickness: 0.40 cm
 Left ventricular free wall thickness: 1.70 cm
 Interventricular septum thickness: 1.70 cm

Aorta

Aorta examined: Yes
 Patent

Orifices of the major vascular branches:

Coarctation:	No
Vascular dissection:	No
Aneurysm formation:	No
Complex atherosclerosis:	No
Other aortic pathology:	No

Vena Cava

Great vessels examined:	Yes
Vena cava and major tributaries:	Patent

RESPIRATORY SYSTEM

Lungs examined:	Yes
See separate Cardiovascular Pathology report:	No
See Evidence of Injury section:	Yes
See Evidence of Medical Intervention section:	Yes
See Postmortem Changes section:	No
Lung right (g):	430
Lung left (g):	325
Upper and lower airways:	Unobstructed, and the mucosal surfaces are smooth and yellow-tan
Pulmonary parenchyma color:	Dark red-purple
Pulmonary parenchyma congestion and edema:	Slight amounts of blood and frothy fluid
Pulmonary trunk:	Free of saddle embolus
Pulmonary artery thrombi:	None
Pulmonary artery atherosclerosis:	None

HEPATOBIILIARY SYSTEM

Liver examined:	Yes
See Evidence of Injury section:	No
See Evidence of Medical Intervention section:	No
See Postmortem Changes section:	No
Liver (g):	1770
Bile vol (mL):	
Gallstones autopsy:	No
Gallstones autopsy desc:	
Hepatic parenchyma (color):	Red-brown
Hepatic parenchyma (texture):	Unremarkable
Hepatic vasculature:	Unremarkable and free of thrombus
Gallbladder:	Unremarkable
Gallstones:	None
Intrahepatic biliary tree:	Unremarkable

Extrahepatic biliary tree: Unremarkable

GASTROINTESTINAL SYSTEM

Alimentary tract examined: Yes

See Evidence of Injury section: Yes

See Evidence of Medical Intervention section: Yes

See Postmortem Changes section: No

Stomach contents vol (mL): 100

Stomach contents description:

Purple liquid

Appendix found: Yes

Esophagus

Course: Normal course without fistulae

Mucosa: Gray-white, smooth and without lesions

Stomach

Mucosa: Usual rugal folds

Pylorus: Patent and without muscular hypertrophy

Small Intestine

Luminal contents: Partially digested food

Mucosa: Not examined

Caliber and continuity: Appropriate caliber without interruption of luminal continuity

Colon

Luminal contents: Formed stool

Mucosa: Other - See comments

Caliber and continuity: Other - See comments

Other colon comments:

See Evidence of Injury and Evidence of Medical Intervention

Pancreas

Form: Normal tan, lobulated appearance

GENITOURINARY SYSTEM

Genitourinary system examined: Yes

See Evidence of Injury section: No

See Evidence of Medical Intervention section: No

See Postmortem Changes section: No

Kidneys

Kidneys capsules: Thin, semitransparent

Cortical surfaces: Smooth

Cortices: Normal thickness and well-delineated from the medullary pyramids

Calyces, pelves and ureters: Non-dilated and free of stones and masses

Kidney right (g): 175

Kidney left (g): 180

Urine volume (mL): 0

Urine description:

Urinary Bladder

Urinary bladder mucosa: Other - See comments

Other bladder comments:

Tan mucosa with emphysematous changes

Male

Male: Yes

Testicles

Location: Bilaterally intrascrotal

Size: Unremarkable

Consistency: Homogenous

Other testicle comments:

Prostate Gland

Size: Unremarkable

Consistency: Homogenous

Other prostate gland comments:

RETICULOENDOTHELIAL SYSTEM

Reticuloendothelial system examined: Yes

See Evidence of Injury section: Yes

See Evidence of Medical Intervention section: Yes

See Postmortem Changes section: No

Spleen

Spleen (g): 185

Spleen parenchyma: Moderately firm

Spleen capsule: Other - See comments

Spleen white pulp: Prominent

Spleen comments:

See Evidence of Injury and Evidence of Medical Intervention

Bone Marrow

Color: Red-brown, homogeous and ample

Lymph Nodes

Regional adenopathy: No adenopathy

Thymus

Thymus (g):

Parenchyma: Absent (involution by adipose tissue)

ENDOCRINE SYSTEM

Endocrine system examined: Yes

See Evidence of Injury section: Yes

See Evidence of Medical Intervention section: No

See Postmortem Changes section: No

Pituitary Gland

Size: Normal

Thyroid Gland

Position: Normal

Size: Normal

Parenchyma: Homogenous

Adrenal Glands

Adrenal right (g):

Adrenal left (g):

Size: Normal

Parenchyma: Yellow cortices and gray medullae with with the expected corticomedullary ratio

Other adrenal gland comments:

See Evidence of Injury

MUSCULOSKELETAL SYSTEM

Musculoskeletal system examined: Yes

See Evidence of Injury section: Yes

See Evidence of Medical
Intervention section: No

See Postmortem Changes section: No

Bony framework: See Evidence of Injury

Musculature: See Evidence of Injury

Subcutaneous soft tissues: See Evidence of Injury

ADDITIONAL COMMENTS**Report Tracking**

Reported by: Odey Ukpo MD

Verified by: Sam Andrews MD on 4/23/2014 12:00:23 PM

Reviewed and approved by: Sam Andrews MD on 4/23/2014 3:28:48 PM

Medical Investigator

Sam Andrews MD

Medical Investigator Trainee

Odey Ukpo MD

Microscopic description:

HEART (left ventricle, interventricular septum, apex)

Sections of the heart show focal myocyte nuclear enlargement.

LUNGS

Sections of the right and left lungs show patchy intra-alveolar extravasated red blood cells and occasional intra-alveolar macrophages.

KIDNEYS

Sections of the right and left kidneys show no significant histopathologic abnormality.

LIVER

A section of the liver shows mild macrosteatosis.

*Unless otherwise indicated sections are stained only with hematoxylin and eosin (H&E).

Block	Tissue Location	Description	Stain
A1	Heart, right kidney		
A2	Right lung, left kidney		
A3	Liver, left lung		

Report Tracking

Reported by: Odey Ukpo MD
Verified by: Sam Andrews MD on 4/23/2014 12:00:26 PM
Reviewed and approved by: Sam Andrews MD on 4/23/2014 3:28:48 PM

Medical Investigator

Sam Andrews MD

Medical Investigator Trainee

Odey Ukpo MD

Date of examination: 3/17/2014 10:44:00 AM
Study date:
Accession number: 2014-1366
Exam type: Head,chest, abdomen, and upper extremities
Technique: Radiograph
Comparison:
Comments:

A postmortem anteroposterior radiograph of the left upper extremity shows a radiodense missile located in the soft tissue adjacent to the proximal humerus and multiple small radiodense missile fragments in the soft tissue near the distal humerus.

A postmortem anteroposterior radiograph of the upper right arm shows amputation of the arm at the mid humerus, multiple small radiodense missile fragments at the resection margin and an irregular distal humerus resection margin.

A postmortem radiograph of the amputated right arm shows multiple radiodense missile fragments at the proximal resection margin and fractures of the distal humerus.

A postmortem anteroposterior radiograph of the abdomen shows surgical sponges within the abdominal cavity.

Postmortem anteroposterior radiographs of the head and chest show no evidence of retrievable missiles or missile fragments.

Report Tracking

Reported by: Odey Ukpo MD
Verified by: Sam Andrews MD on 4/23/2014 12:00:33 PM
Reviewed and approved by: Sam Andrews MD on 4/23/2014 3:28:48 PM

Decedent Name: BOYD, JAMES
Case Number: 2014-01366
Date of Examination: 3/17/2014 10:44:00 AM
Pathologist: Sam Andrews MD
Fellow/Resident: Odey Ukpo MD
Reviewer: J. Keith Pinckard MD

Items Reviewed

Death investigation report: Yes
Photographs: Yes
Microscopic slides: Yes
Toxicology report: Yes
Other Items (specify):
Other Items Comments:

Technical Audit

Is the report independently reviewable?: Yes
Are the descriptions of clothing and identifying marks and scars appropriate for the complexity of the case?: Yes
Is the external description (without injuries) appropriately case specific?: Yes
Are the descriptions of injury, if present, appropriate for the complexity of the case, and consistent with diagrams and photographs?: Yes
Are the descriptions of injury, if present, organized in a logical and understandable sequence?: Yes
Are the descriptions of natural disease, if present, appropriate for the complexity of the case?: Yes
Is the text clear and understandable without significant typographical and/or grammatical errors?: Yes
Is the opinion logical and complete?: Yes
Is the opinion readily understandable by the nonmedical reader?: Yes
Are all significant issues addressed in the opinion?: Yes
Was appropriate ancillary testing performed?: Yes
Are the opinions reasonable?: Yes
Is the cause of death reasonable?: Yes
Is the manner of death reasonable?: Yes
Report completed in a timely fashion?: Yes

Comments:

Report Tracking

Reported by: Odey Ukpo MD
Verified by: J. Keith Pinckard MD on 4/23/2014 5:11:01 PM
Reviewed and approved by: Sam Andrews MD on 4/23/2014 3:28:48 PM

Case Number: 2014-01366
 Decedent Name: BOYD, JAMES
 Pathologist: Sam Andrews MD
 Fellow/Resident: Odey Ukpo MD
 Date of Examination: 3/17/2014 10:44:00 AM

Morphology technican(s) present

Yellow Sheet	Morphology Technician
Autopsy	Desiree Mora
Evidence	Desiree Mora
Evidence	Desiree Mora
Radiology	Desiree Mora
Retention	Rebecca Avery
Toxicology	Desiree Mora
Toxicology	Desiree Mora
Toxicology	Desiree Mora
LabOther	Desiree Mora
Attendees	Desiree Mora
Identification	Rebecca Avery

Morphology technican supervisor(s) present

Yellow Sheet	Morphology Technician Lead
Identification	Desiree Mora
Autopsy	Stephen Adams
Evidence	Desiree Mora
Radiology	Desiree Mora
Retention	Desiree Mora
Toxicology	Erika Cavalier
LabOther	Erika Cavalier
Attendees	Desiree Mora

Autopsy attendees**Other morphology technicians present:**

Rebecca Avery
Rebecca Romans

Law enforcement officers present:

Carl Ross APD crime lab

Specimens obtained for toxicology testing

Use antemortem specimens for testing:	No
Femoral blood collected:	No
Heart blood collected:	No
Blood other collected:	Yes
Preserved vitreous collected:	Yes
Un-preserved vitreous collected:	Yes
Urine collected:	No
Bile collected:	No
Gastric contents collected:	No
Kidney tissue collected:	No
Liver tissue collected:	No
Brain tissue collected:	No
Muscle tissue collected:	No
Other tissue collected:	No

Specimens obtained for laboratory testing

HIV serology:	No
HIV spin and store:	Yes
HCV/HBV serology :	No
Influenza serology:	No
Other serology:	No
Freezer protocol:	No
DNA card:	Yes
Metabolic screen:	No
Cytogenetics:	No
Med-X protocol:	No
Urine dipstick:	No
Blood cultures (bacterial):	No
Lung cultures (bacterial):	No
CSF culture (bacterial):	No
Spleen culture (bacterial):	No
Stool culture (bacterial):	No
Other bacterial culture (specify):	
Mycobacterial culture (lung):	No
Mycobacterial culture (other):	No
Viral Cultures:	No

Approach to autopsy dissection

Rokitansky evisceration:	No
Virchow evisceration:	Yes
Modified evisceration:	No

Special autopsy techniques

HIV serology:	No
Pericranial membrane removal:	No
Neck anterior dissection:	Yes
Neck posterior dissection:	No
Facial dissection:	No
Vertebral artery dissection (in situ):	No
Cervical spine removal:	No
Layered anterior trunk dissection:	No
Anterolateral rib arc dissection:	No
Back dissection:	No
Posterior rib arc dissection:	No
Extremity soft tissue dissection:	No
Eye enucleation:	No
Inner middle ear evaluation:	No
Maxilla or mandible resection:	No
Spinal cord removal (anterior):	No
Spinal cord removal (posterior):	No
Other dissection(s):	

Tissues retention

Stock jar with standard tissue retention:	Yes
Rib segment:	Yes
Pituitary gland:	Yes
Breast tissue (women only):	No
Brain retention:	No
Spinal cord retention:	No
Cervical spine retention:	No
Heart retention:	No
Heart-lung block retention:	No
Rib cage retention:	No
Long bone retention:	No
Other retention,specify:	

Disposition of tissues retained for extended examination

Specimen outcome: Not applicable; no tissues were retained for extended examination.

Number of scene photos produced by the OMI

Scene Photos: 48

Number of autopsy photos produced by the OMI

Autopsy Photos: 93

Evidence collected

FBI blood tube: No
Blood spot card: No
APD blood card: Yes
Thumbprint: Yes
Fingerprints: Yes
Palmprints: No
Print hold: No
Oral swab: No
Vaginal swab: No
Anal swab: No
Other swab: No
Fingernails: No
Scalp hair: No
Pubic hair: No
Pubic hair combing: No
Projectile(s): Yes
Retain clothing: Yes
Retain valuables: Yes
Retain trace evidence: No
Retain body bag: No
Retain hand bags: Yes
Ligature: No
Other evidence retained:

Personal effects

Property Type	Property Description	Property Detail
Missile	Describe	@ 62.8 GN from left Deltoid
Hand Bag	Left Hand	n/a
Other	Other	taser barbs from clothing
Valuables	Wallet	black
Valuables	Watch	digital
Valuables	Bracelet	wm
Valuables	Credit card	MC
Valuables	Misc. cards & papers	n/a
Valuables	Cell phone	n/a
Valuables	Hair tie	n/a
Valuables	Hair clip	n/a
Valuables	Lighter	n/a
Valuables	Lip Balm	n/a
Valuables	Coins	\$00.09
Valuables	Other	plastic bags
Valuables	Other	hand sanitizer
Valuables	Other	toothpaste
Valuables	Other	batteries
Valuables	Other	sunglasses shades
Valuables	Other	keychain
Valuables	Other	shoe laces
Valuables	Other	black case
Valuables	Other	pens
Valuables	Other	toothbrush
Valuables	Other	condoms
Valuables	Other	bible
Valuables	Other	plastic emblem
Valuables	Other	pieces of string
Valuables	Other	pieces of fabric
Blood	FTA Blood Card	blood spot
Fingerprints	Describe	10 prints
Palm Prints	Describe	Left and right palms

Clothing

Property Type	Property Description
Clothing	Hat
Clothing	Shirt
Clothing	Sweat shirt
Clothing	Handkerchief
Clothing	Belt
Clothing	Pants
Clothing	Shorts
Clothing	Shoes
Clothing	Socks
Clothing	Other