BROWARD COUNTY MEDICAL EXAMINER
5301 SW 31st AVENUE
FORT LAUDERDALE, FL 33312

| | | | |
|---|---|---|---|
| **NAME:** | Myers, Gabriel | **AUTOPSY NO:** | 09-0557 |
| **SEX:** | Male | **DATE OF AUTOPSY:** | April 17, 2009 |
| **RACE:** | White | **TIME OF AUTOPSY:** | 12:40 PM |
| **AGE:** | 7 | **PROSECTOR:** | Stephen J. Cina, MD |
| **DOB:** | January 30, 2002 | | Deputy Chief Medical Examiner |

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**FINAL ANATOMICAL DIAGNOSES:**

I. STIGMATA OF ASPHYXIATION
   A. Florid petechiae of face, upper neck with clear demarcation border at level of larynx
   B. Minimal ocular petechiae
   C. Minimal soft tissue hemorrhage, anterior neck
   D. Hyoid bone and larynx intact
   E. No cutaneous injuries or ligature furrow

II. NON-LETHAL BLUNT FORCE INJURIES
   A. Contusions, variable ages: Pre-tibial regions and knees (extensive), posterolateral thighs (left > right), anterolateral right thigh, mid-forehead, right post-auricular neck, left knuckles 3-5
   B. Negative posterior neck dissection
   C. No internal injuries
   D. Negative longitudinal back incisions (no soft tissue trauma)

III. MINUTE PERIMORTEM EXCORIATIONS, LIPS (FRENULA INTACT)

IV. MILD HEMORRHAGE, MUCOSA OF LEFT VALLECULA

V. DIFFUSE CEREBRAL EDEMA (SEE NEUROPATHOLOGY REPORT)

VI. UNDESCENDED TESTES

VII. VISCERAL CONGESTION

VIII. HEIGHT = $88^{TH}$ PERCENTILE FOR AGE

IX. WEIGHT = $73^{RD}$ PERCENTILE FOR AGE

X. FAIR DENTITION

XI. VITREOUS STUDIES

| | | | |
|---|---|---|---|
| A. | Sodium | | 142 mmol/L |
| B. | Potassium | | 17.4 mmol/L |
| C. | Chloride | | 121 mmol/L |
| D. | Glucose | < | 25 mg/dL |
| E. | BUN | | 18 mg/dL |
| F. | Creatinine | | 1.0 mg/dL |

XII. PEDIATRIX METABOLIC PANEL: NEGATIVE

XIII. BLOOD, HEAVY METAL SCREEN:

| | | |
|---|---|---|
| A. | Selenium | 140 mcg/L |
| B. | Barium | 1120 mcg/L |
| C. | Lead | 1.4 mcg/dL |

XIV. TOXICOLOGY

| Specimen | Procedure | Drug Class | Result | Concentration |
|---|---|---|---|---|
| Blood (heart) | ELISA | Amphetamine | positive | |
| Blood (heart) | GC/MS | Amphetamine | positive | 0.74 mg/L |
| Blood (heart) | GC/MS | Fluoxetine | positive | 0.73 mg/L |
| Blood (heart) | GC/MS | Norfluoxetine | positive | |
| Blood (heart) | GC/MS | Olanzapine | positive | 0.09 mg/L |
| Blood (heart) | HSGC/FID | Ethanol | none detected | |
| Liver | GC/MS | Amphetamine | positive | 1.96 mg/kg |
| Liver | GC/MS | Fluoxetine | positive | 1.89 mg/kg |
| Liver | GC/MS | Olanzapine | none detected | |
| Urine (antemortem) | Color Test | Salicylates | none detected | |
| Urine (antemortem) | GC/MS | | specimen QNS | |
| Urine (antemortem) | IA | SMA | positive | |

**OPINION:**

This 7-year-old white male, Gabriel Myers, died as a result of asphyxiation due to hanging. Although the investigation suggests that he alone took the actions that resulted in his death, his psychiatric history suggests that this fatality may represent a tragically flawed attempt of self-injury for secondary gain.

He had a history of behavioral problems, ADHD, sexual abuse, and acting out sexually in the months prior to his death. In December 2008 he had inflicted injuries to own neck in an attempt to mimic a choking assault by other children. A detailed report issued by DHS prepared by a work group investigating this case repeatedly cited an absence of suicidal ideation.

Given the age of the victim, the history of self-inflicted injury for secondary gain, and a well documented absence of suicidal ideation, an argument can be made for an accidental manner of death. That being said, the evidence suggests that he did indeed hang himself militating for suicide. Since it cannot be determined whether Gabriel could comprehend the potential finality

of his actions or what his intentions were at the time of his death, the manner of death is best deemed: UNDETERMINED.

While several medications in his blood have been associated with an increased risk of suicide in some cohorts, it cannot be proven that their presence played a role in this fatality.

Stephen J. Cina, MD
Deputy Chief Medical Examiner
SJC:medi:63

9/2/09
Date

An autopsy was performed on the body of Gabriel Myers at the Broward County Medical Examiner's Office at 12:40 PM on April 17, 2009. Prosecting was Dr. Stephen J. Cina.

## EXTERNAL EXAMINATION

The body was that of a well-developed, white male child clad in a cut-away blue and white striped shirt, cut-away red, white, and blue underwear, and cut-away tan shorts. A red nylon cord was loosely around the left wrist. A neck brace was with the body. There were two appropriate toe tags were on the left great toe. The body weighed 64 pounds (at the 88th percentile), was 50 inches in height (at the 73rd percentile), and appeared compatible with the reported age of 7 years. The body was cool. Full rigor mortis was present to an equal degree in all extremities. Fixed, purple lividity was distributed on the right side of the face and on the back except in areas exposed to pressure. The scalp hair was brown and 1-1/2 inches long in the front but 1 inch in length at the top of the head. The irides were brown; the corneae were clear; the sclerae were white; and the conjunctivae were pink-tan with very faint, rare, bilateral petechiae each measuring less than 0.1 millimeter in greatest dimension. The pupils were equal at 8 millimeters in diameter. The external auditory canals, external nares, and oral cavity were free of foreign material and abnormal secretions. The earlobes were not pierced. The nasal skeleton was palpably intact. Minor injuries to the lips will be described below. The teeth were in fair condition with no recent chips. Injuries to the neck will be described below. The chest was remarkable only for a 1-1/4 x 1/8-inch, linear, perimortem abrasion to the right of the mid sternum and a 2-inch transversely arrayed scar at the medial aspect of the right anterior costal margin. The abdomen was flat. The extremities showed no gross bony deformities. The fingernails were intact bilaterally but bitten short. The toenails were also intact and atraumatic. The external genitalia were those of an atraumatic male child. The testes could not be palpated within the scrotum. The posterior torso was without note; longitudinal bilateral incisions from the scapulae to the buttocks revealed no occult hemorrhage. The anus was atraumatic.

## EVIDENCE OF THERAPY

Evidence of medical intervention consisted of an identification band on the left wrist; 6 punctures sites in the left antecubital fossa; properly positioned nasogastric and endotracheal tubes (the latter secured by Velcro); 2 defibrillator pads on the chest; 6 EKG leads on the torso and upper abdomen; a Foley catheter draining to a bag; bilateral radial arterial lines covered by gauze; a left tibial intraosseous line; and a pulse oximeter on the left thumb.

## EVIDENCE OF INJURY

### STIGMATA OF ASPHYXIATION:

There were florid petechiae on the underside of the chin and the left side of the face as well as the inner aspect of the lower lip. These were most pronounced over the left cheek and on the upper eyelids (left > right). There was relative sparing of the right cheek, the nose, the upper lip, the philtrum, and the perioral region. These petechiae abruptly terminated with a sharply demarcated border extending along the anterior neck at the level of the larynx.

There was no well-developed ligature furrow on the neck. No abrasions or contusions were present. There was artifactual postmortem blanching involving the skin creases of the anterior and posterior neck.

A layered anterior neck dissection was performed revealing superficial hemorrhage into the lower left strap muscles just above the level of the manubrium. This hemorrhage was 0.4 centimeter in greatest dimension and it extended minimally into the parenchyma of the muscle. There were no injuries to the adjacent bony structures.

There was a 0.4-centimeter region of hemorrhage into the mucosa of the left vallecula, but there was no injury to the surrounding tissues.

The hyoid bone and larynx were intact.

Very mild conjunctival petechiae have been described above.

**OTHER INJURIES:**

There were 3 perimortem 1/8 to 1/16-inch excoriations involving the lower lip adjacent to the vermillion line. Two 1/8-inch excoriations involved the left side of the upper lip in a similar fashion.

There was an irregular 7/8 x 3/4-inch purple-brown contusion of the mid forehead.

There was a 3/8-inch purple contusion on the right side of the neck slightly posterior to the midline in the coronal plane. No cutaneous abrasions were noted adjacent to this site.

There were numerous, nonspecific, purple/red/brown contusions on the knees, pretibial regions, lateral right upper thigh, posterior left thigh, and posterior right thigh. Two of these on the right pretibial region were purple-brown and measured 1-1/2 x 1-1/2 inches in greatest dimension and 2-1/4 x 1-1/2 inches in greatest dimension. Each of these had a blanched center, but they did not resemble bite marks.

A nonspecific 3/4-inch in diameter deep purple-red contusion involved the medial right knee. There was possible brown discoloration to this injury.

There were faint purple contusions of the knuckles of the left 3rd through 5th fingers.

Full body radiographs and palpation revealed no long bone fractures.

## INTERNAL EXAMINATION

**Body Cavities:**

The body was opened by the usual thoracoabdominal incision, and the chest plate was removed. No adhesions or abnormal collections of fluid were present in any of the body cavities. All body

organs were present in the normal anatomical positions. The subcutaneous fat layer of the abdominal wall was 0.3 centimeter thick.

**Head:** (Central Nervous System)

The scalp was reflected revealing discrete and confluent petechiae. The calvarium of the skull was removed. The dura mater and falx cerebri were intact. There was no subdural or epidural hemorrhage. The leptomeninges were thin and delicate. The cerebral hemispheres were symmetrical and diffusely swollen with flattening of the gyri and marked narrowing of the sulci. The structures at the base of the brain, including the cranial nerves and blood vessels, were intact. The brain in the unfixed state weighed 1620 grams. See neuropathology report for additional details.

**Neck:**

Very minor hemorrhage into the strap muscles immediately superior to the left side of the manubrium have been described above. The thyroid gland and large vessels revealed no abnormalities. The hyoid bone and larynx were intact.

**Cardiovascular System:**

The pericardial surfaces were smooth, glistening, and unremarkable; the pericardial sac was free of significant fluid or adhesions. The coronary arteries arose normally, followed the usual distribution, and were widely patent with no evidence of significant atherosclerosis or thrombosis. The chambers and valves exhibited the usual size-position relationship and were unremarkable. The myocardium was red-brown, firm, and unremarkable; the atrial and ventricular septa were intact. The aorta and its major branches arose normally, followed the usual course, and were widely patent. The vena cavae and their major tributaries returned to the heart in the usual distribution and were free of thrombi. The heart weighed 150 grams.

**Respiratory System:**

The upper airway was clear of debris and foreign material. Mild hemorrhage into the left vallecula has been described above. The remainder of the mucosal surfaces was smooth and glistening. The pleural surfaces were smooth, glistening, and unremarkable bilaterally. The pulmonary parenchyma was deep purple exhibiting slight to moderate amounts of bloody fluid upon sectioning; no focal lesions were noted. The pulmonary arteries were normally developed, patent, and without thrombus or embolus. The right lung weighed 400 grams; the left lung weighed 360 grams.

**Liver and Biliary System:**

The hepatic capsule was smooth, glistening, and intact covering moderately firm, red-brown parenchyma. No focal lesions were noted. The gallbladder contained 12 milliliters of watery, green-brown bile; the mucosa was velvety and unremarkable. The extrahepatic biliary tree was patent without evidence of calculi. The liver weighed 980 grams.

**Alimentary System:**

The tongue exhibited no evidence of recent injury. The esophagus was lined by gray-white, smooth mucosa. The gastric mucosa was slightly autolyzed, and the lumen contained 20 milliliters of dark brown, thick liquid with large white food particles. No pills were identified. The small and large bowels were unremarkable. The pancreas had an autolyzed, red-tan, lobulated appearance and the ducts were clear. The appendix was present.

**Genitourinary System:**

The renal capsules were smooth and thin, semitransparent, and stripped with ease from the underlying smooth, red-brown cortical surfaces. The cortices were sharply delineated from the medullary pyramids which were red-purple to tan and unremarkable. The calyces, pelves, and ureters were without note. The urinary bladder was empty; however, 5 milliliters of yellow urine was recovered from the Foley bag. The mucosa was gray-tan and wrinkled. The prostate gland and seminal vesicles were appropriately developed. The testes were identified in the retroperitoneum along their anticipated path of descent. The right kidney weighed 90 grams; the left kidney weighed 100 grams.

**Reticuloendothelial System:**

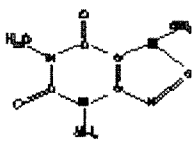
The spleen had a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles were unremarkable. The regional lymph nodes appeared normal. The spleen weighed 170 grams. The thymus was pink-tan and lobulated with no abnormalities. It weighed 70 grams.

**Endocrine System:**

The pituitary, thyroid, and adrenal glands were unremarkable.

**Musculoskeletal System:**

Muscle development was normal. No bone or joint abnormalities were appreciated. A posterior neck dissection was negative.



# Broward County Medical Examiner and Trauma Services

5301 S.W. 31st Avenue
Fort Lauderdale, Florida 33312 (954) 327-6500

## Toxicology Report

**MYERS, GABRIEL** **7 year old White Male** Date of Birth: 01/30/2002

Case No: **BME2009-0557** Specimen Collection Date: 04/17/2009
Submitting Agency: Broward County Medical Examiner's Office Specimen Received Date: 04/20/2009

**SPECIMEN**
Blood (heart)
Bile
Ocular
Urine (antemortem)
Liver
Gastric
Serum

| Specimen | Procedure | Drug Class | Reference Range | Result | Concentration |
|---|---|---|---|---|---|
| Blood (heart) | ELISA | Amphetamine | | positive | |
| Blood (heart) | GC/MS | Amphetamine | | positive | 0.74mg/L |
| Blood (heart) | GC/MS | Fluoxetine | | positive | 0.73mg/L |
| Blood (heart) | GC/MS | Norfluoxetine | | positive | |
| Blood (heart) | GC/MS | Olanzapine | | positive | 0.09mg/L |
| Blood (heart) | HSGC/FID | Ethanol | | none detected | |
| Liver | GC/MS | Amphetamine | | positive | 1.96mg/kg |
| Liver | GC/MS | Fluoxetine | | positive | 1.89mg/kg |
| Liver | GC/MS | Olanzapine | | none detected | |
| Urine (antemortem) | Color Test | Salicylates | | none detected | |
| Urine (antemortem) | GC/MS | | | *specimen QNS | |
| Urine (antemortem) | IA | SMA | | positive | |

Harold E Schueler

Harold Schueler, Ph.D.
Toxicologist
Date reviewed: 07/22/2009

***NOTE: The Quantity of antemortem urine specimen available is Not Sufficient (QNS) to perform the GC/MS.**

7/27/09

Stephen Cina, M.D.
Pathologist

*In accordance with the SOFT/AAFS Forensic Toxicology Laboratory Guidelines, Section 8.1.3, if presumptive test results are included on the final toxicology report, then the report must clearly state that the results are unconfirmed by a second chemically dissimilar technique.*

***** Please refer to external reference Laboratory Report(s) *****

NMS LABS

**CONFIDENTIAL**

**Workorder** 09100624
**Chain** 10599514
**Patient ID** B09-0557





**Detailed Findings:**

| Analysis and Comments | Result | Units | Rpt. Limit | Specimen Source | Analysis By |
|---|---|---|---|---|---|
| Selenium | 140 | mcg/L | 11 | 001 - Cardiac Blood | GFAAS |
| Barium | 1120 | mcg/L | 11 | 001 - Cardiac Blood | ICP/MS |
| Lead | 1.4 | mcg/dL | 1.1 | 001 - Cardiac Blood | ICP/MS |

**Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.**

**Reference Comments:**

1 Barium - Cardiac Blood:

Barium is present in trace amounts in all human tissues, and some studies indicate that it is an element essential to proper growth. The concentration of barium in normal human blood is approximately 2 - 400 mcg/L, most of which is found in the plasma fraction.

Inorganic barium compounds are used extensively in industry, and in glass, plastic and rubber manufacture. Specimens submitted for elemental testing require special handling to reduce potential sources of external contamination. Without such precautions, the finding of an elevated barium concentration in a specimen may be the result of environmental contamination from such things as collection devices, specimen containers and sample preservatives, and should be interpreted accordingly.

In two intentional, but non-fatal barium poisonings serum barium concentrations were 3400 and 7800 mcg/L. In one fatality following barium ingestion, the barium concentration in blood was 1900 mcg/mL.

2. **Lead - Cardiac Blood:**

Lead is an environmental toxicant that may deleteriously affect the nervous, hematopoietic, endocrine, renal and reproductive systems. In the general population the major exposure routes to lead are atmospheric lead (e.g. leaded gasolines) and lead in foodstuffs. Drinking water may also contribute to the total body burden. In children paint chips from lead based paints may be a source of exposure.

In young children, lead exposure is a particular hazard because children absorb lead at a higher rate than do adults, and because the developing nervous system of children are more susceptible to the effects of lead. Blood lead levels in children should be less than 10 mcg/dL according to the Centers for Disease Control and Prevention (CDC).

Blood lead concentrations in the general population with no known high exposure are between 10 - 20 mcg/dL, with males being a few mcg/dL higher than females. The occupational threshold (OSHA) is 40 mcg/dL. Blood lead is considered to be the best indicator of exposure and body burden in soft tissues or organs.

Acute lead poisoning is a rare event. Death may occur 1 or 2 days post ingestion of 10 to 20 grams of a lead salt by an adult, although there is a report of a survival after an ingestion of about 7 grams of lead acetate. The maximum blood lead concentration determined in that case was 230 mcg/dL. A blood lead concentration of 530 mcg/dL was found in an individual that was shot with a lead bullet. The bullet was retained by the body and death was attributed to lead poisoning.

3. Selenium - Cardiac Blood:

Selenium is an essential trace metal. It is also used in various industries, e.g., electronic semiconductors and rubber. In medicinals, selenium can be found in shampoos and dietary supplements. The compound exists in elemental, organic and inorganic forms.

Reported reference concentrations of selenium in whole blood of normal individuals range from 58 - 230 mcg/L (mean, 100 mcg/L). In fatalities from ingestion of selenium-containing compounds, reported blood concentrations range from 500 - 18000 mcg/L (mean, 5900 mcg/L).

This analysis was performed under chain of custody after receipt at NMS Labs. The chain of custody documentation is on file at NMS Labs.

NMS LABS

**CONFIDENTIAL**

**Workorder** 09100624
**Chain** 10599514
**Patient ID** B09-0557





Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report, and generated data will be discarded five (5) years from the date of this report.

## Analysis Summary and Reporting Limits:

Acode 2693B - Metals/Metalloids Acute Poisoning Panel, Blood - Cardiac Blood

-Analysis by Graphite Furnace Atomic Absorption Spectroscopy (GFAAS) for:

| Compound | Rpt. Limit | Compound | Rpt. Limit |
|---|---|---|---|
| Selenium | 11 mcg/L | | |

-Analysis by Inductively Coupled Plasma/Mass Spectrometry (ICP/MS) for:

| Compound | Rpt. Limit | Compound | Rpt. Limit |
|---|---|---|---|
| Arsenic | 11 mcg/L | | |

-Analysis by Inductively Coupled Plasma/Mass Spectrometry (ICP/MS) for:

| Compound | Rpt. Limit | Compound | Rpt. Limit |
|---|---|---|---|
| Bismuth | 11 mcg/L | | |

-Analysis by Inductively Coupled Plasma/Mass Spectrometry (ICP/MS) for:

| Compound | Rpt. Limit | Compound | Rpt. Limit |
|---|---|---|---|
| Mercury | 3.0 mcg/L | | |

-Analysis by Inductively Coupled Plasma/Mass Spectrometry (ICP/MS) for:

| Compound | Rpt. Limit | Compound | Rpt. Limit |
|---|---|---|---|
| Thallium | 11 mcg/L | | |

-Analysis by Inductively Coupled Plasma/Mass Spectrometry (ICP/MS) for:

| Compound | Rpt. Limit | Compound | Rpt. Limit |
|---|---|---|---|
| Antimony | 11 mcg/L | | |

-Analysis by Inductively Coupled Plasma/Mass Spectrometry (ICP/MS) for:

| Compound | Rpt. Limit | Compound | Rpt. Limit |
|---|---|---|---|
| Barium | 11 mcg/L | | |

-Analysis by Inductively Coupled Plasma/Mass Spectrometry (ICP/MS) for:

| Compound | Rpt. Limit | Compound | Rpt. Limit |
|---|---|---|---|
| Lead | 1.1 mcg/dL | | |

**BROWARD COUNTY MEDICAL EXAMINER**
**5301 SW 31ST AVENUE**
**FORT LAUDERDALE, FL33312**

**CLASSIFICATION OF PENDING CASE**

**BCME#:** 09-0557 **NAME:** Myers, Gabriel

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**CAUSE OF DEATH**: Asphyxiation due to hanging

**MANNER OF DEATH**: UNDETERMINED

**REASON FOR PENDING:** Toxicology, investigation

**CLINICAL**: On 4/16/09 at 1458 hours a call was received from Shelley, a hospital supervisor at Northwest Medical Center, reporting the death of this 7-year-old white male. According to the supervisor, the subject was brought to the ER via EMS and arrived in full cardiopulmonary arrest. The nurse advised that the ER physician, Dr. Armstrong, pronounced the subject deceased at 1445 hours. The supervisor further advised that she had a Margate Police Department case number and the subject's home was considered a crime scene. The supervisor had no further information.

Margate Police Department was contacted and a request was made for information. Detective Eller then called BME and provided a preliminary report. The subject was home alone with a 19-year-old male who reported that the 7-year-old attempted suicide by hanging himself in the shower at the residence. The detective reported that the subject was a foster child living at the residence. Allegedly, the hose from a shower-head extender was around the neck at the time he was found. There were multiple bruises on the lower extremities; however, the decedent had a history of mental illness and self-injury.

A review of his mental health records discloses a history of ADHD, sexual abuse, and a mood disorder. A note from Henderson Mental Health Center dated 3/18/09 describes a violent outburst which involved destruction of property and uncontrollable crying. At that time, the patient denied suicidal or homicidal ideation. His "mental status summary" on that note indicated that he had no current suicidal thoughts.

On 8/28/09 Dr. Punjwani, his psychiatrist, explained that the patient had a history of hurting himself to get attention or to get others in trouble. In December 2008 he inflicted injuries to his own neck to mimic choking injuries to manipulate a situation. He had a history of destructive behavior and he had been increasingly acting out sexually, but he was never suicidal. Dr. Punjwani and his assistant, Larry Wall, directed me to a DCF website that detailed a work group's investigation of this fatality. This lengthy investigation disclosed no history of suicidal ideation.

A review of the medical records indicates this child was prescribed Vyvanse (50 mg) and Symbax (3/25 mg) by Dr. S. Punjwani. Symbax is a combination of fluoxetine and olanzapine. Vyvanse is lisdexamfetamine, a medication used to treat ADHD. Fluoxetine and olanzapine can increase the risk of suicidal ideation in children taking this drug. The FDA website indicates that

fluoxetine is approved for use in children with major depressive disorder. Olanzapine, either alone or in combination with fluoxetine, is not. It is unclear whether these drugs contributed to this fatality or not.

The investigation indicates that Gabriel was responsible for taking the actions that led to his own demise, therefore an argument can be made for suicide. That being said, this child has not expressed any suicidal ideation or plan when interviewed many times by psychiatrists. He has a history of self-inflicted injury for secondary gains. In fact, at one point he injured his own neck to mimic strangulation in order to get other children in trouble. An argument could be made that his hanging was accidental, an attention-getting act gone awry. There is no way to determine if Gabriel understood the potential finality of his actions or if he truly intended to die. For this reason, the manner of death is best deemed undetermined.

**AUTOPSY**:

I. STIGMATA OF ASPHYXIATION
   - A. Florid petechiae of face, upper neck with clear demarcation border at level of larynx
   - B. Minimal ocular petechiae
   - C. Minimal soft tissue hemorrhage, anterior neck
   - D. Hyoid bone and larynx intact
   - E. No cutaneous injuries or ligature furrow

II. NON-LETHAL BLUNT FORCE INJURIES
   - A. Contusions, variable ages: Pre-tibial regions and knees (extensive), posterolateral thighs (left > right), anterolateral right thigh, mid-forehead, right post-auricular neck, left knuckles 3-5
   - B. Negative posterior neck dissection
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| Blood (heart) | GC/MS | Olanzapine | positive | 0.09 mg/L |
| Blood (heart) | HSGC/FID | Ethanol | none detected | |
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| Urine (antemortem) | GC/MS | | specimen QNS | |
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9/2/09

Stephen J. Cina, MD Date
Deputy Chief Medical Examiner
SC/jb

9/3/09

Joshua A. Perper, M.D./LL.B.,M.Sc. Date
Chief Medical Examiner
JAP/jb