

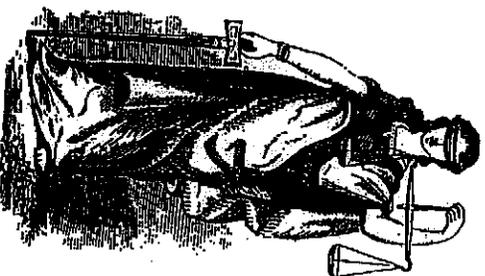
CONTINUING LEGAL EDUCATION

Spring 2013

March 21, 2013

*The Role of the Medical Examiner in Death Investigations
and Criminal Litigation*

MARK L. TAFF, M.D. AND MICHAEL ALPERSTEIN, ESQ.



SPONSORED BY:

APPELLATE DIVISION, FIRST AND SECOND JUDICIAL DEPARTMENTS

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Mark L. Taff, M.D. is a Board-Certified forensic pathologist with 30 years of clinical experience as a practicing medical examiner in Detroit, Michigan and Nassau and Rockland Counties, New York, a coroner's pathologist in 5 Mid-Hudson Valley counties in the State of New York and a consultant to several government agencies, insurance companies, law firms, as well as private citizens. He has performed and/or supervised several thousand death investigations and autopsies and has been qualified as an expert in forensic medicine and pathology in county, state, family and federal courts over 500 times. Currently, Dr. Taff is a Clinical Associate Professor of Pathology at the Mount Sinai School of Medicine in New York. He has authored dozens of articles about forensic medical science in peer review journals and the lay press. In the 1980s, Dr. Taff served on Governor Hugh Carey's Task Force and Governor Mario Cuomo's Commission on Domestic Violence. He was the Founder and President of the New York Society of Forensic Sciences at Lehman College and was Vice-President of the Society of Medical Jurisprudence at Lenox Hill Hospital in the 1990s. On a national level, Dr. Taff served as the co-chairperson of the Standards and Accreditation Committee of the National Association of Medical Examiners and was the Feature Editor of the American Journal of Forensic Medicine and Pathology for several years.

In order to improve doctor-lawyer relations and their joint efforts in the administration of truth and justice, Dr. Taff will present a lecture entitled: "The Role of the Medical Examiner in Death and Injury Investigations and Criminal and Civil Litigation". Specifically, Dr. Taff will address the following topics including:

- a) 6-stages of death investigation; assembly-line of truth production.
- b) Multidisciplinary team approach to death and injury investigation and inter-agency cooperation; attendance at autopsies.

- c) How to interpret/translate an autopsy report; good and bad reports; courtroom scripts; effective communications.
- d) Pre-trial doctor-lawyer preparation (Q&As).
- e) Pre-testimony expert-lawyer interactions/meetings.
- f) The role of the forensic pathologist in criminal and civil trials; training doctors how to testify in court.
- g) Religious objection to autopsy.
- h) Organ donation.

Audience participation, during and after the presentation, is encouraged.

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 perecchia. 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.

BITTE 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
City Medical Examiner – I
January 20, 2011

_____, MD
DRAFT: 11/26/10
FINAL: 1/20/11

AUTOPSY NOTES

NAME OF DECEDENT: _____ M.F. #: _____

SKIN COLOR: _____ W/D/W/N: _____ 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:

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

NEUROPATHOLOGIST, M.D. 12/18/10

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

Blood

- Ethanol
- Caffeine
- Caffeine
- Opiates
- Benzoylcegonine
- Barbiturates
- Amphetamines
- Benzodiazepines
- Cannabinoids
- Salicylate
- Acetaminophen
- Theophylline

0.34g %
 < 10ng/L
 Detected
 Not Detected

- CG
- LC
- GCMMS
- EI
- LC
- LC
- LC



Vitreous Humour
Ethanol

0.37g %

GC

- EI = Enzyme Immossay
- GC = Gas Chromatography
- GCMMS = GC/Mass Spectrometry
- LC = Liquid Chromatography
- LC/MMS = LC/Mass Spectrometry

- CT = Color Test
- TLC = Thin Layer Chromatography
- ISE = Ion Selective Electrode
- SP = Spectrophotometry
- < = Less than

Signed: Brunner
 Dr. _____

Date: 12/30/10

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

PART I: DEATH WAS CAUSED BY: Pending Further Studies

- Immediate cause
Blunt force injuries of head with nasal fracture, subarachnoid hemorrhage and subversion in
- Due to or as a consequence of
- 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): *Beach*

DATE & TIME OF DEATH: *11/25/10 02:40*

Any Hospice care in the last 30 days: Yes No Unknown

TYPE OF PLACE: Hospital in-patient Nursing home/long term care Hospital ED/outpatient Hospice facility Hosp DOA Decedent's residence Other, specify: *Beach*

INJURY: Date: *11/25/10* Time: AM *2:20* PM AT WORK Yes No

LOCATION: *Beach* *Brooklyn, NY*

HOW INJURY OCCURRED: *See Above*

IF TRANSPORTATION INJURY: driver/operator Pedestrian Passenger Other, specify

IF FEMALE:

Not pregnant within one year of death
 Pregnant at time of death
 Not pregnant at time of death, but pregnant within 42 days of death
 Not pregnant at time of death, but pregnant 43 days to 1 year before death
 Unknown if pregnant within one year of death

If within one year of death, outcome of pregnancy:
 Live birth
 Spontaneous termination
 Induced termination
 None

Date of outcome: mm/dd/yyyy / /

Did tobacco use contribute to death?
 Yes No Probably 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 0745 HOURS

POLICE AGENCY:

ON SCENE 11-25-2010 AT 0501 HOURS

COMMAND

DEPARTURE 11-25-2010 AT 0615 HOURS

1ST 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

ILICIT 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 01520 METHOD Thermometer: Rectal
 AMBIENT TEMPERATURE 48 F DATE 11-25-2010 TIME 0508 METHOD Thermometer Outdoors
 OTHER POSTMORTEM CHANGES: NONE DRYING OF: EYES LIPS FINGERT/OES
 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: Gash at 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 FOR 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 _____ PAGE 3 OF 3

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

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.

FORENSIC MEDICAL INVESTIGATOR

Notice Of Death

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

Decedent Information:

Name: *Female* 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 #:
Sixty-One #: *unk* Aided #: *unk* Chart #:
Tel #:

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 OCMIE

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: *0523*
3. By: *METT* Takes Custody of Body: Date: *11/25/10* Time: *0523*

Autopsy Objection:

Date: Time: Who Objected:
Why:

OCME Notes:

Initial Call Recorded By:

Printed: *11/25/10 - 0523*

COMPLAINT FOLLOW-UP
MEDICAL EXAMINER CASE

			PCT OF REPORT	COMPLAINT NO.
DATE OF REPORT:	DAY OF WEEK:	DATE REPORT	DATE ASSIGNED	MIP CASE NUMBER:
11/25/10	THURS.			UNIT REPORTING MISTY C PERGON SQUAD
DET ABBOTT			ME CASE NUMBER	
NAME OF DECEASED (LAST, FIRST, MIDDLE)			AGE:	RACE:
HOWELDE			35Y	BLACK
ADDRESS:			SEX:	FEMALE

DATE OF OCCURANCE	TIME OF OCCURANCE	DAY OF WEEK	PLACE OF OCCURANCE
11/25/10	02:20	THURS	BEACH
EXPIRED AT:	SCENE	DATE:	TIME:
		11/25/10	
MOS IDENTIFYING	SHIELD	COMMAND	COMMAND
FAMILY MEMBER IDENTIFYING	RELATIONSHIP		

PHOTO PRINTS	COMMAND
DET COSTELLO	
DOCTOR PERFORMING AUTOPSY	LOCATION:
DR. MEDICAL EXAMINER	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: PHYSICAL FORCE SHOTGUN MACHINE GUN OTHER

KNIFE BLUNT INSTRUMENT HANDGUN RIFLE STRANGULATION (DESCRIBE)

MOTIVE: ROBBERY NARCOTICS DISPUTE UNK OTHER

BURGLARY SEX CRIME ORG. CRIME 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	BOYFRIEND/FRIEND	INTRA FAMILY	UNKNOWN
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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 _____ Relationship FATHER Date 11-30-10

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

