

## DEATH INVESTIGATION SUMMARY

Case Number: 2017-06753

ATCHISON, WILLIAM

**County Pronounced:** San Juan

**Law Enforcement:**

**Agent:** NMSP Agent R. Matthews

**Date of Birth:** 3/18/1996

**Pronounced Date/Time:** 12/7/2017 4:25:00 PM

**Central Office Investigator:** Rhonda Moya

**Deputy Field Investigator:** Rhonda Moya

### CAUSE OF DEATH

Intraoral gunshot wound of head

### MANNER OF DEATH

Suicide

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**Mark Giffen, DO**

Pathology Resident

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**Lauren E Dvorscak, MD**

Medical Investigator, Assistant Professor of  
Pathology

All signatures authenticated electronically

Date: 2/2/2018 4:21:41 PM

## DECLARATION

The death of ATCHISON, WILLIAM was investigated by the Office of the Medical Investigator under the statutory authority of the Office of the Medical Investigator.

I, Lauren E Dvorscak, MD, a board certified anatomic, clinical, 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 8 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. Postmortem Computed Tomography

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

Lauren E Dvorscak, MD

## Medical Investigator Trainee

Mark Giffen, DO

**SUMMARY AND OPINION**

## PATHOLOGIC DIAGNOSES:

- I. Perforating, intraoral gunshot wound of the head, contact range
  - A. Path: palate, basilar skull, pituitary, brain, skull, scalp
  - B. Trajectory: front to back, upward
  - C. Associated injuries:
    - 1. Periorbital ecchymosis
    - 2. Avulsion, incisors
    - 3. Mucosal lacerations, lips and gingivae
    - 4. Subscalpular and subgaleal hemorrhage
    - 5. Fractures, facial, calvarial, and basilar skull
    - 6. Subarachnoid hemorrhages
    - 7. Intraparenchymal and cortical contusions, temporal lobes and basal ganglia
    - 8. Intraventricular hemorrhage
    - 9. Pneumocephalus, by computed tomography
- II. Blunt trauma
  - A. Contusions, abrasions, and lacerations, hands
  - B. Contusion, posterior thigh
- III. Hepatic steatosis, mild
- IV. Simple cyst, left renal cortex

## SUMMARY AND OPINION:

This 21-year-old man, William Atchison, died of an intra-oral gunshot wound of the head.

According to investigative reports, Mr. Atchison entered a high school in Aztec, New Mexico on 12/7/2017 in the morning. He reportedly fired a handgun and shot two students (OMI# 2017-06754 and OMI# 2017-06755), prior to taking his own life.

Autopsy revealed a single, contact-range, intraoral gunshot wound of the head with lethal injuries of the skull and brain. Numerous skull and facial fractures were associated with air in the cranial vault, as well as bleeding around and within the brain. A projectile was not retained. Additional injuries included bruises, skin scrapes and small skin tears on the knuckles of the hands, as well as a bruise on the thigh. Faint ink markings were on the skin of the lower extremities.

Evidence of natural disease included mild fatty changes in the liver and a non-cancerous cyst in the left kidney.

Toxicology analysis of the postmortem femoral blood and urine was negative for alcohol and common drugs of abuse.

Mr. Atchison died as the result of a self-inflicted, intraoral gunshot wound of the head. The manner of death is suicide.

Medical Investigator

Lauren E Dvorscak, MD

Medical Investigator Trainee

Mark Giffen, DO

External exam date time: 12/8/2017 8:51:00 AM  
 Authority for examination: OMI  
 ID confirmed at time of exam: Yes  
 Means used to confirm identity: Visual  
 Other verification means:  
 Location of orange bracelet: Right wrist  
 Name on orange bracelet: Decedent name  
 Other name on orange bracelet:  
 Location of green bracelet: Right wrist  
 Name on green bracelet: Decedent name  
 Other name on green bracelet:  
 Hospital ID tags or bracelets? No  
 If yes specify stated name and location:  
 Body length (cm): 176.00  
 Body weight (kgs): 48.60  
 BMI: 15.69

Development: Well-developed  
 Development comments:  
 Stature: Thin  
 Age: Appears to be stated age  
 Anasarca: No  
 Edema localized: No  
 Dehydration: No  
 Skin comments:  
 The facial skin is freckled.  
 Scalp hair color: Brown  
 Scalp hair length: Short  
 Eyes: Both eyes present  
 Irides: Brown  
 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 comments:**

Paper material is within both external ear canals.

Please refer to the "evidence of injuries" section for a description of periorbital ecchymosis.

Facial hair: Stubble in the pattern of a beard  
 Facial hair color: Does not apply  
 Maxillary dentition: Natural  
 Mandibular dentition: Natural  
 Condition of dentition: Adequate

**Dentition comments:**

Please refer to the "evidence of injuries" section for additional information.

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: Yes  
 Left hand digits complete: Yes  
 Right foot digits complete: Yes  
 Left foot digits complete: Yes  
 Extremities: Well-developed and symmetrical

**Extremities comment:**

The hands are covered in paper bags, secured at the wrists with tape.

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: Yes

Scar right lower leg: Yes

**External exam comment:**

Faint ink markings and a symbol are on the skin, generally oriented upside-down, as follows:

- 1. On the left, upper thigh are markings that appear as "SS", "AMOG" and a swastika symbol.
- 2. Above the left knee is a marking that appears as "BUILD WALL".
- 3. In the right groin is a marking that appears as "your home".

A trace hair is collected from the left hand and packaged as evidence.

**Reporting Tracking**

**Reported by:** Mark Giffen, DO

**Verified by:** Lauren E Dvorscak, MD on 2/1/2018 10:03:00 AM

**Reviewed and approved by:** Lauren E Dvorscak, MD on 2/2/2018 4:21:42 PM

**Medical Investigator**

Lauren E Dvorscak, MD

**Medical Investigator Trainee**

Mark Giffen, DO

Evidence of medical intervention: No

**Report Tracking**

**Reported by:** Mark Giffen, DO  
**Verified by:** Lauren E Dvorscak, MD on 2/1/2018 10:09:19 AM  
**Reviewed and approved by:** Lauren E Dvorscak, MD on 2/2/2018 4:21:42 PM

**Medical Investigator**

Lauren E Dvorscak, MD

**Medical Investigator Trainee**

Mark Giffen, DO

**External exam date:** 12/8/2017 8:51:00 AM  
**Body temperature:** Cool subsequent to refrigeration  
**Rigor mortis:** Partially 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:** Mark Giffen, DO  
**Verified by:** Lauren E Dvorscak, MD on 2/1/2018 10:09:35 AM  
**Reviewed and approved by:** Lauren E Dvorscak, MD on 2/2/2018 4:21:42 PM



Medical Investigator

Lauren E Dvorscak, MD

Medical Investigator Trainee

Mark Giffen, DO

Are there any injuries: Yes

Evidence of Injury:

Autopsy date: 12/8/2017 8:51:00 AM

#	Injury	Location	Injury Description
1	Firearm injury	Head	<p>GUNSHOT WOUND OF HEAD, INTRAORAL</p> <p>Entrance:</p> <p>On the left side of the hard palate, approximately 14.5 cm inferior to the top of the head and 1 cm left of anterior midline is an entrance gunshot wound consisting of a 2 x 1.8 cm, irregular defect. When viewed from below, a circumferential mucosal abrasion measures up to 0.3 cm in width at 6 o'clock. Soot is within the mouth, visible at the wound edges and within the wound track. No stippling is visible surrounding the entrance wound.</p> <p>Path:</p> <p>The hemorrhagic wound track sequentially perforates the left side of the hard palate, basilar skull, anterior sella turcica, pituitary gland, dura, left optic nerve, left basal ganglia, anterior corpus callosum, left medial parietal lobe, dura, left parietal skull near the vertex, and left parietal scalp. A projectile is not retained.</p> <p>Associated injuries:</p> <p>Blue-purple, periorbital ecchymosis is most prominent on the upper eyelids, measuring up to 4.5 x 3 cm on the right and 3 x 2.5 cm on the left. Blood is within the right external ear canal.</p> <p>The maxillary incisors demonstrate variable avulsion from the tooth sockets. The upper and lower lips are lacerated, with extension to the gingival surfaces. The hard palate has a midline fracture. Bloody fluid is within the upper and lower airways.</p> <p>Reflection of the scalp reveals patchy subscalpular hemorrhage. Focal subgaleal hemorrhage is at the posterior parieto-occipital skull, predominantly on the right side.</p> <p>Numerous calvarial and basilar skull fractures are present. Skull fractures also involve the bilateral orbits, the crista galli, and bilateral sphenoid wings. The exit wound in the calvarium is associated with external beveling of the outer skull table. The sella turcica and pituitary gland are disrupted. The anterior basilar circulation is disrupted; however the remainder of the Circle of Willis is overall intact.</p> <p>Patchy subarachnoid hemorrhages are present, involving the</p>

			<p>bilateral cerebral hemorishpherers and right cerebellar lobe. Intraventricular hemorrhage is present within the lateral ventricles. Cortical contusions and intraparenchymal hemorrhage involve the bilateral medial temporal lobes, and basal ganglia.</p> <p>Pneumocephalus is detected by postmortem computed tomography scans. Please refer to the "postmortem computed tomography" section for additional information.</p> <p>Exit:</p> <p>On the left parietal scalp, 1 cm left of the superior midline and at the vertex of the head is a 1.5 x 1.3 cm, stellate laceration without marginal abrasion.</p> <p>Trajectory:</p> <p>The wound track travels from the decedent's front to back and upwards.</p> <p>Clothing:</p> <p>On the hood area of the black sweatshirt is a 3 x 3 cm, irregular, frayed defect likely corresponding to the exit wound. Soot or unburned gunpowder particles are not visible on the fabric surrounding the defect.</p>
2	Blunt injury	Extremities	<p>On the right shoulder is a 3 x 2 cm, dried, red contusion.</p> <p>On the dorsal surfaces of the hands, at the knuckles, are red-purple contusions, with innumerable abrasions and superficial lacerations. The contusions involve an area up to 11 x 8.5 cm on the right hand, and up to 13 x 9 cm on the left hand. The abrasions and lacerations individually measure up to 1 cm in maximal dimension.</p> <p>A 4 x 1.5 cm, yellow-green, contusion is on the left, posterior thigh.</p>

**Report Tracking**

**Reported by:** Mark Giffen, DO  
**Verified by:** Lauren E Dvorscak, MD on 2/1/2018 11:19:37 AM  
**Reviewed and approved by:** Lauren E Dvorscak, MD on 2/2/2018 4:21:42 PM

**Medical Investigator**

Lauren E Dvorscak, MD

**Medical Investigator Trainee**

Mark Giffen, DO

Date of Autopsy: 12/8/2017 8:51:00 AM

Date of Internal Exam: 12/8/2017 8:51:00 AM

**BODY CAVITIES**

Chest cavities examined:	Yes
See evidence of injury section	No
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:	No

**HEAD**

Brain examined:	Yes
See separate forensic neuropathology consultation report	No
See evidence of injury section:	Yes
See evidence of medical Intervention section:	No
See postmortem changes section:	No
Brain fresh (g):	1320
Brain fixed (g):	
Facial skeleton:	See Evidence of Injury
Calvarium:	See Evidence of Injury
Skull base:	See Evidence of Injury
Skull comments:	
Dura mater:	See Evidence of Injuries
Dural venous sinuses:	Patent
Leptomeninges:	See Evidence of Injuries
Epidural hemorrhages / hematomas:	Absent
Subdural hemorrhages / hematomas:	Absent
Subarachnoid hemorrhages:	See Evidence of Injury
Cerebral hemispheres:	See Evidence of Injuries
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:	See Evidence of Injury
Basilar arterial vasculature:	Other - See comments
Cerebral cortex:	See Evidence of Injury
White matter:	See Evidence of Injury
Corpus callosum:	See Evidence of Injury
Deep gray matter structures:	See Evidence of Injury
Brainstem:	Unremarkable
Cerebellum:	Unremarkable

**Other brain comments:**

The anterior basilar arterial vasculature is focally disrupted. The remainder of the vasculature is unremarkable, without evidence of atherosclerotic plaques. Please refer to the "evidence of injuries" section.

**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):	205.0

## 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:	Other - See comments
Aortic valve:	Unremarkable
Other valve comments:	
The mitral valve leaflets are mildly thickened but flexible.	
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:	0.3 cm
Left ventricular free wall thickness:	0.6 cm
Interventricular septum thickness:	0.7 cm

## Aorta

Aorta examined:	Yes
Orifices of the major vascular branches:	Patent
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: No

See Evidence of Medical  
Intervention section: No

See Postmortem Changes section: No

Lung right (g): 375

Lung left (g): 150

Upper and lower airways: Other - See comments

Pulmonary parenchyma color: Other - See comments

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

## Other airway and lung comments:

Bloody mucoid material is within the upper and lower airways. The pulmonary parenchyma is alternately light pink and dark red-purple.

## 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): 920

Bile vol (mL): 10

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: No  
 See Evidence of Medical Intervention section: No  
 See Postmortem Changes section: No  
 Stomach contents vol (mL): 50  
 Stomach contents description:  
 Thin brown fluid  
 Appendix found: No

**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: Unremarkable  
 Caliber and continuity: Appropriate caliber without interruption of luminal continuity

**Colon**

Luminal contents: Formed stool  
 Mucosa: Unremarkable  
 Caliber and continuity: Appropriate caliber without interruption of luminal continuity

**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

**Other kidney comments:**

The left kidney has a 0.5 cm, smooth walled, uniloculated cyst containing clear, yellow fluid.

Kidney right (g): 85  
 Kidney left (g): 85  
 Urine volume (mL): 20

Urine description:  
 light yellow

**Urinary Bladder**

Urinary bladder mucosa: Gray-tan and smooth

#### Male

Male: Yes

#### Testicles

Location: Bilaterally intrascrotal

Size: Unremarkable

Consistency: Homogeneous

Other testicle comments:

#### Prostate Gland

Size: Unremarkable

Consistency: Homogeneous

Other prostate gland comments:

#### RETICULOENDOTHELIAL SYSTEM

Reticuloendothelial system examined: Yes

See Evidence of Injury section: No

See Evidence of Medical Intervention section: No

See Postmortem Changes section: No

#### Spleen

Spleen (g): 135

Spleen parenchyma: Moderately firm

Spleen capsule: Intact

Spleen white pulp: Prominent

#### Bone Marrow

Color: Red-brown, homogeneous and ample

#### Lymph Nodes

Regional adenopathy: No adenopathy

#### Thymus

Thymus (g): 0

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: Other - See comments

Other pituitary gland comments:

The pituitary gland is disrupted. Please refer to the "evidence of injuries" section.

#### Thyroid Gland

Position: Normal



Size: Normal  
Parenchyma: Homogeneous

**Adrenal Glands**

Adrenal right (g): 10  
Adrenal left (g): 10  
Size: Normal  
Parenchyma: Yellow cortices and gray medullae with the expected corticomedullary ratio

**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  
Other musculoskeletal system comments: The uninjured bony framework, musculature, and subcutaneous soft tissues are unremarkable.

**ADDITIONAL COMMENTS****Report Tracking**

Reported by: Mark Giffen, DO  
Verified by: Lauren E Dvorscak, MD on 2/1/2018 11:46:23 AM  
Reviewed and approved by: Lauren E Dvorscak, MD on 2/2/2018 4:21:42 PM

**Medical Investigator**

Lauren E Dvorscak, MD

**Medical Investigator Trainee**

Mark Giffen, DO

**Microscopic description:**

The hepatocytes are arranged into plates 1-2 cell layers thick with patchy areas of mild, mixed macro- and microvesicular steatosis. The portal tracts contain an appropriate number of bile ducts and blood vessels without significant fibrosis and rare chronic inflammation. The central veins are mildly dilated but patent without thrombosis.

The pancreas is autolyzed. No significant inflammation or fibrosis are present.

The left kidney does not demonstrate any significant glomerular sclerosis or interstitial inflammation. The tubules have mild autolytic change without inflammation, tubule drop out or fibrosis. No polarizable material is present.

The heart has no significant inflammation or fibrosis. The cardiac myocytes are unremarkable. The myocardial vessels are patent without significant medial hypertrophy or thrombosis.

The lungs have normal alveolar architecture with patchy areas of intra-alveolar erythrocytes. The interstitium adjacent to the bronchi and bronchioles demonstrates focal aggregates of pigment laden macrophages. No significant fibrosis or acute inflammation is present. No polarizable material is present.

The left parietal lobe contains foci of intraparenchymal hemorrhage and intra-dural, as well as subarachnoid hemorrhage comprised predominantly of intact erythrocytes. The left basal ganglia also has intraparenchymal hemorrhage. No gliosis, inflammation or hypoxic ischemic changes are present.

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

Block	Tissue Location	Description	Stain
A1	Liver, Pancreas and Left kidney		
A2	Left ventricle, Upper lobe of left lung and Lower lobe of right lung		
A3	Left parietal lobe with subarachnoid hemorrhage		
A4	Left basal ganglia with contusion		

**Report Tracking**

**Reported by:** Mark Giffen, DO  
**Verified by:** Lauren E Dvorscak, MD on 2/1/2018 10:36:43 AM  
**Reviewed and approved by:** Lauren E Dvorscak, MD on 2/2/2018 4:21:42 PM

**Medical Investigator**

Lauren E Dvorscak, MD

**Date of examination:** 12/8/2017 8:51:00 AM  
**Study date:** 12/8/2017 7:19:00 AM  
**Accession number:** 2017-06753OMICT  
**Exam type:** Postmortem full body computed tomography  
**Technique:** Standard  
**Comparison:** None

**Comments:**

Evidence of perforating trauma includes a defect of the hard palate that extends through the skull base and sella turcica. Associated injuries include fractures of the hard palate and frontal bones, extending through the orbits, as well as fractures of the parietal bones.

A defect of the left, posterior parietal calvarium is associated with radiating fractures of the parietal and occipital bones.

Pneumocephalus is present. Scattered subarachnoid hemorrhages and intraventricular hemorrhage are present.

Dental restorations are detected.

A small, left renal cyst is present. No evidence of significant natural disease or additional significant injuries are detected by postmortem computed tomography scans.

**Report Tracking**

**Reported by:** Mark Giffen, DO  
**Verified by:** Lauren E Dvorscak, MD on 2/1/2018 10:23:55 AM  
**Reviewed and approved by:** Lauren E Dvorscak, MD on 2/2/2018 4:21:42 PM

Case Number: 2017-06753  
 Decedent Name: ATCHISON, WILLIAM  
 Pathologist: Lauren E Dvorscak, MD  
 Fellow/Resident: Mark Giffen, DO  
 Date of Examination: 12/8/2017 8:51:00 AM

## Morphology technican(s) present

Yellow Sheet	Morphology Technician
Autopsy	Jordan Sousa
Evidence	Jordan Sousa
Radiology	Jordan Sousa
Identification	Jordan Sousa
LabOther	Jordan Sousa
Evidence	Jordan Sousa
Retention	Jordan Sousa
Attendees	Jordan Sousa

## Morphology technican supervisor(s) present

Yellow Sheet	Morphology Technician Lead
Radiology	Sharon Howard
Retention	Sharon Howard
LabOther	Erika Cavalier
Attendees	Sharon Howard
Identification	Sharon Howard
Autopsy	Cassandra Toledo
Evidence	Sharon Howard

**Autopsy attendees**

**Other morphology technicians present:**

Sharon Howard- Senior Technician

## 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:	No
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: 117

Number of autopsy photos produced by the OMI

Autopsy Photos: 103

Evidence collected

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

Personal effects



Property Type	Property Description	Property Detail
Hand Bag	Right Hand	n/a
Hand Bag	Left Hand	n/a
Valuables	Other	Sunglasses
Trace	Location	From Left Hand
Other	Other	Paper Ear Plugs
Other	Other	Cartridges
Swabs	Other	Left Hand- Wet
Swabs	Other	Left Hand- Dry
Swabs	Other	Right Hand- Wet
Swabs	Other	Right Hand- Dry
Blood	FTA Blood Card	n/a
Fingerprints	Describe	One set

**Clothing**

Property Type	Property Description	Property Detail
Clothing	Shirt	n/a
Clothing	Sweater	n/a
Clothing	Belt	n/a
Clothing	Pants	n/a
Clothing	Sweatpants	n/a
Clothing	Underpants	n/a
Clothing	Shoes	n/a
Clothing	Socks	n/a