Case Number: 2017-06753

ATCHISON, WILLIAM

San Juan

NMSP Agent R. Matthews
3/18/1996
12/7/2017 4:25:00 PM
Rhonda Moya
Rhonda Moya

Intraoral gunshot wound of head

Suicide

Pathology Resident

Medical Investigator, Assistant Professor of Pathology

All signatures authenticated electronically

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

Printed: 2/19/2018 11:48:53 AM

Report Name: Death Investigation Reporting Tool

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

Lauren E Dvorscak, MD

OMI

176.00
48.60
15.69

Well-developed

Thin
Appears to be stated age
No
No
No

Brown
Short
Both e

No

Yes

Yes

Faint ink markings and a symbol aT4 1 Tfew0 Tw(:)Tj-4.785 -1.72g18 4:21: 4:2f generally ori284D0upside-dow2f as fol3 1s: 6.300TT2/T

Mark Giffen, DO

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

Lauren E Dvorscak, MD on 2/2/2018 4:21:42 PM

Medical Investigator

Lauren E Dvorscak, MD

Evidence of medical intervention: [redacted]

Medical Investigator	Medical Investigator Trainee
Lauren E Dvorscak, MD	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	Medical Investigator Trainee
Lauren E Dvorscak, MD	Mark Giffen, DO

Evidence of Injury:

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

#	Injury	Location	Injury Description
1	Firearm injury	Head	GUNSHOT WOUND OF HEAD, INTRAORAL Entrance: 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. Path: 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. Associated injuries: 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. 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

			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. Pneumocephalus is detected by postmortem computed tomography scans. Please refer to the "postmortem computed tomography" section for additional information. Exit: 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. Trajectory: The wound track travels from the decedent’s front to back and upwards. Clothing: 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.
2	Blunt injury	Extremities	On the right shoulder is a 3 x 2 cm, dried, red contusion. 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. A 4 x 1.5 cm, yellow-green, contusion is on the left, posterior thigh.

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

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 examined:	No
Middle ears examined:	No

Neck examined:

See Evidence of Injury section:

See Evidence of Medical Intervention section

See Postmortem Changes section:

Subcutaneous soection:

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:

Great vessels examined: Yes

Vena cava and major tributaries:

Lun

See Evidence of Injury section:	No
See Evidence of Medical Intervention section:	No
See Postmortem Changes section:	No

Course:	N
Mucosa:	
Mucosa:	
Pylorus:	
Luminal contents:	

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 examined:

See Evidence of In3 0 29 120 ref9 10eT10

Spleen (g): 135

Thymus (g): 0

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	Medical Investigator Trainee
Lauren E Dvorscak, MD	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.

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

Special autopsy techniques

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:	N

Tissues retention

Disposition of tissues 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:	N

Personal effects

Clothing