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AUTOPSY REVIEW/EVALUATION REPORT[1]

Date: May 18, 2011

Name of Case: CHRISTINA LEE BAXLEY **Case Number:** 2007-1033 [SOL07-251]

Prevailing Forensic Scenario:

A 41 year old White female who was shot multiple times while she was walking her dog along a residential sidewalk. She was pronounced dead at the scene.

Assessment of Adequacy of Autopsy Report:

UNREASONABLE

Presence of Critical Flaws:

CONSTELLATION OF CRITICAL FLAWS [see #1, 2 comments]

Comments:

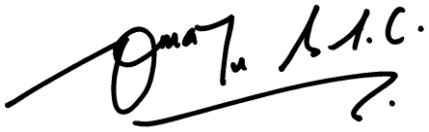
1. On page 3 of the autopsy report, under the section titled 'BLUNT FORCE INJURIES', the following was stated: 'There is a 2-1/8 inch x 3/8 inch horizontal abrasion surrounded by a 2-1/2 inch x ½ inch contusion on the posterior aspect of the upper right thigh noted'. However, review of the pictures of the body at the scene, reveals a perforating defect of the blue denim pants in the right upper and posterior aspect. This defect overlies the wound, which was described as a transverse abrasion. Review of the autopsy pictures confirms that this particular wound is actually a graze abrasion caused by a bullet, and not a blunt force abrasion. This underscores the propositional and critical value of examining articles of clothing worn by the decedent at the time he or she sustained fatal trauma. This is a critical mischaracterization of a wound pattern. This observation will therefore increase the total number of gunshot wounds sustained by the decedent. This is a critical flaw.
2. Review of the scene and autopsy pictures reveals a vividly obvious gunshot wound in the left anterior chest, which was not described in the autopsy report. On page 2 of the autopsy report, it is stated that 'There are a total of three gunshot wounds with two identifiable exits'. Yet, no bullet was recovered from the body. A bullet was allegedly recovered from the clothing and the pathologist stated on page 3 of the autopsy report that the bullet '…was a product of one of the exits in proximity to the left side of the body…'. These are highly inconsistent assertions. Was an X-ray of the body performed, if so, was there a radiopaque bullet inside the body to account for the third bullet wound with no exit? Yet, the pathologist described three distinct gunshot wounds, and each gunshot wound was noted to have an entrance and an exit wound; which of the wounds did not have an identifiable exit wound? In the

[1] There are three pages of this report

first gunshot wound on page 2 of the autopsy report: 'Gunshot wound to right upper chest, perforating', the pathologist did not describe the anatomic location of the entrance wound, but he stated it was right of the midline, and given the title of the gunshot wound, one would assume it was in the right upper chest. For the exit wound of this gunshot wound he described a wound in the left lateral chest, and under the path of the bullet he described that the bullet perforated the 'subcutaneous tissue and skin of the left lateral midback'. This is extremely inconsistent and conflicting. On page 5 of the autopsy report it is stated that 'There is the perforation of the left 8th rib previously described with external beveling, consistent with an exit wound'. This statement is fundamentally flawed and scientifically invalid. On page 1 of the autopsy report the following gunshot wounds of entrance are listed: right upper chest, right lower lateral chest and right upper back. The following exit wounds were listed: left lateral and posterolateral thorax. The entrance wounds and exit wounds listed on page 1 of the autopsy report, under the 'Autopsy Findings' section, are inconsistent with the entrance and exit wounds listed on pages 2 and 3 of the autopsy report under the 'External Evidence of Injury' section. The autopsy pictures show an obvious abrasion of the right breast, which was not mentioned in the autopsy report. On page 4 of the autopsy report, it is stated that 'The tongue, esophagus, stomach, small intestine and colon are unremarkable', meanwhile the autopsy pictures show perforation of the stomach with extrusion of gastric contents. The trajectories of the bullets included the loops of bowel, therefore it was not anatomically feasible that the stomach, small intestines and colon would be unremarkable. The autopsy pictures show a total of two wounds in the left back and lateral chest; however the autopsy states that there are three exit wounds in the left back and lateral chest. <u>There is a constellation of critical flaws in this autopsy report.</u>

3. There is no mention of any confirmation of the identity of the decedent, coroner nametag or autopsy nametag. There should be a section in an autopsy narrative, which reports how the identity of the body was confirmed. <u>This is not a critical flaw but can be judged to be below optimal or best practice standards.</u>
4. There was no mention or evaluation of algor mortis, rigor mortis or livor mortis in the autopsy report. This is a very basic component of the autopsy narrative that should be reported in every autopsy report. <u>This is not a critical flaw, but may be indicative of a pathologist who is not meticulous.</u>
5. The body in its native state was not described. The scene pictures and autopsy pictures show that the body was soiled by earth, dry plant matter and blood. None of these were described in the autopsy report. Debris and soiling patterns on the body should be described in reference to the evidentiary trauma and prevailing forensic scenario. <u>This is not a critical flaw but can be judged to be below optimal or best practice standards, and may be indicative of a pathologist who is not meticulous.</u>
6. The articles of clothing found on the body at autopsy were enumerated; however they were not described in reference to the evidentiary trauma on the body. The damages on, and the patterns of fluid and debris soiling of the articles of clothing should be confirmed to be consistent with the prevailing forensic scenario and evidence of trauma on the body. <u>This is not a critical flaw but can be judged to be below optimal or best practice standards.</u>
7. There was no reference to histology slides and microscopic tissue examination in the autopsy report. The report does not indicate whether tissue was saved for histology, and whether histology slides were made and examined microscopically. Some pathologists choose not to perform tissue histology slides on sudden death cases due to gunshot wounds especially in a young apparently healthy decedent like the decedent in this case. In my opinion, histology slides should be made and microscopically examined in every autopsy characterized as a complete or full autopsy, especially in homicide cases like this one, and more especially in this era of increasing scrutiny of forensic pathologists and forensic scientists.

Reviewer:



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