



COUNTY OF EL PASO
OFFICE OF THE MEDICAL EXAMINER
AND FORENSIC LABORATORY

Autopsy Report
Case 2017-0543

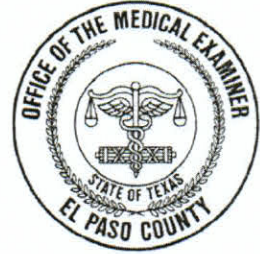
ROGELIO MARTINEZ

Cause of Death: Blunt Injuries of Head
Manner of Death: Undetermined

Janice Diaz-Cavalliery, M.D.
Deputy Medical Examiner for El Paso County, Texas

MARTINEZ, ROGELIO
2017-0543

AUTOPSY REPORT



POSTMORTEM EXAMINATION

An autopsy is performed on the body of Rogelio Martinez at the El Paso County Office of the Medical Examiner, State of Texas, on the 20th day of November, 2017 starting at 9:30 am. The body is received within a body bag with a label bearing the decedent's name. Items of clothing and personal effects are inventoried separately. The autopsy is conducted in the presence of Luis Ortega, Jose Rivera and Carlos Fuentes of the US Border Patrol, Jesus Lowenberg of US Customs, Shannon Enochs, John Bogovic and Gilberto Valencia of the FBI and Michael Lara of the El Paso Police Department.

EXTERNAL EXAMINATION (EXCLUDING INJURIES)

The body is that of a well-developed, well-nourished (with a body mass index of 30.7 kg/m²), adult, White, male who weighs 202 pounds, is 68 inches in length, and appears compatible with the reported age of 36 years. The body is refrigerated. Rigor mortis is fixed. Partially fixed purple livor mortis extends over the posterior surfaces of the body, except in areas exposed to pressure. The scalp hair is straight, black and measures approximately ¼ inch in length over the crown. The irides are brown. The corneae are clouded. The sclerae are white, and the conjunctivae are with edema. No petechial hemorrhages are identified on the sclerae, bulbar conjunctivae, facial skin, or oral mucosa. The nose and ears are normally formed. The decedent is clean shaven. The oral cavity has natural teeth in good repair. The neck is unremarkable. The thorax is well developed and symmetrical. The abdomen is flat. The spine is normally formed. The external genitalia are those of a normal adult male. The upper and lower extremities are well developed and symmetrical, without absence of digits. Identifying marks include the dorsum of the right hand has an irregular 1 inch scar below the 1st finger. Evidence of medical intervention includes an endotracheal tube, cervical collar, bilateral chest tubes, bilateral femoral intravenous catheters, multiple cardiac patches, right wrist and left ankle hospital identification bands, EKG patches, defibrillator patches, Foley catheter, bilateral hand intravenous catheters, right middle finger oximeter and left arm blood pressure cuff.

AUTOPSY REPORT



EVIDENCE OF INJURY

BLUNT INJURIES OF HEAD:

Bilateral upper lids show red ecchymosis. The right parietal scalp shows two lacerations: a 1 inch V shaped laceration and a ¼ inch linear laceration with associated small red abrasions that measure up to ¾ inch in greatest dimension. Behind the right ear is a purple discoloration. The right parietal skull has a semi circular fracture with linear fractures radiating towards the frontal and temporal skull. The right maxillary bone has a non displaced linear fracture from the right inferior orbital surface extending to the edge of the nasal aperture of the maxilla.

BLUNT INJURIES OF TORSO:

The right shoulder shows a purple contusion that measures approximately 5 by 4 inches. Ribs 2 through 4 are fractured at the costochondral joint. The right clavicle has a comminuted fracture on the lateral 1/3 with associated soft tissue hemorrhage. Each pleural cavity contains 100 mL of partially coagulated red blood.

INTERNAL EXAMINATION (EXCLUDING INJURIES)

BOY CAVITIES:

No adhesions are in any of the body cavities. All body organs are in normal and anatomic position. The serous surfaces are smooth and glistening.

HEAD (CENTRAL NERVOUS SYSTEM):

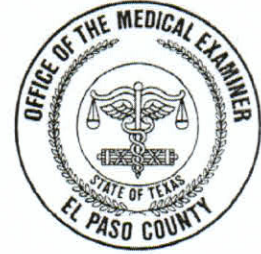
The brain weighs 1440 grams. The brain is preserved in formalin prior to further examination. Complete examination of the brain will be detailed in a separate Forensic Neuropathology Examination report to follow.

NECK:

Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact. The tongue is normal.

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CARDIOVASCULAR SYSTEM:

The heart weighs 320 grams. The pericardial sac is free of significant fluid or adhesions. The pericardial surfaces are smooth and glistening. The coronary arteries arise normally and follow the distribution of a right dominant pattern with no significant atherosclerosis. The chambers and valves are proportionate. The valves are normally formed, thin and pliable, and free of vegetations and degenerative changes. The myocardium is dark red-brown, firm, and free of focal or regional fibrosis, erythema, pallor, or softening. The atrial and ventricular septa are intact, and the septa and free walls are free of muscular bulges. The aorta arise normally and follow the usual course, with no significant atherosclerosis. The orifices of the major aortic vascular branches are patent. The vena cava and its major tributaries are patent and return to the heart in the usual distribution and are unremarkable.

RESPIRATORY SYSTEM:

The right and left lungs weigh 790 and 710 grams, respectively. The upper and lower airways are unobstructed, and the mucosal surfaces are smooth and yellow-tan. The pleural surfaces are smooth, glistening, and unremarkable. The pulmonary parenchyma is light pink, and the cut surfaces exude moderate amounts of blood and frothy fluid. The pulmonary arteries are normally developed and without thromboemboli and atherosclerosis.

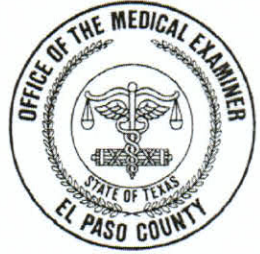
LIVER AND BILIARY SYSTEM:

The liver weighs 1700 grams. The hepatic capsule is smooth, glistening, and intact, and covers red-brown parenchyma. The gallbladder contains 1 mL of green watery bile without stones.

ALIMENTARY TRACT:

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is unremarkable, and the lumen contains 180 mL of partially digested food fragments. The serosa of the small bowel is smooth and glistening. The small bowel contains partially digested food. There are no mucosal lesions of the small and large bowel. The colon contains formed stool. The appendix is present. The pancreas has a normal tan, lobulated appearance.

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GENITOURINARY TRACT:

The right and left kidneys weigh 150 and 160 grams, respectively. The renal capsules are smooth, thin, semitransparent, and strip with ease from the underlying smooth, red-brown, and firm cortical surfaces. The cortices are of normal thickness and are well delineated from the medullary pyramids. The calyces, pelves, and ureters are non-dilated and free of stones. The urinary bladder contains 5 mL of clear, yellow urine; the mucosa is gray-tan and smooth. The bilaterally descended testes are of normal size and consistency. The prostate is not enlarged.

RETICULOENDOTHELIAL SYSTEM:

The spleen weighs 170 grams and has a smooth intact capsule covering red-purple, moderately firm parenchyma. The splenic white pulp is grossly indiscernible. The bone marrow of the rib is red-purple. No regional lymph node enlargement is noted.

ENDOCRINE SYSTEM:

The pituitary gland is of normal size. The thyroid gland is of normal position, size, and texture. The adrenal glands have normal cut surfaces with yellow cortices and gray medullae.

RADIOGRAPHS

Full body radiographs are obtained.

OTHER LABORATORY TESTS

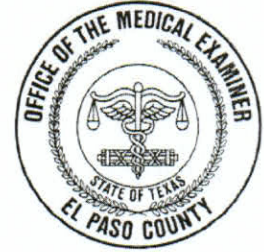
Femoral blood is submitted for toxicologic analysis.

PATHOLOGIC DIAGNOSES

- I. Bunt injuries of head.
 - a. Ecchymosis, eyes, upper lids.
 - b. Lacerations and abrasions, scalp.
 - c. Fracture, skull and maxilla.
- II. Blunt injuries of torso.
 - a. Contusion, shoulder, right.

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- b. Fractures, ribs and clavicle, right.
- c. Segmental fractures of the anterior and posterior arches of the right first and second ribs and non segmental fractures of the ipsilateral third through sixth ribs as per thoracic CT scan 11/19/2017 CTD3090GDT.
- d. Hemothoraces, 100ml right and 100ml left.

OPINION

This 36-year-old man, Rogelio Martinez, died of blunt injuries of head. According to reports the border patrol agent suffered injuries in Van Horn, Texas. Autopsy revealed head injuries. Femoral blood revealed butalbital 1.2 mcg/mL. The manner of death is undetermined.

Final: 2/6/2018



NMS Labs

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3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Corrected Report

Report Issued 12/04/2017 07:06
Last Report Issued 11/29/2017 15:10

To: 10233
El Paso County Medical Examiner's Office
Attn: Dr. Juan U. Contin
4505 Alberta Avenue
El Paso, TX 79905

Patient Name MARTINEZ, ROGELIO
Patient ID 17-0543
Chain 17363974
Age 36 Y DOB 01/15/1981
Gender Male
Workorder 17363974

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Positive Findings:

Table with 4 columns: Compound, Result, Units, Matrix Source. Row 1: Butalbital, 1.2, mcg/mL, 002 - Femoral Blood

See Detailed Findings section for additional information

Testing Requested:

Table with 2 columns: Analysis Code, Description. Row 1: 8051B, Postmortem, Basic, Blood (Forensic)

Specimens Received:

Table with 5 columns: ID, Tube/Container, Volume/Mass, Collection Date/Time, Matrix Source, Miscellaneous Information. Rows 1-2: 001 Gray Top Tube, 7.9 mL, 11/20/2017 09:30, Femoral Blood; 002 Homogenate Container, Not Given, 11/20/2017 09:30, Femoral Blood

All sample volumes/weights are approximations.
Specimens received on 11/22/2017.

RECEIVED
DEC 4 2017
MEDICAL EXAMINER DEPARTMENT



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Chain 17363974
Patient ID 17-0543

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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Butalbital	1.2	mcg/mL	0.20	002 - Femoral Blood	GC/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. Butalbital - Femoral Blood:

Butalbital is a barbiturate derivative with an intermediate duration of action. Signs noted following its administration include drowsiness, sedation and ataxia. The substance is often found in combination with other compounds, such as acetaminophen, aspirin, codeine, or caffeine. Typically these mixtures contain 50 mg of butalbital.

The reported mean peak blood concentration following a single 100 mg dose of butalbital was 2.1 mcg/mL (range, 1.7 - 2.6 mcg/mL) at 2 hours with a decline to 1.5 mcg/mL (range, 1.3 - 1.7 mcg/mL) by 24 hours.

Concentrations of butalbital in 64 persons arrested for driving under the influence of drugs have been reported at blood concentrations ranging from 0.1 - 28 mcg/mL (average 8.5 mcg/mL). Two reported butalbital-related deaths had blood concentrations of 13 and 26 mcg/mL.

Sample Comments:

- 001 * Patient ID modified 12/01/17. Previous value: 17-0545
- 001 Blood specimen required homogenization: 17363974-001
- 002 NMS Labs generated homogenized Blood sample: 17363974-002

Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

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 the analyses were performed.

Workorder 17363974 was electronically signed on 12/04/2017 06:29 by:

Paul Miller,
Certifying Scientist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 50011B - Barbiturates Confirmation, Blood (Forensic) - Femoral Blood

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Amobarbital	0.20 mcg/mL	Butalbital	0.20 mcg/mL
Butobarbital	0.20 mcg/mL	Pentobarbital	0.20 mcg/mL



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Analysis Summary and Reporting Limits:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Phenobarbital	0.20 mcg/mL	Secobarbital	0.20 mcg/mL

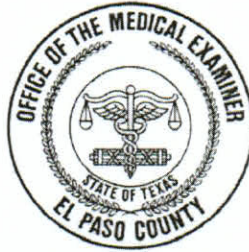
Acode 8051B - Postmortem, Basic, Blood (Forensic) - Femoral Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamines	20 ng/mL	Fentanyl / Acetyl Fentanyl	0.50 ng/mL
Barbiturates	0.040 mcg/mL	Methadone / Metabolite	25 ng/mL
Benzodiazepines	100 ng/mL	Methamphetamine / MDMA	20 ng/mL
Buprenorphine / Metabolite	0.50 ng/mL	Opiates	20 ng/mL
Cannabinoids	10 ng/mL	Oxycodone / Oxymorphone	10 ng/mL
Cocaine / Metabolites	20 ng/mL	Phencyclidine	10 ng/mL

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL



Forensic Neuropathology Consultation Report Case 2017-0543

ROGELIO MARTINEZ

DR. DIAZ PERFORMED THE AUTOPSY ON 11/20/17
DR. DIAZ EXAMINED THE BRAIN ON 12/5/17
REPORT FINALIZED: 02/06/2018

GROSS EXAMINATION:

Brain weight: 1440 gm.

The specimen consists of the brain and intracranial dura of an adult.

The intracranial dura is not remarkable. All venous sinuses are patent.

The leptomeninges show thin, recent subarachnoid hemorrhage. The cerebral gyri are of normal size, configuration and consistency. There is no sign of herniation. The temporal lobes and orbital surface of the left frontal lobe and cerebellum show petechial hemorrhages. The external aspects of the brainstem are not remarkable. The arteries at the base of the brain follow a normal distribution and are free of atherosclerosis, aneurysmatic dilatations or sites of occlusion. All cranial nerve stumps identified are not remarkable.

Coronal sections of the cerebrum reveal cortical petechial hemorrhages on the cortex of the temporal lobes, orbital surface of the left frontal lobe and left inferior parietal lobule. The white matter of the right hemisphere of the cerebellum shows two hemorrhages measuring 0.5 and 0.8 cm in diameter. 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

MICROSCOPIC EXAMINATION: NO

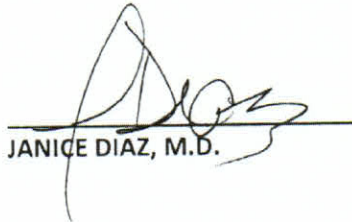
H & E, CD 45 and amyloid precursor protein stained sections:

- | | |
|--------------------------------|---------------|
| 1. Left superior frontal gyrus | 5. Midbrain |
| 2. Left basal ganglia | 6. Pons |
| 3. Right thalamus | 7. Medulla |
| 4. Right hippocampus | 8. Cerebellum |

Sections show subarachnoid hemorrhage with intact erythrocytes. The white matter of the cerebellum shows hemorrhage with lysed erythrocytes. The midbrain, pons and medulla show focal areas with groups of swollen axons.

DIAGNOSIS:

I. ACUTE TRAUMATIC BRAIN INJURY.



JANICE DIAZ, M.D.