

OFFICE OF THE LICKING COUNTY CORONER

ROBERT P. RAKER, MD, FAAFS - CORONER

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Decedent: **TERRY THOMPSON** Case #: **OC-11-115**

Date of death: October 18, 2011.

Date of autopsy: October 19, 2011, 9:15 AM.

Autopsy performed by: C. Jeff Lee, DO, Chief Forensic Pathologist

Rigor: Complete.

Livor: Red-purple and unfixated. Posterior distribution.

Age: 62 years.

Race: White.

Sex: Male.

Length: 65 inches.

Weight: 174 pounds.

Eyes: Blue.

Pupils: 0.6 cm each.

Hair: Balding with brown and gray on the sides and back. Brown and gray mustache with brown and gray beard.

Body heat: Refrigerated.

External examination: Well-developed older male who appears his stated age inside a body bag sealed with tag #046323, wearing a black t-shirt with a ¼ inch diameter hole on the right midportion of the back panel and large amounts of moist blood, brain tissue, hairs, dirt and mud on the front and back panels. The blue jeans are unbuttoned and unzipped and pulled down to the level of the distal thighs with a ¼ inch diameter hole on the lateral portion of the proximal left front panel of the leg and small amounts of dried blood and dirt on the seat and front and back of the legs. Beneath the jeans and also pulled down to the level of the distal thighs is a pair of white briefs that are completely shredded with only a small amount of dried blood. There is purple infusion of the medial portion of the right upper eyelid, most of the right lower eyelid and purple infusion with edema of the left

upper and lower eyelids. Three $\frac{1}{4}$ - $\frac{5}{8}$ inch dried abrasions without reaction on the right and left chest, several $\frac{1}{8}$ - 1 inch dried abrasions without reaction on bilateral lower abdominal quadrants, a $5\frac{3}{4}$ x 4 inch gaping laceration involving the pubic region and bilateral medial thighs with absence of the genitalia, exposure of the pubic bones and adjacent soft tissue but without reaction. Several $\frac{1}{4}$ - $1\frac{1}{4}$ inch dried abrasions without reaction on the anterior right thigh, lateral and medial surfaces of the right knee, several $\frac{3}{8}$ - $1\frac{1}{2}$ inch dried abrasions without reaction on the lateral left thigh and surrounding the left knee, and dry brown paper bags cover both hands. Upon removal, all the fingernails and toenails are dirty. There is a thin layer of dried blood and dirt on all surfaces of the right hand. Dirt is present on the posterior surfaces of digits #2-5 of the left hand as well as the hypothenar eminence of the left hand with dried blood on the posterior surfaces of digits #3-5 of the left hand as well as the palmar surfaces of the left hand including digits #3 and #4. Gray powdery material identified on the posterior and lateral surfaces of digit #1 of the left hand as well as the adjacent posterior left hand. There are no injuries to the hands or nails and no obvious gunpowder residue on the right hand. Moist blood is present in the right ear canal.

External wounds:

Head and neck: A $2\frac{1}{4}$ inch vertical laceration on the right lower forehead and along the spine of the nose, three $\frac{3}{8}$ - $\frac{3}{4}$ inch lacerations just medial to the medial canthus of each eye, a few $\frac{1}{16}$ - $\frac{1}{8}$ inch lacerations on the midportion of the lower lip, a $2\frac{1}{4}$ inch diagonal laceration on the right posterior scalp, a $\frac{7}{8}$ inch puncture on the inferior right posterior scalp that is $\frac{3}{4}$ inch deep and penetrates into the deep muscle and fractures the right posterior fossa of the skull. A $2\frac{3}{4}$ inch inverted "T"-shaped laceration just posterior to the right ear, a $\frac{1}{2}$ inch laceration on the posterior pinna of the right ear, a $1\frac{1}{8}$ inch laceration of the scalp at its junction with the superior portion of the right ear, a $1\frac{1}{4}$ inch diagonal laceration approximately midway between the right eyebrow and right ear with an adjacent $2\frac{3}{4}$ inch dried abrasion running superiorly and posteriorly, a $\frac{1}{2}$ inch diameter puncture wound just inferior to the right ear that penetrates $1\frac{1}{8}$ inches deep into the musculature, a $\frac{3}{4}$ inch diameter puncture wound near the right angle of the jaw that penetrates $1\frac{1}{4}$ inches deep into the musculature and right side of the mandible causing it to fracture, three $\frac{1}{4}$ - $\frac{1}{2}$ inch dried abrasions just inferior to the right angle of the jaw, a few $\frac{1}{2}$ - $1\frac{1}{4}$ inch dried abrasions on the right scalp and just posterior to the right ear, a $\frac{7}{8}$ x $\frac{1}{2}$ inch puncture wound on the anterior midline of the upper neck that penetrates $1\frac{1}{4}$ inches deep into the musculature. Fractures of bilateral orbits, bilateral maxilla and nasal bone are palpated. Three $\frac{1}{4}$ - $1\frac{3}{4}$ inch dried abrasions on the right lower lateral neck and right supraclavicular region. Gunshot wound to scalp to be described in detail below.

Torso: A $\frac{5}{8}$ x $\frac{3}{4}$ inch puncture wound adjacent to the right clavicle near the sternal notch that penetrates $2\frac{1}{8}$ inches deep into the musculature. Several $\frac{3}{8}$ - 2 inch dried abrasions on the right upper chest, left upper chest and midline of the lower chest.

Extremities: A $\frac{3}{8}$ inch diameter puncture wound just medial to the right knee that penetrates 3 inches directly posterior into musculature, a $\frac{3}{4}$ inch

dried abrasion on the anterior left thigh, three parallel gaping lacerations on the proximal medial left thigh ranging from $\frac{1}{2}$ - $4\frac{1}{4}$ inches and penetrates deeply into musculature, a $1\frac{1}{2}$ x $\frac{1}{2}$ inch dried abrasion on the anterolateral left leg and a 1 inch diameter purple-brown contusion on the medial left leg.

- Identifying features:** A $2\frac{3}{4}$ inch curvilinear scar on the left parietal scalp, a 3 inch horizontal linear scar across the posterior scalp, numerous $\frac{1}{16}$ - 1 inch scars on the anterior, lateral and posterior surfaces of the right upper arm and posterior right forearm, numerous $\frac{1}{16}$ - $1\frac{1}{4}$ inch scars on the anterior, lateral and posterior surfaces of the left upper arm and left forearm, a 2 inch linear scar on the posterior left hand near the origin of digit #1, a 1 inch curvilinear scar on the posterior surface of the left hand including digit #2, a 1 inch vertical linear scar on the right upper back, a $\frac{3}{8}$ inch diameter tan fleshy papule on the right temporal region, and remote avulsion of the distal phalanx of digit #1 of the right foot.
- X-rays:** None.
- Skin:** Abrasions, lacerations, puncture wounds and contusion as described.
- Pleura:** Smooth and dry.
- Peritoneum:** Smooth and dry.
- Pericardium:** Smooth and dry.
- Heart:** 430 gm. Normal size with prominent left ventricular region. Coronary arteries arise normally and follow the usual course. Right and left anterior descending coronary arteries focally severely obstructed by calcific atherosclerosis. Circumflex coronary artery mildly obstructed by atherosclerosis. Valves thin and filamentous. Myocardium dark red-brown and firm with concentric hypertrophy of the left ventricular wall having a thickness of 1.8 cm. Atrial and ventricular septa intact.
- Aorta:** Moderate atherosclerosis with calcifications.
- Neck organs:** Major vessels and hyoid bone intact. Hemorrhage and lacerations of the right platysma, right trapezius, right sternocleidomastoid, right omohyoid, right mylohyoid, right sternohyoid and right sternothyroid muscles identified. Thyroid gland is homogeneous tan and soft. The pharynx, epiglottis, larynx and trachea are all unremarkable.
- Lungs:** Right - 420 gm, left - 380 gm. External surfaces of all lobes are pink-purple, smooth and glistening. Parenchyma of all lobes is pink-purple and air filled. Bronchi, bronchioles and vasculature unremarkable.
- Lymph nodes:** Within normal limits.

- Liver:** 1720 gm. Lower edge is rounded and parenchyma is tan with the usual consistency and a 0.6 cm diameter firm white nodule.
- Gallbladder:** Has been previously surgically removed.
- Spleen:** 190 gm. Parenchyma is red-purple and firm.
- Pancreas:** Parenchyma is tan, nodular and firm.
- Adrenal glands:** Cortex and medulla unremarkable.
- GI tract:** Lacerations of oral mucosa and gunshot wound to hard and soft palates to be described in detail below. Esophageal mucosa unremarkable. Stomach contains 240cc of thick brown material. The gastric mucosa is arranged in the usual rugal folds. Small bowel wall and mucosa unremarkable. A few diverticula identified within the sigmoid portions of the large bowel. Appendix is present.
- Kidneys:** Right and left are each 140 gm. External surfaces are coarsely granular with scars up to 2.0 cm on the right. Parenchyma within normal limits. The pelves and ureters are unremarkable.
- Bladder:** Contains 50cc of yellow urine. The bladder wall is unremarkable.
- Genitalia:** External - absent due to mutilation. Internal - prostate is enlarged at 100 gm with nodular parenchyma.
- Brain and meninges:** 1270 gm. The external configuration and cut surfaces show maceration of bilateral frontal lobes and bilateral parietal lobes including bilateral basal ganglia due to gunshot wound. The cerebellum and brainstem are unremarkable. Meninges are lacerated.
- Skull:** Fractures of bilateral supraorbital plates, nasal plate, sphenoid, right middle fossa, right petrous ridge, bilateral frontal bones and bilateral parietal bones due to gunshot wound. A 3.0 x 2.4 cm depressed oval fracture present in the right posterior fossa, associated with the previously described puncture wound on the inferior right posterior scalp.
- Ribs and vertebra:** No fractures, however there is subluxation of the manubrio-sternal junction.
- Pelvis:** Subluxation of the pubic symphysis with fracture of right superior pubic ramus.
- Extremities:** No fractures.

Microscopic sections (3):**Oral entrance wound:**

Deep mucosal hemorrhage and many black refractile particles present, consistent with gunpowder residue.

Brain:

Many microlacerations and microhemorrhages.

Liver:

Mild microsteatosis and macrosteatosis. Grossly described nodule consists of a well-demarcated, rounded mass of tubular and angulated bile ductules having cuboid to flattened epithelium. Ductules are within a hyalinized collagenous stroma. These findings are consistent with a bile duct hamartoma.

Toxicology:

1. Diphenhydramine - 0.16 mcg/mL (blood, femoral).
- positive (urine, bladder).
2. Ethanol - not detected.
3. No other agents detected.

Pathological diagnoses:

1. Contact perforating gunshot wound to head (inside mouth). On the hard and soft palates centered 6 ½ inches from the top of the head in the midline is a 1 ¼ inch diameter gunshot entrance wound with soot at the mucosal edges. The hemorrhagic pathway passes through the hard and soft palates, bilateral maxilla causing them to fracture, nasal plate, sphenoid, medial portions of bilateral frontal lobes and bilateral parietal lobes, superior portion of left parietal bone causing external beveling, subcutaneous tissue and exits the skin of the top of the scalp. The ½ x ¼ inch exit wound shows three radiating lacerations up to 1 ½ inches in length and is centered 3/8 inch to the left of sagittal midline at the top of the head. The pathway passes upward, slightly backward and slightly to the left.
2. Perimortem and postmortem mutilation by large feline.
 - a. Neck muscle hemorrhages and lacerations.
 - b. Fractures of right posterior fossa of skull, right mandible and right superior pubic ramus.
 - c. Subluxation of manubrio-sternal joint and pubic symphysis.
 - d. Skin puncture wounds, lacerations and abrasions.
 - e. Traumatic absence of external genitalia.
3. Atherosclerotic cardiovascular disease.
 - a. Right and left anterior descending coronary arteries, severe.
 - b. Aorta, moderate.
4. Hypertensive cardiovascular disease.
 - a. Cardiac ventricular hypertrophy, left (1.8 cm thick).
 - b. Nephrosclerosis.

5. Benign prostatic hypertrophy (100 gm).
6. Diverticulosis coli.
7. Mild fatty change of liver with bile duct hamartoma (0.6 cm).
8. Status post cholecystectomy.

C. Jeff Lee, DO. 12/16/11

C. Jeff Lee, DO
Chief Forensic Pathologist
Deputy Coroner, Licking County

➤ **Laboratory reports attached.**



Montgomery County Coroner's Office
361 West Third Street, Dayton, Ohio 45402
Kent E. Harshbarger, M.D., J.D., M.B.A., Coroner

Toxicology Laboratory Report

Subject: Terry Thompson
Case Number: 11-6200

Requesting Agency: Licking County Coroner - Case Number: OC-11-115

Toxicology Service Requested

Services: Consists of screening tests for *Basic Volatiles* (ethanol, methanol, acetone, and isopropanol) and a Drug Screen by Elisa immunoassay (amphetamine class, barbiturates, benzodiazepines, carisoprodol, cocaine metabolite, marijuana metabolite and opiates). Confirmation and quantitation are performed on positive screens. A general screen for drugs and other substances by extraction and subsequent analysis by GC/MS is also performed with confirmation and quantitation as appropriate. Specific tests are also performed as appropriate.

Initial Screening Tests and Results

Basic Volatiles Screen

Analyte	Specimen	Results
Basic Volatiles (Ethanol, Methanol, Isopropanol, Acetone)	Blood, Femoral	Not Detected

ELISA Immunoassay Screen

Analyte	Specimen	Results
Drugs of Abuse (Amphetamines, Barbiturates, Benzodiazepines, Carisoprodol, Cocaine, Opiates, Tetrahydrocannabinol Metabolite)	Blood, Femoral	Not Detected

GC/MS Basic Drug-Screen

Analyte	Specimen	Results
Diphenhydramine (Benadryl)	Urine, Bladder	Positive

Confirmation and Quantitation Tests and Results

Basic Drugs

Analyte	Specimen	Results
Diphenhydramine (Benadryl)	Blood, Femoral	0.16 mcg/mL

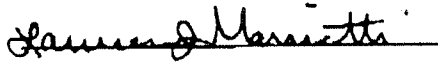
Nationally Accredited by The American Board of Forensic Toxicology

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Toxicology Report - Case Number 11-6200 Continued...

Results reviewed by:



Lauren J. Marinetti, Ph.D., D-ABFT
Chief Forensic Toxicologist

12-15-11

Date Completed