

**FORENSIC PATHOLOGY**  
**Lancaster County Coroner's Office**

**WAYNE K. ROSS, M.D.**

600 Barr Blvd.  
Lancaster, PA 17603

*POSTMORTEM REPORT*

Name: **Luna, Jonathan**                      Age: **38**                      Race: **Black**                      Sex: **Male**

|                                           |                           |                   |
|-------------------------------------------|---------------------------|-------------------|
| Autopsy: No.: <b>A03-405 / (LC03-302)</b> | Lancaster County Coroner: | Dr. Barry Walp    |
| Site: <b>Conestoga View</b>               | Chief Deputy Coroner:     | Dr. Robert Good   |
| Date: <b>December 4, 2003</b>             | Forensic Pathologist:     | Dr. Wayne K. Ross |
| Time: <b>1:10 p.m.</b>                    |                           |                   |

Demise: Cause: **Freshwater Drowning/Multiple Stab Wounds to Neck**  
Manner: **Homicide**  
Date Pronounced: **December 4, 2003**  
Time Pronounced: **8:05 a.m.**

*INFORMATION AVAILABLE AT TIME OF AUTOPSY:*

By way of background, this office is contacted by Dr. Barry Walp, Lancaster County Coroner, concerning the death of Jonathan Luna, a 38-year-old male, who dies under suspicious circumstances. Medical history is unavailable at the time of this dictation. He is not known to be on medications.

The scene is examined on 12-04-03. Briefly, a male is identified facedown in a creek. A car is identified in proximity to the body. Bloodstains are identified on or about the scene.

The case is investigated by Pennsylvania State Police and Lancaster County Coroner's Office. Please see their report for further details. Their report is unavailable at the time of this dictation. The case is actively being investigated at the time of this dictation.

Because of the nature of this case it is referred to the Coroner's Office for further investigation. An examination of the body is performed and the results are outlined below. The body is examined and reviewed on December 4, 5, 8, 9, and 10, 2003.

*EXTERNAL EXAMINATION OF BODY:*

♦ **CLOTHING:** The following is observed on or with the body:

- ◇ The body is received in a white disaster bag and a yellow, emergency-type blanket.
- ◇ Black, long-sleeved, water-soaked coat which is unbuttoned at examination. There are multiple transfers including dirt and other identified to the same. The coat is made by Lands' End. In the right front inner pocket are two brochures. One is a brochure labeled Ditech.com as well as a Pearl Vision brochure. The handwriting states- "Circuit" with the phone number "410-658-3500" and underneath that it says "Janowich" with the phone number "879-3++2". There is also another brochure from Pearl Vision with the name "Luna, Day: Tuesday, 11-25-03 at 4:00". The left interior pocket has a Mac machine receipt from Commerce Bank, 200 Lombard Street ATM 1 Philadelphia, PA 19147. Card number 7826. Date 11-11-03, 2040 hours. Record number is 6306. The amount is \$60.00. The left outer pocket evidences a maroon-colored pen. Accompanying this is a white plastic piece of material.
- ◇ Underneath this, a gray suit jacket, which is extensively water soaked. The suit jacket is made by Albert Napon. It is imported fabric from Golden Twist. No valuables accompany the suit jacket.
- ◇ Around the neck is a lanyard with which says USAO-MD on the same. It is draped loosely around his neck. There is a plastic card that says USAO-MD Jonathan Luna. There is a number to the back labeled "13947".

COPY

- ◊ A light brown diamond background checked tie. It is made by Brooks Brothers. It does have a tie but it is loosely draped around the neck and is pulled out below the collar.
- ◊ Blue oxford-type shirt, which is fully buttoned up to the top button. A dry cleaner tag is noted attached to the lower button. Its numbers are 31138S. It is identified and photographed. It is left on the shirt.
- ◊ Black glove is appreciated to the left hand.
- ◊ No glove is appreciated to the right hand.
- ◊ Black Timex watch with the correct time on the left wrist.
- ◊ Band-Aid, which is fully wrapped around the right second finger/index finger.
- ◊ Gold ring, with the label "University of North Carolina Law," to the right fourth finger. It says "Class of 92" on the side of the ring. His name, Jonathan Paul Luna, is inscribed on the same.
- ◊ Gold wedding band, left fourth finger. The inside of the ring says Paradise, 14K FA.
- ◊ Black belt with silver buckle.
- ◊ Dark-colored matching suit pants, which are zippered and buttoned at examination. There are multiple dirt transfers. Nothing in the right rear pocket. No items in the left rear pocket. In the left front pocket, we identified two dollars in currency. In the right front pocket, we identified eight dollars in currency.
- ◊ White and gray Hanes underwear.
- ◊ Green socks x 2.
- ◊ Dark-colored/black shoes x 2. The right buckle is unlatched at examination. Scuffmarks are identified to the tops of the shoes. Other soil transfers are identified on the shoes as well. Brass Boot makes the shoes.
- ◊ Forty-three cents in change is appreciated in the yellow emergency blanket underneath the body.
- ◊ All clothing is water soaked.
- ◊ No cell phone or wallet is identified.
- ◊ Clothing and valuables are forwarded with the state police.

◆ *BLOOD STAIN AND OTHER EVIDENCE ON CLOTHING AND BODY:*

- ◊ Numerous bloodstain transfers, on or about the facial region.
- ◊ Two distinct flow patterns, on or about the right side of the neck, identified at the scene while lying face down in the water.
- ◊ Extensive blood stains, on or about the clothing.
- ◊ Multiple circular and elliptical bloodstains are appreciated to the back of the right hand and fingers of the right hand; ranging in size from 1-3 millimeters. Findings are consistent with impact spatter pattern.
- ◊ Extensive dirt transfer is identified to the right hand.
- ◊ Swatches are applied to the palmar aspect of the right hand. A separate swatch is applied to the back of the right hand.
- ◊ Multiple, small, circular blood stains are identified to the front of the blue oxford shirt. These range in size from a few millimeters up to a centimeter or so. These are concentrated to the front of the shirt bilaterally. Multiple contact transfers are noted to the same.
- ◊ Congealed blood/blood clot and free flowing blood are appreciated to the umbilicus beneath the inside of the oxford shirt.

◆ *STAB HOLES TO CLOTHING*

- ◊ Stab hole, elliptical, left upper shirt, just to the inside of the left midpocket region.
- ◊ Stab hole, to the right pant leg.
- ◊ Clothing can be examined further once it is dried.

◆ *BODY BUILD AND DECOMPOSITIONAL CHANGES:*

This is the unembalmed body of a well-built, well-nourished male who measures 72 ½" and weighs 185-190 +/- pounds. While at the morgue, he develops rigor mortis to his jaw and arms. Lividity is difficult to detect. It appears to be anterior to the arms and the legs. There is no evidence of rigor mortis while at the scene and during removal of the body. No other decompositional changes are noted, and the overall appearance of the body is compatible with the stated age.

COPY

◆ *HEAD:*

The head hair is brown. The irides are brown and the pupils are irregular. There is evidence of two petechial hemorrhages to the right eye. There is no evidence of scleral icterus. No contact lenses are noted to the eyes. The nose shows no evidence of septal perforations. No bloody fluid exudes out of the nose or out of the mouth. There is evidence of stubble noted to the lip, beneath the lip, and the chin. A circular area of dirt transfer is noted to the left cheek region. This is dark soil transfer. The inner oral cavity shows upper and lower dentition in good condition. The ears are well formed and are without note.

◆ *NECK:*

The trachea is midline, and the neck is free of jugular venous distention.

◆ *CHEST, ABDOMEN, AND BACK:*

The chest, abdomen, and back are examined. The chest is symmetrically developed and of a normal AP diameter. The abdominal region is free of palpable organomegaly.

◆ *UPPER EXTREMITIES:*

The upper arms, forearms, and hands are examined. The hands are well formed, and the fingernails are intact.

◆ *LOWER EXTREMITIES:*

The lower extremities are examined. The feet are well formed, and the toenails are intact.

◆ *EXTERNAL GENITALIA AND ANO-RECTAL REGION:*

External genitalia are that of a normal, circumcised adult male. The ano-rectal region is without note.

◆ *EVIDENCE OF INJURY AND OTHER ABNORMALITIES:*◇ *Head:*

- Marked plethoric changes, facial region.
- Abrasions/contusion, right lower lip, fresh.

◇ *Neck:*

- Multiple stab wounds are appreciated to the neck. This will be described in further detail under fatal injury below.
- Hemorrhage / bruise, polygonal 4 ½ x 3" to front of the neck.
- Blanching, polygonal, 1 ¼ x 1 ½" central to above bruise, to the front of the neck.
- Hemorrhage / bruise, polygonal, 2 ½ x 3" to left side of neck.
- Hemorrhage / bruise, triangular / polygonal pattern, 3 x 2" to right side of neck.

◇ *Chest, Abdomen, and Back:*

- Multiple stab wounds are appreciated to the chest and abdomen. This will be described in further detail under fatal injury below.
- No injuries are appreciated to the back.

◇ *Upper Extremities:*

- Multiple wounds/cuts are appreciated to the hands. This will be described in further detail under the cut section below.
- Bruise, circular, fresh, red, 1 x 1", back of left wrist region.
- After removal of the band aid, there is a healing / healed elliptical wound appreciated to the right second finger.
- Incisions are made bilaterally to both wrists and hands. As a result of this a bruise is appreciated beneath the right lateral wrist region.
- Fingernails are all intact. Fingernails are clipped.

COPY

◇ *Lower Extremities:*

- Stab wound is appreciated to the back of the right popliteal space. This will be described in further detail under fatal injury below.
- Incisions are made bilaterally to the lower ankle/feet regions. No hemorrhages are appreciated beneath the skin.
- Contusion, fresh, circular,  $\frac{1}{2} \times \frac{1}{2}$ ", anterior lower left leg.
- Incisions are made bilaterally and over the knees on both sides and to the back of the legs. There is no evidence of bruising.

◇ *External Genitalia and Anal-Rectal Region:*

- Hemorrhages are noted to the inside base/central region of the scrotal sac, as well as, the left testicle.

**INTERNAL EXAMINATION OF THE BODY, ORGAN SYSTEMS:**

◆ **ORGAN WEIGHTS & FLUID VOLUMES:**

- ◇ Brain: 1403 grams
- ◇ Heart: 388 grams; right ventricle 1-4 mm, left ventricle 1.1-1.2 cm.
- ◇ Right lung: 386 grams
- ◇ Left lung: 318 grams
- ◇ Liver: 1215 grams
- ◇ Spleen: 72 grams
- ◇ Right kidney: 122 grams
- ◇ Left kidney: 134 grams
- ◇ Stomach contents: 500 ccs of tan-colored/clear water. The water is sent to the toxicology lab and two containers of fluid are also transferred with the police department.
- ◇ Sphenoid sinus: A few ccs of clear fluid.
- ◇ Gallbladder: 10 ccs of bile.
- ◇ Urinary bladder: 40 ccs of urine.
- ◇ Abnormal fluid collections: No abnormal fluid collections are noted to the pericardial sac, thoracic cavities or abdominal cavity.
- ◇ Fractures: None detected to the head, neck, chest or pelvic regions.

◆ **STAB / CUT WOUNDS:**

There are 36 stab wounds/cuts identified to the body.

◆ **STAB / CUT WOUNDS TO THE NECK:**

The neck consists of 23 stabs/cuts. There are nine stab wounds identified to the right side of the neck. Nine stab wounds/cuts are identified to the front of the neck and five stab wounds/cuts identified to the left side of the neck. These stab wounds are concentrated in an area measuring 59-64" from the left heel. Due to the vast number of wounds these are cropped together and described in further detail below.

Nineteen of these stab wounds are superficial in nature and penetrate through the skin into the underlying subcutaneous tissue. Four of the stab wounds, which are labeled 1-4, penetrate through the subcutaneous tissue into the underlying neck structure.

The stab wounds range in size from as small as  $\frac{1}{8}$ " including the punctate, superficial lesions. The other cuts measure in size from  $\frac{1}{4}$  -  $\frac{1}{2}$ ". The largest stab / cut wound is noted to the anterior upper region of the neck. This wound has a significant cutting motion. It measures 2" in length. The wound has two, distinct, elliptically shaped stab wounds noted to the central region. These penetrate superficially into the underlying subcutaneous tissue.

The majority of the wounds, i.e. 19 wounds, are noted to be superficial in nature. For the most part, the wounds are elliptical in shape. Some appear to be linear and curvilinear in shape. Others are distorted and irregular in shape.

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**Stab / cut wound #1** consists of an elliptically shaped stab wound to the right lateral neck. It measures  $\frac{1}{2} \times \frac{1}{4}$ ". There is a curvilinear  $1 \frac{1}{2} \times \frac{1}{8}$ " cut, superficial in nature, identified posterior to the stab wound. It is not connected to the stab wound. This elliptical hole is irregular in shape with ragged edges. The stab wound path proceeds in a front to back, right to left and upward direction. The stab wound proceeds through the underlying subcutaneous tissues and penetrates to / upward just above the bifurcation of the right common carotid artery. Hemorrhages are identified dissecting through this area. The carotid artery is not cut on the right side. It penetrates to a depth of  $2 \frac{1}{2} \pm$  inches.

**Stab wound #2** consists of an elliptically shaped stab wound to the right upper neck. It measures  $\frac{1}{4} \times \frac{1}{8}$ ". The stab wound path is in a front to back direction. It penetrates through the skin into the underlying subcutaneous tissues penetrating to the anterior hyoid bone region. This causes hemorrhages throughout the wound path. It does not go through the hyoid bone. It penetrates to within a  $\frac{1}{2}$ " to the right upper neck.

**Stab wound #3** consists of an elliptically shaped stab wound to the left upper neck. It measures  $\frac{1}{2} \times \frac{1}{4}$ ". The stab wound path proceeds in a front to back, right to left and downward direction. This penetrates deep on or about the blood vessels of the left lateral upper neck. The left common carotid artery is cut high up along the jaw. In addition the left internal jugular vein is cut above the common carotid artery. The common carotid artery and jugular vein are partially cut. These are attached posteriorly. Hemorrhages are appreciated on or about this area. Hemorrhages are appreciated on or about the neck structures juxtaposed to this as well.

**Stab wound #4** consists of an elliptically shaped stab wound to the left lower neck, upper chest region. It measures  $\frac{1}{2} \times \frac{1}{8}$ ". This stab wound proceeds in a front to back direction. The stab wound depth is  $2 \pm$  inches. It penetrates through the skin into the anterior neck structures. It goes into the soft tissues of the thyroid gland. It does not go through the thyroid gland and into the tracheal lumen.

**Stab wound #5** consists of an elliptically shaped stab wound to the upper right neck. It measures  $\frac{1}{2} \times \frac{1}{8}$ ". This extends posteriorly with a cut that measures  $\frac{3}{4}$ ". The stab wound path proceeds right to left. The wound depth is superficial.

**Stab wound #6** consists of an elliptically shaped stab wound to the upper right neck. It measures  $\frac{3}{4} \times \frac{1}{8}$ ". The edges are irregular. It proceeds right to left and proceeds superficially into the neck.

**Stab wound #7** consists of a stab wound to upper right neck. It measures  $\frac{1}{16} \times \frac{1}{16}$ ". This is a superficial wound. The path cannot be detected.

**Stab wound #8** consists of an elliptically shaped stab wound to the mid right neck. The edges are irregular in shape. It measures  $\frac{1}{2} \times \frac{1}{4}$ ". It proceeds in a right to left direction and extends superficially into the subcutaneous tissue.

**Stab wound #9** consists of an elliptically shaped stab wound to the mid right neck. It measures  $\frac{1}{4} \times \frac{1}{8}$ ". The edges are irregular in shape. It proceeds in a right to left direction and is superficial.

**Stab wound #10** consists of an elliptically shaped stab wound to the mid right neck. It measures  $\frac{1}{4} \times \frac{1}{8}$ ". The stab wound path is right to left and extends superficially into the neck.

**Stab / cut wound #11** consists of a cut wound to the base of the right neck. It measures  $\frac{1}{2} \times \frac{1}{8}$ ". It is superficial in depth.

**Stab wound #12** consists of an elliptically shaped stab wound to the base of the right neck. It measures  $1 \times \frac{1}{4}$ ". The wound path is in a right to left position and extends superficially into the neck.

**Stab wound #13** consists of an elliptically shaped stab wound to the right anterior neck. It measures  $\frac{1}{4} \times \frac{1}{8}$ ". The path is front to back and proceeds in a superficial depth.

**Stab / cut wound #14** consists of an elliptically shaped cut wound to the right anterior neck. It measures  $1 \times \frac{1}{8}$ ". It is superficial in depth.

**Stab wound #15** consists of an elliptically shaped stab wound with ragged edges to the anterior neck. It measures  $\frac{1}{4} \times \frac{1}{4}$ ". The path is front to back and is superficial in depth.

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Stab wound #16 consists of an elliptically shaped stab wound to the left anterior neck. It measures  $1 \frac{1}{4} \times \frac{1}{2}$ ". The path is front to back and superficial in depth.

Stab / cut wound #17 consists of an elliptically-shaped cut wound, consisting of two elliptical stab wounds to the left anterior neck. It measures  $2 \times \frac{1}{4}$ ". Each stab wound is  $\frac{1}{4} \times \frac{1}{4}$ ". The path is front to back and extends superficially into the neck.

Stab / cut wound #18 consists of a curvilinear / irregular cut to the left anterior neck. It measures  $1\text{-}1/4 \times 1/8$ ". It is superficial in depth.

Stab / cut wound #19 consists of an elliptical cut to the upper left neck. It measures  $1/8 \times 1/8$ ". The path is left to right and superficial in depth.

Stab / cut wound #20 consists of a curvilinear cut to the left neck. It measures  $\frac{3}{4} \times 1/8$ ". It is superficial in depth.

Stab / cut wound #21 consists of an elliptical cut to the left neck. It measures  $1/8 \times 1/8$ ". It is superficial in depth.

Stab wound #22 consists of an elliptically shaped stab wound to the left neck. It measures  $\frac{3}{4} \times 1/8$ ". The path is a left to right direction and extends superficially in the subcutaneous tissue.

Stab / cut wound #23 consists of a curvilinear cut to the left neck. It measures  $1 \times 1/16$ ". It is superficial in depth.

♦ **STAB / CUT WOUNDS TO THE CHEST AND ABDOMEN:**

There are five stab / cut wounds to the chest and abdomen. The most upper wound labeled:

Stab wound #24 consists of an elliptically shaped stab wound to the left upper chest region. It measures  $5\frac{1}{2}$ " from the left heel and 1" left lateral from the anterior midline. The wound measures  $\frac{1}{2} \times \frac{1}{4}$ ". The stab wound path proceeds in a front to back direction. It goes through the subcutaneous tissue through the fourth intercostal space to a maximum depth of  $2 \frac{1}{2}$ ". It penetrates through the soft tissues but does not go through the lung.

Stab wound #25 consists of an elliptically shaped stab wound to the upper chest region. It measures  $2/8 \times 2/8$ ". It measures 53" from the left heel and 2" left lateral from the anterior midline. This is a superficial stab wound. It does not penetrate the chest wall. It proceeds in a front to back path.

Stab wound #26 consists of an elliptically shaped stab wound to the left upper chest. It measures  $\frac{1}{2} \times \frac{1}{2}$ ". It has irregular borders and shape. It measures 53" from the left heel and 3" left lateral from the anterior midline. The stab wound does not penetrate the chest but proceeds into the underlying subcutaneous tissue and fat. It proceeds in a front to back path.

Stab wound #27 consists of a punctate stab wound to the left anterior chest. It measures  $1\frac{1}{2}$ " from the left heel, 3" left lateral from the anterior midline. The stab wound measures  $1/8 \times 1/8$ ". It is a superficial wound. It does not penetrate the chest wall. It proceeds in a front to back path.

Stab wound #28 consists of an elliptically shaped stab wound to the left upper quadrant of the abdomen. It measures  $\frac{1}{4} \times 1/8$ ". It measures 47" from the left heel and 1" left lateral from the anterior midline. This is a superficial wound. It proceeds in a front to back path.

♦ **STAB / CUT WOUNDS TO THE LEG:**

Stab wound #29 consists of an elliptically shaped stab wound to the back of the right leg. It measures  $\frac{3}{4} \times \frac{1}{4}$ ". It measures  $18 \frac{1}{4}$ " from the right heel. It proceeds in a back to front path.

♦ **STAB / CUT WOUNDS TO THE HANDS:**

The hands show seven cuts/stab wounds.

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Stab / cut wound #30 is an elliptically shaped,  $\frac{3}{4} \times \frac{1}{4}$ " transverse stab wound/cut identified to the back of the right wrist region. This is a superficial wound.

Stabs / cut wound #31 and #32 are two elliptically shaped linear cuts identified to the back of the right hand. These are superficial wounds.

Stab wound / cut #33 is a  $\frac{1}{4} \times \frac{1}{8}$ " circular/irregular-shaped stab wound/cut to the right wrist region. Two linear transverse abrasions accompany this; this suggests a polygonal pattern.

Stab wounds / cuts #34 and #35 are two superficial cuts noted to the base of the right wrist region. These are superficial in nature. Stab wound 34 is curvilinear and 1 inch. Stab wound 35 is elliptical punctate and  $\frac{1}{8}$ ".

Stab wound / cut #36 is an elliptically shaped stab wound/cut identified to the volar aspect of the left wrist region. It measures  $\frac{1}{2} \times \frac{1}{8}$ ". There is another linear cut above this, which is superficial as well. There is a circular bruise to this area that measures  $\frac{1}{4} \times 1$ ".

None of the tendons are cut in any of these wounds. All of the wounds are photographed with and without a ruler in place.

♦ *HEAD AND CENTRAL NERVOUS SYSTEM:*

The skin of the scalp is reflected in the usual manner, and there is no evidence of soft tissue trauma to the scalp. The calvaria is intact; and upon its removal, there is no evidence of epidural, subdural or subarachnoid hemorrhages in the corresponding spaces. The dura is clean and glistening. The superior sagittal sinus is patent. The leptomeninges are translucent. The cerebral convexities show edema. The circle of Willis is intact. The uncus, cerebellar tonsil, and cingulate gyrus regions are examined. There is bilateral uncus grooving. Gross examination of the brain stem and cerebellum.

Coronal sectioning of the brain demonstrates an intact cortical gray ribbon and centrum semiovale. The basal ganglia and thalamus are unremarkable, and the ventricular system is not dilated. The hippocampi and pineal gland show no abnormalities. The substantia nigra is well pigmented, and the cerebral aqueduct is not dilated. The pons shows no hemorrhages or infarction. The fourth ventricle is examined. The inferior olivary nucleus and the remainder of the medulla oblongata are examined. The cerebellar folia are well formed, and the vermis is unremarkable. The dentate nucleus is unremarkable bilaterally. The pituitary gland shows no abnormalities. The dura is reflected from the basilar portion of the skull and hemorrhages are noted bilaterally to the petrous ridges. The sphenoid sinus is opened and fluid is identified to the same.

♦ *NECK:*

The skin of the neck is dissected up to the angle of the jaw. The anterior strap muscles are with evidence of hemorrhage. There is a bite mark noted to the right lateral region of the tongue. Multiple hemorrhages are appreciated bilaterally to the neck regions. The hemorrhages are noted beneath the subcutaneous skin tissue and extend to the underlying platysma muscle on the left side and up along the bifurcation of the common carotid artery at the right side of the neck. The right internal jugular is intact. The left common carotid artery and jugular vein are partially cut. Hemorrhages are appreciated on or about the left common carotid artery and on or about the right upper carotid artery at its bifurcation. The greater and lesser cornua of the hyoid bone are intact. The body of the hyoid bone shows no abnormalities except for hemorrhage. The thyroid cartilage and the horns of the thyroid cartilage show no abnormalities. The cricoid cartilage is intact. Hemorrhages are noted to the thyroid gland and to the anterior strap muscles. White frothy fluid is noted throughout the lumen, trachea and the larynx.

♦ *CHEST AND ABDOMEN:*

The skin of the chest and abdomen is opened with the usual, Y-shaped incision and demonstrate moderate amounts of yellow subcutaneous adipose tissue at the level of the umbilicus. Upon removal of the chest plate, various organs are examined in situ and/or are removed by the Virchow technique for serial examination. These organs are of intrinsically normal size, morphology, and anatomic position for this age and sex individual with the following traumatic abnormalities and findings:

- ♦ Hemorrhages are appreciated over the left upper anterior chest plate.

COPY



- ◊ There is also evidence of substernal hemorrhage.
- ◊ Hemorrhage is appreciated to the soft tissues overlying the visceral pleura of the left upper lobe of the lung. There is no evidence of stab wound noted to the left lung.
- ◊ No trauma is noted to the abdomen.

◊ *Cardiovascular System:*

- *Heart:* All vessels originate from, or terminate in, the usual portions of the heart. The coronary arteries are mildly serpiginous. There are no atherosclerotic occlusions noted to the left main artery, left anterior descending artery, circumflex artery, or right coronary artery. The coronary ostia are patent. On entering the cardiac chambers, there is no evidence of hypertrophy or dilatation. There are no interatrial or interventricular defects. All the valves are freely mobile. The chordae tendineae, papillary muscles, and myocardium are examined. The endocardial surface is clean and glistening. The epicardial surface is without abnormalities and displays a normal amount of fat. The pericardial sac is clean and glistening and free of adhesions.
- *Aorta/Blood Vessels:* The root, arch, and descending aorta are examined. All the vessels originate from, or terminate in, the usual portions of the descending aorta corresponding to the organs of the abdomen (kidneys, mesentery, small and large bowel loops, spleen, and liver).

◊ *Respiratory System:*

*Lungs:* The tracheobronchial tree, pulmonary vasculature, and hilar regions are examined. White froth is noted to the bronchial lumen. The lung parenchyma shows pulmonary edema and congestion. Anthracotic pigment is identified in the centrilobular regions as well as in the lymphatics of the pleura. The parietal and visceral pleura are examined. The hemidiaphragms are well formed bilaterally.

◊ *Hepatobiliary System:*

The liver capsule is clean and glistening and free of adhesions. The liver parenchyma is golden-brown in color. The gallbladder is intact. There is no evidence of obstruction of the ducts. No stones or cholecystitis are noted.

◊ *Spleen:*

The splenic capsule is intact and has a normal purplish hue. On sectioning, the parenchyma is without note.

◊ *Pancreas:*

The pancreas has a normal club shape and firm consistency. On sectioning, it has a tan lobulated parenchyma.

◊ *Bone Marrow:*

The bone marrow is red in color and gritty in texture.

◊ *Lymphatic System:*

No lesions are identified.

◊ *Urinary System:*

The kidney capsules strip with ease and reveal normal fetal lobulations. The cortices measure 3-4 mm in thickness. The medullary rays are hyperemic. The pelvic regions are unremarkable, and the ureters show no abnormalities. The urinary bladder mucosa is grossly without note.

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◊ *Reproductive System:*

The prostate gland is 3 cm.

◊ *Gastrointestinal System:*

The esophageal mucosa is clean and glistening. The GE junction is patent. The stomach wall is normally rugated. The pyloric sphincter is patent. The small and large bowels are anatomically correct and normally oriented. There is no evidence of volvulus or infarction. The appendix is appreciated.

◊ *Musculoskeletal System:*

The muscles show no significant gross abnormalities. The skeletal system is without evidence of natural disease.

◊ *Endocrine System:*

- *Adrenal Glands:* There is no evidence of hyperplasia or tumor in the adrenal glands.
- *Thyroid Gland:* The thyroid is symmetrical and full bilaterally.

**OTHER PROCEDURES:**

- ◆ Peripheral blood from the right femoral region, urine, brain, vitreous, liver and kidney are sent for toxicology to the FBI. The National Medical Services control number is used and is 10093154.
- ◆ Tissue is retained for Histology and is processed. The hyoid bone and thyroid cartilage are retained in the morgue.
- ◆ The following tissue is put in the following cassettes:
  - ◆ Cassette #1, lip bruise/abrasion; Cassette #2, stab wounds from neck; Cassette #3, stab wounds from neck; Cassette #4, bruise to scrotum; Cassette #5, left testicle with bruise; Cassette #6, bruise, right wrist region.
- ◆ Three sections of the rectum are taken and submitted in Cassettes A, B, and C.
- ◆ Sections from the five wounds from the chest are submitted in Cassettes D, E, F, G, and H.
- ◆ Three body diagrams are prepared.
- ◆ Photographs are taken of the body by the Pennsylvania State Police and our office.
- ◆ All clothing and valuables are transferred with the police department. Pulled head hair, clipped fingernails, purple-topped tube of blood, tape lifters to the face, neck, left wrist and right hand are provided to the police department.
- ◆ Swatches from the right hand, both back and front, two containers of water from the stomach, swab from the sphenoid sinus, fingerprints and palm prints are obtained by the police department.
- ◆ Toxicology is forwarded with the police department for chain of custody reasons.
- ◆ Body bag and yellow sheet are transferred to the police department.
- ◆ The following are in attendance:
  - ◆ Katie Kirkner, Autopsy Assistant.
  - ◆ Jo Ann Mueller, Autopsy Assistant.
  - ◆ Dr. Barry Walp, Lancaster County Coroner.
  - ◆ Trooper Brendan McNally.
  - ◆ Trooper Jonathan Metzger.
  - ◆ Trooper Rodney Washington. Washington takes all evidence.
  - ◆ Dr. Wayne K. Ross, Prosecutor.

On 12/5/03 the body is rephotographed to show bruising patterns to the neck and other areas.

- ◆ Swabs are obtained from the nose, mouth, penis and ano-rectal region and transferred to glass slides and provided to the police department.
- ◆ Combed and pulled pubic hair are provided to the police department.
- ◆ Tape lifters are performed around the pubic and inguinal region and provided to the police department.
- ◆ X-rays are taken of the head, neck, chest, abdomen, arms and both lower legs. There is no evidence of metallic debris. The radiographs and reports are transferred with Agent-John Meighan.
- ◆ The following are in attendance:
  - ◆ Katie Kirkner, Autopsy Assistant.
  - ◆ Trooper Rodney Washington.

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- ◆ Trooper Brendan McNally.
- ◆ Special Agent Donna Kanaskie.
- ◆ Dr. Wayne K. Ross, Prosecutor.

- ◆ On 12/5/03, an unopened, single sharp edge hunters / penknife is received by John Meighman. No obvious bloodstaining is appreciated. Knife is not measured for evidence purposes.
- ◆ On 12/8/03, Detective Metzger, PSP, takes photographs of the incised rectal tissue. He also takes photographs showing the cut to the left internal jugular vein. This is high up at the angle of the jaw.
- ◆ On 12/9/03, photographs are reviewed of the interior of the vehicle. Various bloodstain patterns are noted.
- ◆ On 12/10/03, Detective Metzger, PSP, takes photographs of the decedent's back and buttocks. These regions are incised. Hemorrhage is not noted in these areas.

◆ *SCENE DESCRIPTION ON DECEMBER 4, 2003:*

I arrived at the scene off of Rt. 897 South at 10:00 a.m. The crime scene shows evidence of a vehicle near the creek. The victim is found lying in the creek facedown. There is evidence of flow patterns of blood and transferred blood identified around the face indicative of traumatic injury.

Extensive bloodstains are identified on or about the inside and outside of the car. This was examined through the windows.

◆ *TOXICOLOGY:*

- ◇ As per FBI, the toxicology report is positive for caffeine and acetone.

◆ *MICROSCOPIC SLIDES:*

- ◆ Microscopic slides are reviewed. In general the wounds to the neck and chest regions show hemorrhage and inflammation. In particular, these changes are observed to the scrotum, left testicle, and right wrist region. One section of the rectum shows intramural hemorrhage. The remaining organs show pathologic changes consistent with the gross anatomic findings.

◆ *REVIEW of PHOTOGRAPHS of BODY:*

- ◆ The shirt covers most of the wounds to the body. A few neck wounds are exposed.
- ◆ The left glove shows some soil to the base of the glove. The bottom of the glove covers up the wound.
- ◆ Minimal to no blood is noted to the fingertips of the left and right hands.
- ◆ A leaf is noted to the inside of the right upper coat.
- ◆ Bloodstaining appears predominately to the front of the underwear.
- ◆ The wounds to the left wrist have a large circular bruise around them. The two wounds have irregular edges. This is examined under a magnifying glass.
- ◆ There are various wounds to the body, which are consistent with the use of a can opener, spike, knife, tool mark, finger nails marks, and / or other.
- ◆ The large transverse oriented wound to the front of the neck has two polygonal stab wounds suggesting a spike or other.
- ◆ The right volar forearm wound has a pattern that suggests a tool mark. This is viewed with a magnifying glass. Under the magnifying glass, there are multiple polygonally shaped wounds conforming to the overall pattern described above. The incision in this area shows extensive underlying hemorrhage / bruise.
- ◆ The testicular bruise is noted to the left testes.
- ◆ The scrotal bruise is noted as well.
- ◆ The right lateral wrist shows hemorrhage on incision.
- ◆ Multifocal hemorrhage is noted to the upper and lower regions of the strap muscles.
- ◆ The neck shows bruising / hemorrhage apart from any stab wounds.
  - There is a vertical hemorrhage to the right of a blanched area and a more polygonal hemorrhage to the left.
  - Multiple circular bruises are appreciated above the central neck wound. There is a circular bruise noted beneath the neck wound that is right laterally.

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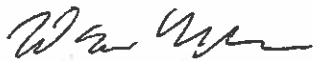
- There are distinct patterned bruises discontinuous from the hemorrhage / bruises on or about the knife wounds.
- ◆ A cut along the right lateral neck may represent a scratch.
- ◆ A knife is reviewed at the scene on 1/14/04.
- ◆ The knife, crime scene, and the inside and outside of the car are reviewed.
- ◆ We requested multiple lab reports, further review of clothing / other evidence from the body or scene. To date we have not seen these reports.

*FINAL PATHOLOGIC DIAGNOSIS:*

- I. FRESH WATER DROWNING
- II. MULTIPLE STAB WOUNDS / CUTS TO THE NECK, CHEST, UPPER AND LOWER EXTREMITIES
- III. BLUNT FORCE TRAUMA TO THE FACE
- IV. BLUNT FORCE TRAUMA TO THE NECK
- V. BLUNT FORCE TRAUMA TO THE UPPER EXTREMITIES
- VI. BLUNT FORCE TRAUMA TO THE LOWER EXTREMITY
- VII. BLUNT FORCE TRAUMA TO THE EXTERNAL GENITALIA.

*OPINION:*

After autopsy and review of the history, it is my opinion that the cause of death is **Freshwater Drowning/Multiple Stab Wounds to Neck**. The manner of death is **Homicide**.



Wayne K. Ross, M.D.  
WKR/kjs

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