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San Bernardino County Coroner

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Autopsy Protocol

Coroner's Case Number: 93-5469

Autopsy Number: A-901-93

Brittany R. Riggs

Age: 3

Sex: Female

Time of Death:

Reported 1004 hours, October 10, 1993

Race: Caucasian

Time of Autopsy: 1150 hours, October 11, 1993

Deputy: Morrow

Place of Autopsy: San Bernardino County Coroner's Facility

HISTORY OF DEATH: The history as obtained by the deputy coroner investigating officer and from investigating police officers is to the effect that the subject was found deceased in a closet in the room of the home in which her parents lived. The room was rented to another male. When found, the subject was lying in the closet with a plastic bag across the face (not over the head). The subject was taken to Doctors' Hospital of Montclair, arriving in the emergency room at 0935 hours on October 10, 1993. Resuscitative measures were to no avail and the subject was pronounced dead at 1004 hours on October 10, 1993.

The deputy coroner investigating officer examined the body in the hospital. The subject had been intubated. There were traces of blood in the left naris with some petechial hemorrhage in the left eye and trauma inside the top lip and the frenulum. The frenulum was lacerated. Rigor mortis was slight and easily broken. Postmortem lividity was faint and consistent with the position of the body. Examination with "blue light" showed some fluorescence in the pubic area and also some "milky" substance in the mouth. No other evidence of trauma was identified.

EXTERNAL EXAMINATION: The body is that of a Caucasian female child appearing about the stated age of 3 years. The body is not embalmed. The height is 43", the weight 45 pounds. The hair is brown, the eyes brown, the complexion fair.

Therapeutic appliances present include an endotracheal tube taped in the mouth, ECG pads affixed to the anterior chest and abdomen, and a vascular line in the right antecubital fossa. There is a coroner's identification tag attached to the right big toc.

The head is symmetrical, covered with long brown hair. The corneae are clear. There are scattered petechial hemorrhages in the conjunctivae, especially the lower palpebral conjunctiva on the right side. There are also scattered petechiae in the skin of the face, most pronounced in the right check area. The nose and cars are normally formed. There is a small amount of dried blood in the left external auditory meatus. There is some dried blood around the narcs. There is a 4 mm. x 2 mm. contusion in the skin of the face above the upper lip below the left naris. There is fresh hemorrhage in the frenulum of the upper lip. The frenulum is lacerated. The mouth is normally formed with normal philtrum and alveolar ridges. The teeth are natural. There is lividity on the left side of the face generally.

The neck and chest are normally formed. The abdomen is of normal contour. The external genitalia are normal female genitalia for a child of this age. There is equivocal erythema at the introitus but there is no evidence of major tearing or injury to the hymen or the lower vaginal mucosa. The anus appears normal.

The right upper extremity is normally formed. There is chipped red nail varnish on the nails. There is lividity on the back of the upper arm and around the back of the elbow. Incision of the back of the arm and elbow show no subcutaneous hemorrhage. There are no fractures.

The left upper extremity is normally formed. There is lividity on the back of the arm, as on the right side. There is chipped red nail varnish on the nails. There are no fractures.

The lower extremities are normally formed. There is an approximately 1 cm. diameter bruise on the proximal right shin. There are scattered healing lesions on the lower extremities, including a small scar on the front of the left ankle. There are no fractures.

There is fixed livor mortis posteriorly with sparing of pressure demarcation areas. There is no evidence of trauma to the posterior surface of the body. Rigor mortis is present.

INTERNAL EXAMINATION:

CHEST & ABDOMEN: There is no evidence of major blunt force trauma to the chest or abdominal wall. The clavicles, sternum and ribs are intact. The thoracic and lumbar vertebral column and pelvis are intact. The pleural, pericardial and peritoneal membranes are smooth and glistening, and there is no abnormal fluid accumulation in any of the body cavities. There are multiple petechial hemorrhages on the surfaces of the lungs, heart and thymus. There are no petechial hemorrhages below the diaphragm.

NECK: There is scattered subcutaneous and platysma muscle hemorrhage in the neck, more so just to the right of the midline structures, with a small amount to the left. There is no hemorrhage in the deep layers of the muscles in the neck. The hyoid bone and laryngeal cartilages are intact. The cervical spine is intact.

HEAD: There are at least three areas of hemorrhage in the scalp. These include an approximately 1 cm. diameter area of subcutaneous hemorrhage in the left frontal region, about 2.5 cm. above the supraorbital ridge and about 1 cm. to the left of the midline. There is subcutaneous and subgaleal hemorrhage in the left temporal region with spotty underlying hemorrhage in the left temporalis muscle. There is also an area of subcutaneous and subgalcal hemorrhage in the right posterior parietal scalp, in the midline and to the right of the midline. The approximate diameter of the subcutaneous and subgaleal hemorrhage in this area is about 2.5 cm. The skull is intact. The dura is normal with no associated hemorrhage. The arachnoid is thin and transparent, and the CSF is clear. The brain is 1200 grams. The cerebral hemispheres are symmetrical, and the sulci and gyri appear normal. There is mild congestion of the superficial blood vessels of the brain. There is no evidence of edema. There is no evidence of trauma to the external surface of the brain. Coronal sections of the cerebrum show congestion of the small intraparenchymal blood vessels in the white matter, especially the frontal lobes. There is no evidence of major trauma. The cerebral anatomy is normal. Sections of the cerebellum and brainstem show normal anatomy with no unusual features. The blood vessels at the base of the brain are normal.

There is no hemorrhage around the optic nerves. There is no evidence of retinal hemorrhage grossly.

There is no evidence of trauma to the back. There is no spinal epidural or subdural hemorrhage. The spine is intact. The spinal cord is grossly normal.

CARDIOVASCULAR SYSTEM: The heart is 100 grams. The epicardial and endocardial surfaces are smooth and glistening, and the valves are normal. There are no septal defects. The heart shows the normal four chamber configuration, and all the great vessels make the appropriate anatomical connections. The myocardium is uniformly firm and red-brown with no focal lesions. The coronary arteries, aorta and great veins are normal.

RESPIRATORY TRACT: The tracheobronchial tree is intact and shows no evidence of trauma. The tip of the endotracheal tube is in the trachea. The epiglottis, larynx, trachea and bronchi show normal mucosa throughout. The right lung is 260 grams, the left, 220 grams. The petechial hemorrhages on the surfaces of the lungs have been described. The lungs show the normal lobar configuration. The cut surfaces show moderate generalized congestion with no other abnormalities. The pulmonary arterics are normal.

GASTROINTESTINAL TRACT: The mouth, or opharynx and esophagus are normal. There is no foreign material in the mouth or pharynx. The esophagus is intact throughout. The stomach is empty. The stomach wall is normal. The small and large intestines are normally formed and show no evidence of trauma or disease. The appendix is normal.

PANCREAS: The pancreas is of normal size, shape and consistency, and shows normal pink-tan lobular parenchyma on section.

HEPATOBILIARY SYSTEM: The liver is 700 grams. The capsule is smooth and glistening. The parenchyma is red-brown and firm with no focal lesions. The gallbladder is normal.

GENITOURINARY TRACT: Each kidney is 65 grams. The cortical surfaces are smooth, and the cut surfaces show normal corticomedullary demarcation with no focal lesions. The pelves and ureters are normal. The bladder is empty. The uterus and ovaries are normal for a child of this age. There is no evidence of trauma to the interior of the vagina.

LYMPHOID SYSTEM: The spleen is 80 grams. The capsule is intact. The parenchyma is purple-tan and firm with the normal follicular pattern. Lymph nodes throughout the body are small and inconspicuous. The thymus is 30 grams and shows the normal lobar configuration with normal pink-tan lobular parenchyma on section.

ENDOCRINE SYSTEM: The pituitary, thyroid and adrenals are grossly normal.

MICROSCOPIC EXAMINATION:

Cassette A - frenulum, upper lip.

These sections show fresh hemorrhage with no evidence of inflammation or other vital reaction.

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Cassette B - vaginal wall and introitus.

These sections show no evidence of trauma or other unusual features.

Cassette C - scalp contusions.

These sections show fresh contusional hemorrhage with no evidence of inflammation or other vital reaction.

Other microscopic sections examined including sections of heart, epiglottis and larynx, lungs, stomach, intestines, pancreas, liver, kidneys, uterus, ovary, thymus, spleen, pituitary, thyroid, adrenal, brain and eyes confirm the gross autopsy findings and show no significant additional features.

DIAGNOSIS:

I. Smothering, with evidence of strangulation.

A. Contusion above upper lip.

B. Laccration of the frenulum of the upper lip.

C. Evidence of airway obstruction.

1. Multiple intrathoracic petechial hemorrhages.

- D. Scalp contusions: left frontal, left temporal and right parietal areas.
- E. Petechiae in the skin of the face and in the conjunctivae.

F. Soft tissue hemorrhage, lower anterior neck.

G. Mild congestion of cerebral blood vessels.

II. Normally developed, well-nourished female child of 3 years of age, with no evidence of disease.

CAUSE OF DEATH: Asphyxia, minutes, due to smothering, minutes.

WITNESS PRESENT: Detective Mike Donley, Montelair Police Department.

<u>COMMENT</u>: The subject died as a result of homicidal smothering as indicated by the trauma in the scalp, face and neck, with evidence of airway obstruction in the form of extensive intrathoracic petechial hemorrhages. The hemorrhage in the neck tissues, taken in conjunction with the petechial hemorrhages in the conjunctivae and the congestion of the cerebral blood vessels, indicate that there was also pressure on the neck with some degree of impairment of circulation to the head, i.e. evidence of strangulation.

Frank Sheridan, M.D.

Pathologist

FS:pm

Autopsy Completed 1400 hours, October 11, 1993.