

MEDICAL EXAMINER DISTRICT 5
 Citrus, Hernando, Lake, Marion & Sumter Counties
 809 Pine Street
 Leesburg, Florida 34748
 Phone: (352) 326-5961
 Fax: (352) 365-6438

COPY
 Name...DUCKETT, Melinda M.....Case No...2006-0893

COUNTY: Lake
 Date of Death: September 8, 2006
 Date/Time of Exam: September 9, 2006; 9:20 am

AGE: 21
RACE: White
SEX: Female
ID: Positive identification made through dental by Dr. Cohm,
 Verified by Dr. Roberts on 09-10-06.

CAUSE OF DEATH:

Perforation of Skull and Brain

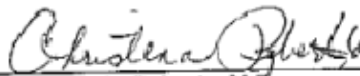
DUE TO:

Gunshot Wound to the Head

MANNER OF DEATH:

Suicide

Toxicology results to be reported separately

COPY
 Date 11/14/06
 Christena L. Roberts, M.D.
 Associate Medical Examiner

CR: ew

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Parfnratium nl' Skull and Brain

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Gun snm Wound tu the Hnad

Test	Result	Cut-off Conc mg/L
RUN DATE: 09/26/06 WUESTHOFF REFERENCE LABORATORY PAGE 1 RUN TIME: 1904 6800 Spyglass Court Melbourne, FL 32940		
PATIENT: MELE06-894/UNK (BFD BRACKETT, M) ACCT #: Q00976861 LOC: ME-5 U #: 0001188722 SSN #: AGE/SEX: 21/F STATUS: REG REF REG: 09/14/06 REG DR: ROBERTS, CHRISTENA MD DISCHARGE DATE:		
<u>BLOOD DRUG SCREEN</u>		
SPECIMEN TYPE	HEART BLOOD	
GC/MS	CAFFEINE, ACETAMINOPHEN	
<u>IMMUNOASSAY SCREEN</u>		
AMPHETAMINES	NEGATIVE	0.100
BARBITURATES	NEGATIVE	0.100
BENZODIAZEPINES	NEGATIVE	0.100
CANNABINOIDS	NEGATIVE	0.050
COCAINE METAB	NEGATIVE	0.100
FENTANYL	NEGATIVE	0.001
METHADONE	NEGATIVE	0.050
OPIATES	NEGATIVE	0.100
TRICYCLICS	NEGATIVE	10.0
SALICYLATE	NEGATIVE	
<u>VOLATILES</u>		
SPECIMEN TYPE	HEART BLOOD	
VOLATILES	NONE DETECTED	
<u>ACETAMINOPHEN</u>		
SPECIMEN TYPE	HEART BLOOD	
ACETAMINOPHEN	306.2	mg/L

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10/10/06

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Test	Result	Cutoff Conc mg/L
RUN DATE: 09/26/06 RUN TIME: 1904 WUESTHOFF REFERENCE LABORATORY 6900 Spyglass Court Melbourne, FL 32940 PAGE 2		
PATIENT: MELBOURNE UNK(BTB) DUCKETT, M) ACCT #: 000976861 LOC: ME-5 U #: 0001188722 SSN #: AGM/SX: 21/F STATUS: REG REF REG: 09/14/06 REG DR: ROBERTS, CHRISTENA MD DISCHARGE DATE:		
<u>URINE DRUG SCREEN</u> SPECIMEN TYPE URINE TLC/KPLC NO DRUGS DETECTED Insufficient specimen for TLC analysis		
<u>IMMUNOASSAY SCREEN</u>		
AMPHETAMINES	NEGATIVE	1.000
BARBITURATES	NEGATIVE	0.200
BENZODIAZEPINES	NEGATIVE	0.200
COCAINE METAB	NEGATIVE	0.300
METHADONE	NEGATIVE	0.300
METHAQUALONE	NEGATIVE	0.300
OPiates	NEGATIVE	0.300
PHENCYCLIDINE	NEGATIVE	0.025
PROPOXYPHENE	NEGATIVE	0.300
CANNABINOIDS	NEGATIVE	0.050
SALICYLATES	NEGATIVE	10.0

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10/10/06

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Test	Result	Cutoff Conc mg/L
<u>VOLATILES</u> SPECIMEN TYPE VOLATILES	VITREOUS NONE DETECTED Specimens were intact upon receipt. Chain of custody, specimen security and integrity has been maintained. Testing has been performed as requested. Reviewed by: <u>Susan L Adams</u> Date: <u>9-27-06</u>	
FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE.		

CL
 10/11/06

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** END OF REPORT **

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Name...DUCKETT, Melinda M.....Case No...2006-0893

EXTERNAL EXAMINATION:

The body is that of a 21 year old, well developed, well nourished, thin, petite adult white female, weighing 100 pounds. The height is estimated at 58 inches. Rigor mortis is fully developed. Livor mortis is scant, posterior and unfixated. There are no congenital physical abnormalities.

The scalp hair is black, and averages 10 to 18 inches in length. There are no facial or periorbital petechiae and there are no petechial hemorrhages of the conjunctiva or sclera present. The conjunctivae have no congestion or edema. The irides are brown and the pupils are equal. The teeth are natural and are in good repair.

Other than injuries noted below, the skin of the neck is without abrasion or contusion patterns. There is no soft tissue swelling. There is no malalignment of the cervical spine.

The anterior chest, abdomen and back have no acute traumatic injury. By palpation there are no breast masses. The abdomen is scaphoid.

The upper and lower extremities have no acute traumatic injury. There is no peripheral edema or stasis dermatitis. The skin of the elbows, forearms and posterior aspect of the hands have a dry scaly rash with blanching over the knuckles with surrounding hyper pigmentation. The anterior aspects of the knees have similar appearance.

The external genitalia and rectum have no evidence of acute traumatic injury.

SCARS, TATTOOS, SPECIAL FEATURES/PROCEDURES AND THERAPY:

Scars:

The lateral aspect of the left arm has an X-shaped scar that has been partially covered with a tattoo (see below). The posterior aspects of the forearms, elbows, the posterior aspects of the hands and anterior aspects of the knees have multiple small oval scars corresponding with the skin rash noted above. The umbilicus has a contracted scar.

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Tattoos:

The left arm has a multicolored band like tattoo consisting of flowers and tribal art. This tattoo partially covers the scar noted above. The posterior aspect of the torso at the base of the neck has a small monocolored tattoo of an oriental letter. The anterior aspect of the right thigh has a monocolored tattoo depicting a snowflake and inscribed "NY". The lateral aspect of the right ankle has a multicolored tattoo of flowers and inscribed "Trenton". The posterior aspect of the torso over the sacrum has a multicolored tattoo of depicting a fox with tribal art and flowers.

Special Features/Procedures:

Clothing:

The body is clothed in blue jeans with rolled cuffs and a brown leather belt. Two small areas of blood spatter are noted on the anterior aspects of the thigh regions. The body is clothed in a green, long-sleeved, button up shirt, red bra and green panties. The shirt is blood soaked over the superior and lateral aspects of the right sleeve and over the right side of the back. Blood spatter and brain mater are noted on the left side of the collar, left shoulder and left sleeve. Each ear has a gray metal hoop styled earring and chandelier type pink and gray earrings.

Blood spatter:

The right hand has blood spatter and tissue over the anterior lateral aspect of the second finger and the dorsal lateral aspect of the hand. The left upper extremity has blood spatter over the dorsal aspect of the hand and the posterior aspect of the forearm. The dorsal aspect of the left foot and base of the toes has small caliber blood spatter. The dorsal medial aspect of the right foot has a single small fragment of tissue and blood.

Therapy:

None.

Therapy:

Nunn.

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INJURIES:

GUNSHOT WOUND TO HEAD:

1. The head has a contact gunshot wound that perforates the skull and brain. The entrance wound involves the inferior aspect of the midline and left side of the chin and is located 50 ½ inches above the instep of the left foot. The entrance wound consists of a 3.4 x 1.7cm irregular oval wound with a 1.7 x 0.7cm eccentric oval perforation. The wound edges are seared and measure up to 0.2cm in thickness. The seared wound edges coincide with a concentric muzzle stamp measuring up to 0.2cm. The skin surrounding the entrance wound has a light soiling with gray-black soot measuring up to 0.6cm at 6 o'clock, 0.7cm at 12 o'clock and 0.9cm at the 8 o'clock. The skin has no stippling.
2. The wound track subsequently runs through the skin, floor of mouth, tongue, base of the skull and cerebral hemispheres and exits the vertex of the skull and scalp. The wound track is further described as follows. The projectile perforates the skin at the inferior aspect of the midline and left side of the chin and then perforates the muscles of the floor of the mouth and the tongue. The projectile then perforates the maxillary jaw and the base of the skull and the cerebral hemispheres. The projectile exits the head at the vertex of the skull and scalp. The cerebral hemispheres are multiply perforated and along the entire wound track the brain is pulped and contused. The entire wound track is filled with both liquid and clotted blood. The fragments of the remaining of the tongue and oral mucosa has a light soiling with gray-black soot.
3. Associated findings include bilateral periorbital red-purple hematomas. The face and vertex of the scalp has an associated large, gaping stellate, vertically oriented perforation (comment: gaseous expansion). The stellate perforation involves the corners of the mouth, the midline of the upper lip and extends vertically through the face along the bridge of the nose and between the eyebrows. The stellate perforation continues across the forehead and to the vertex of the scalp. The mandible has comminuted fractures that are transverse through the jaw between the central incisors and on the right side between the molars. The maxillary jaw has similar comminuted fractures between the right central and lateral incisors and through the right molars. The bones of the base of the skull, face and calvarium have comminuted fractures with multiple dislocated

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fragments. The overall effect is a large gaping stellate perforation with bone and cerebral fragments protruding.

Additional associated findings include liquid blood from both ears. The left side of the hyoid bone has a transverse fracture with an estimated associated 1ml blood accumulation in the soft tissue. The anterior strap muscles of the left side of the neck are multiply perforated with associated with a minimal amount of liquid blood accumulation. The soft tissue of the airway is multiply perforated as well as the tip of the epiglottis. The airway is coated with coagulated blood and soiling from gray-black soot.

4. The exit wound is at the vertex of the skull and scalp as noted above. The exit wound is estimated at 58 inches above the instep of the left foot. The scalp has no soiling or soot, stippling or muzzle stamp.
5. The general wound track is upward and slightly to the right with no significant front to back deviation.

Having been described, the injuries will not be repeated.

INTERNAL EXAMINATION:

There is no acute traumatic injury of the anterior rib cage. There is no hemothorax, pleural effusion or pneumothorax identified. There is no acute or chronic pleural or pericardial disease. The mediastinal structures appear normal. The pericardial sac contains clear yellow fluid. The remainder of the rib cage is atraumatic.

Cardiovascular: The great vessels arise from the heart in a normal fashion. There are no abnormalities or evidence of traumatic injury of the thoracic aorta. The pulmonary artery is examined in situ and there is no evidence of thromboembolism. The great vessels and chambers of the heart have a scant amount of liquid and clotted blood. The abdominal portion of the aorta is smooth and has no atheroma.

The heart weighs 190 grams (average expected weight for height as estimated at 58 inches is 236 grams). The coronary ostia originate in the normal position and proceed along the normal distribution with the heart being right coronary artery dominant. The cardiac valves have no evidence of acute or chronic valvular disease. The chordae tendineae and papillary muscles are normal. There is no

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endocardial fibrosis. Sectioning of the myocardium reveals no evidence of pallor or acute myocardial injury. There is no myocardial fibrosis present.

Trachea and Lungs: Other than the coagulated blood and soot described above, there is no obstructive material within the tracheobronchial tree. The bronchi are not constricted and trace easily to the periphery. The right lung weighs 260 grams and the left lung weighs 180 grams. The lungs are hyperinflated and meet at the midline. The cut surfaces are pink-tan and crepitant. Sectioning reveals no gross chronic pulmonary disease or acute bronchopneumonia.

Diaphragm: The diaphragm is intact with no evidence of traumatic injury or other abnormality.

Abdomen: There is no hemoperitoneum or ascites. The organs lie in their normal anatomical position.

Liver: The liver weighs 830 grams. It has a brown-red smooth surface with no traumatic injury of the external capsule. Sectioning identifies a normal architecture with no evidence of fatty change, cirrhosis or tumor formation. Vascular abnormalities are not present. The gallbladder and biliary duct system are normal. The bile ducts are patent. The gallbladder contains viscous bile and no calculi.

Spleen: The spleen weighs 70 grams. The capsule is smooth and blue-grey in appearance. Sectioning of the spleen identifies no gross abnormality of the splenic parenchyma.

Pancreas: The pancreas has a tan lobulated surface with no evidence of hemorrhage, fat necrosis or inflammatory reaction. Sectioning reveals a normal lobulated pattern without hemorrhage, tumor, abscess formation or excessive fibrosis.

Adrenals: The adrenals are of normal size and shape and on sectioning a normal cortical medullary relationship is seen. There is no hemorrhage or tumor formation.

Kidneys: The right kidney weighs 70 grams and the left kidney weighs 80 grams. The cortical surfaces are smooth. Sectioning reveals the normal cortical medullary relationship with no loss of renal substance or tumor formation. There

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