

COUNTY OF LOS ANGELES

DEPARTMENT OF CORONER

12

AUTOPSY REPORT

ADULT FORM PROTOCOL

No.

02-03710

WILSON II, ALAN S

331

I performed an autopsy on the body of
the DEPARTMENT OF CORONER

at Los Angeles, California

on 5/15/02 0825
(Date) (Time)

From the anatomic findings and pertinent history I ascribe the death to:

(A) Diabetic ketoacidosis

DUE TO OR AS A CONSEQUENCE OF

(B) Diabetes Mellitus

DUE TO OR AS A CONSEQUENCE OF

(C)

OTHER SIGNIFICANT CONDITIONS

Hypertrophic heart disease

Anatomical Summary:

- As listed below
- See form #16 under gross impressions

I. Thirty-two year old male, found unresponsive in bedroom of residence

A. History of diabetes mellitus and high cholesterol

II. Autopsy findings

A. No evidence of external or internal trauma

B. Cardiomegaly, 500 gram heart

C. Pulmonary edema and congestion, lungs

D. Glucosuria with trace ketones

III. See toxicology report

IV. See microscopic report

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IF A TRAUMA CASE STATE:

Injury date: _____ Hospital Date(s): _____

CIRCUMSTANCES:

<input checked="" type="checkbox"/> See Investigator Report form #3 <input type="checkbox"/> As listed below <input type="checkbox"/> Source: _____

EXTERNAL EXAMINATION:

The body is identified by toe tags and is that of an unembalmed ~~embalmed~~ refrigerated,

<input checked="" type="checkbox"/> adult <input type="checkbox"/> elderly <input type="checkbox"/> teerage	<input type="checkbox"/> female <input checked="" type="checkbox"/> male	<input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic
-------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------

who appears

<input checked="" type="checkbox"/> about the reported <input type="checkbox"/> older than the reported <input type="checkbox"/> the reported <input type="checkbox"/> younger than the reported

age of 32 years.

The body weighs 285 pounds,
measures 74 inches and is

<input type="checkbox"/> cachectic. <input checked="" type="checkbox"/> mildly/moderately/extremely obese. <input type="checkbox"/> poorly nourished. <input type="checkbox"/> thin. <input type="checkbox"/> well-built, muscular and fairly well-nourished.

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The skin is free of abrasions, bruises, lacerations, scars and burns.
 or
 there is very early decomposition with skin slippage focally, faint green discoloration.

Tattoo(s) are:

not present.
 present and identified as _____

Rigor has presumably been altered/abolished.
 Rigor mortis is present.
 Livor mortis is fixed anterior

The head is normocephalic and

covered by
 partly covered by

black
 blond
 brown
 red
 _____/gray

hair.

There is

no
 complete
 frontal
 mid-biparietal
 occipital
 temporal

balding and the hair can be described as

Long _____ in.
 Short 2-2 1/4 in.
 Curly
 Straight
 Tightly Curled
 Wavy

Mustache is absent/present.

Beard is absent/present and described as _____.

Examination of the eyes reveals

Irises that appear to be down-opacified in color and sclerae that are congested.
 Corneal removal (eye bank).
 Eye shields in place.

There are are no petechial hemorrhages of the conjunctivae of the lids and/or the sclerae. The oronasal passages are unobstructed.

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Lower
 Upper
 Upper and lower

teeth are

absent.
 carious.
 partly absent and uncompensated.
 present.

Dentures are: _____

The neck is unremarkable/or _____

There is no chest deformity. There is a mildly increased anterior-posterior diameter.

The abdomen is

distended.
 flat.
 not unusual.
 obese.
 scaphoid.

The genitalia are those of an adult female/male

The penis appears circumcised/uncircumcised.
 The external genitalia are without trauma or lesions.

The extremities show no edema, joint deformity, abnormal mobility or needle tracks.
 or

EVIDENCE OF THERAPEUTIC INTERVENTION:

There is no evidence of any previous recent hospitalization.

The following are present and are in proper position:

- Airway mouth piece
- Central intravenous lines
- EKG Pads
- Endotracheal/nasotracheal tube
- Esophageal obturator
- Intravenous lines
- Nasogastric/orogastric tube
- Urinary catheter
- Other _____

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- There are signs that the following surgical procedures have been done:
 - _____ sided craniotomy.
 - Cerebral ventricular pressure monitoring tube placement.
 - Tracheostomy.
 - _____ sided chest tube placement.
 - _____ sided thoracotomy.
 - Laparotomy.
 - Peritoneal lavage procedure.
 - Vascular cutdown procedure(s).
 - Pericardiotomy
 - Repair of injuries to _____.

- Signs of cardiopulmonary resuscitation are as follows:
 - Brown arc shaped paddle marks over the chest.
 - Rib fracture located at _____.
 - Serosanguineous pericardial fluid.
 - Signs of intracardial injections.
 - Focal areas of red hemorrhage in the posterior wall of the left ventricle.

- There is evidence of old surgery. Scars are present at the _____ and the following organs are missing:
 - 1.
 - 2.
 - 3.

There ~~has~~/~~has not~~ been post mortem intervention for organ procurement, which can be described as _____

EVIDENCE OF EXTERNAL TRAUMATIC INJURY:

Diagrammed on form(s) #

None

CLOTHING:

The body is clothed
 was not clothed

and I did not see the clothing.
 inspected the clothing.

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The clothing can be described as _____

INITIAL INCISION:

The body cavities are entered through

<input checked="" type="checkbox"/> The standard coronal incision. <input checked="" type="checkbox"/> The standard "Y" shaped incision. <input type="checkbox"/> Additional incisions are _____ _____ _____

No foreign material is present in the mouth, upper airway and trachea.

EVIDENCE OF INTERNAL INJURIES:

<input type="checkbox"/> Diagrammed on form(s) # <input checked="" type="checkbox"/> None _____ _____ _____ _____ _____ _____

NECK:

The neck organs ~~are/are not~~ removed en bloc ^{without} the tongue. No lesions are present nor is trauma of the gingiva, lips or oral mucosa demonstrated. There is no edema of the larynx. Both hyoid bone and larynx are intact and without fractures. No hemorrhage is present in the adjacent throat organs investing fascia, strap muscles, thyroid or visceral fascia. There ~~are/are no~~ prevertebral fascial hemorrhages. The tongue when ^{examined in-situ} sectioned shows ~~no trauma/or~~ _____.

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☐ CHEST/ABDOMINAL CAVITY:

The ~~right/left/both~~ pleural ~~cavity/cavities~~ contain(s) ~~no fluid or adhesions/ or~~

~~No tension pneumothorax is demonstrated.~~ The parietal pleurae are intact.

☐ The lungs are

- partly collapsed.
- poorly expanded.
- voluminous.
- well-expanded.

Soft tissues of the thoracic and abdominal walls

- are well-preserved.
- have ~~early/late~~ postmortem softening, discoloration and crepitation.

The subcutaneous fat of the

- abdominal wall measures 2 1/2 inches
- chest wall measures _____

~~Breasts are examined and sectioned in usual manner and show no abnormalities/ or~~

The organs of the abdominal cavity have a normal arrangement and none are absent. There is no fluid collection. The peritoneal cavity is without evidence of peritonitis. There are no adhesions.

SYSTEMIC AND ORGAN REVIEW

The following observations are limited to findings other than injuries, if described above.

☐ MUSCULOSKELETAL SYSTEM:

- No abnormalities of the bony framework or muscles are present.
- Kyphosis/scoliosis
- Wasting
- Other _____

☐ CARDIOVASCULAR SYSTEM:

The aorta is elastic/fairly elastic/inelastic and of even caliber throughout with vessels distributed normally from it.

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The ~~abdominal~~/thoracic aorta has

<input type="checkbox"/> discrete plaques that are not elevated.
<input type="checkbox"/> lipid streaking.
<input checked="" type="checkbox"/> minimal/moderate/severe atherosclerosis.

There is no tortuosity or widening of the thoracic segment. The abdominal aorta has

<input type="checkbox"/> diffuse
<input type="checkbox"/> extensive
<input type="checkbox"/> focal
<input checked="" type="checkbox"/> minimal

atherosclerosis
with/without

<input checked="" type="checkbox"/> focal	<input type="checkbox"/> intimal
<input type="checkbox"/> marked	<input type="checkbox"/> mural
<input type="checkbox"/> minimal	<input checked="" type="checkbox"/> ulceration and/or
<input type="checkbox"/> moderate	

calcification.

There is/is no dilation of the lower abdominal segment. ~~No~~/An intact aneurysm is present, measuring _____ cm. The major branches of the aorta show no abnormality.

Within the pericardial sac there

<input type="checkbox"/> are _____ cc. of _____ fluid.
<input checked="" type="checkbox"/> is a minimal amount of serous fluid.

The heart weighs 500 grams. It has

<input type="checkbox"/> a normal configuration. <input type="checkbox"/> an infantile configuration. <input type="checkbox"/> biventricular hypertrophy. <input checked="" type="checkbox"/> left ventricular hypertrophy with <input type="checkbox"/> right ventricular hypertrophy. <input checked="" type="checkbox"/> slight flabbiness.	The right ventricle is 0.4 cm thick and the left ventricle is 1.5 cm thick.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------

The chambers are normally developed and are without mural thrombosis. The valves are thin, leafy and competent.

Circumference of valve rings are:

T.V. 14.1 cm	A.V. 7.8 cm
P.V. 8.0 cm	M.V. 11.5 cm

There is/are

<input type="checkbox"/> endocardial hemorrhages of _____.
<input type="checkbox"/> hemoglobin staining of the endocardium.
<input checked="" type="checkbox"/> no endocardial discoloration.

postmortem

There

<input type="checkbox"/> is/are	<input checked="" type="checkbox"/> infarct(s)
<input checked="" type="checkbox"/> is/are no	<input type="checkbox"/> lesion(s)

of the myocardium grossly.

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There ~~is~~/is no

- abnormality
- atrophy
- hemorrhagic necrosis
- necrosis
- scarring

of the apices of the papillary musculature.

There ~~are~~/are no defects of the septum. The great vessels enter and leave in a normal fashion.

The ductus arteriosus

- cannot be probed.
- is obliterated.
- is widely patent.
- measures _____.

The coronary ostia

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> are narrowed. <input checked="" type="checkbox"/> are widely patent. | <ul style="list-style-type: none"> <input type="checkbox"/> The left coronary artery is the dominant vessel. <input type="checkbox"/> The right coronary artery is the dominant vessel. <input type="checkbox"/> There is a balanced pattern of coronary artery distribution. <input checked="" type="checkbox"/> There is a normal pattern of coronary artery distribution. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

There ~~is~~/are

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> extensive <input checked="" type="checkbox"/> minimal <input type="checkbox"/> no coronary <input type="checkbox"/> segmental | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> atherosclerosis <input type="checkbox"/> atherosclerotic plaque(s) | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> with _____ % <input type="checkbox"/> with mild to moderate <input type="checkbox"/> without <input type="checkbox"/> with severe |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- narrowing
- occlusion
- stenosis

of the

- anterior descending branch of the left coronary artery.
- circumflex branch of the left coronary artery.
- left/right coronary artery.
- major coronary arteries.

No ~~focal~~ endocardial, valvular or myocardial lesions are seen. The blood within the heart and large blood vessels is ~~liquid~~/clotted partly.

RESPIRATORY SYSTEM:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> An extremely large amount of <input type="checkbox"/> Considerable <input type="checkbox"/> Moderate <input type="checkbox"/> No <input checked="" type="checkbox"/> Scant | <ul style="list-style-type: none"> <input type="checkbox"/> blood is <input type="checkbox"/> bloody fluid is <input type="checkbox"/> edema is <input type="checkbox"/> exudate is <input type="checkbox"/> gastric material is <input type="checkbox"/> glairy fluid is <input checked="" type="checkbox"/> secretions are |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

found in the

- lower bronchial
- upper respiratory

passages.

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The mucosa

- has _____ postmortem discoloration.
 is focally hemorrhagic.
 is intact and pale.
 is severely injected throughout.
 is ulcerated.

The lungs are

- atelectatic
 crepitant
 emphysematous
 subcrepitant

and there is

- dependent congestion.
 postmortem softening.

- The left lung weighs 550 grams.
 The right lung weighs 550 grams.

The visceral pleurae

- are punctured.
 are scarred.
 are smooth and intact.
 are thickened.
 contain marginal blebs.

The parenchyma is

- congested.
 congested and edematous.
 consolidated.
 hemorrhagic
 nodular

- The pulmonary vasculature is without thromboembolism.
 Thromboemboli are/are not present in the distal tertiary branches.
 Thromboemboli are/are not present in the extrapulmonic portions of the pulmonary artery.

GASTROINTESTINAL SYSTEM:The esophagus is has

- corrosion.
 intact throughout.
 terminal postmortem erosion.
 ulceration.
 varices.

The stomach is/is not distended by _____ . It contains 40 cc of light brown emulsified fluid . The mucosa is autolyzed, without discrete lesions .

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Portions of tablets and capsules cannot be discerned in the stomach.

Residual medication materials seen in the stomach _____

The external and in-situ appearance of the small intestine and colon are unremarkable.

The small intestine and colon are opened along the anti-mesenteric border and _____

The small intestine and colon are examined by inspection, palpation and multiple incisions and no luminal blood or lesions are noted

The appendix is present ~~absent surgically~~.

The pancreas occupies a normal position. There is no

early autolysis.

necrosis.

trauma.

The parenchyma is lobular and ^{soft}~~firm~~. The pancreatic ducts ~~are/are not~~ ectatic and there is no parenchymal calcification.

HEPATOBIILIARY SYSTEM:

The liver weighs 1550 grams,

is enlarged,

is of average size,

is smaller than normal,

and is

red-brown.

tan-brown.

yellow-tan.

The capsule is

intact

thickened

thin

and the consistency of the parenchyma is

firm.

greasy.

increased in resistance.

soft.

The cut surface is

macronodular.

micronodular.

smooth.

fatty.

There is

a normal lobular arrangement.

acute passive congestion.

chronic passive congestion.

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The gallbladder is

absent.
 present.

The wall is

thickened and rigid.
 thin and pliable.

It contains

15 cc of bile.
 no bile.

and

calculi which are
 mixed
 pure
 no calculi

There is no obstruction or dilation of the extrahepatic ducts. The periportal lymph nodes are enlarged/not enlarged.

URINARY SYSTEM:

The left kidney weighs 160 grams. The right kidney weighs 160 grams.

The kidneys are normally situated and the capsules strip easily/~~with difficulty~~, revealing a surface that is smooth

The corticomedullary demarcation is

obliterated.
 obscured by congestion.
 preserved.

The pyramids are/~~are not~~ remarkable. The peripelvic fat is/~~is not~~ increased. The ureters are without dilation or obstruction and pursue their normal course.

The urinary bladder is

contracted.
 distended.
 trabeculated.
 unremarkable.

It contains

400 cc of
 amber
 brown
 hemorrhagic
 no urine.

clear urine.

cloudy
dark yellow

The urine is/~~is not~~ tested by the dipstick method and the results are 2000+ glucose with trace ketones

GENITAL SYSTEM: (Cross or X out one -- fill in the other.)

Female:

The uterus is

asymmetrical
 surgically absent as are adnexa
 symmetrical

and the uterine cavity is

enlarged.
 not enlarged.

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The fallopian tubes are unremarkable/or

The endometrium is _____

The cervix and vagina have a normal appearance for the age.

The ovaries are

- cystic.
- large.
- nodular and solid.
- not identified.
- small and atrophic.
- normal for the age.

Male:

The prostate is

- enlarged
- without enlargement or nodularity

Both testes are in the scrotum are unremarkable and without trauma/or

HEMOLYMPHATIC SYSTEM:

The spleen weighs 70 grams and is enlarged/of average size.

The capsule is

- intact.
- lacerated.
- smooth.
- wrinkled.

The parenchyma is

- dark red.
- firm.
- mushy.
- pale.

There is an/no increased follicular pattern.

- Lymph nodes throughout the body are small and inconspicuous.
- There is generalized lymph node prominence and enlargement.
- There is focal enlargement of lymph nodes in the following areas: _____

The bone is brittle/not remarkable.

The bone marrow of the vertebra/rib is

- red and moist.
- the usual appearance for the age.
- unremarkable.

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ENDOCRINE SYSTEM:

The thyroid is

- decreased in size
- enlarged
- mediastinal
- nodular
- unremarkable

The parathyroid glands are not identified.

The adrenals are

- atrophic
- autolyzed
- hemorrhagic
- intact without necrosis or hemorrhage
- necrotic
- unremarkable

The thymus is

- not identified.
- the usual appearance for the age.
- unremarkable.

and weighs _____ grams.

The pituitary gland is of normal size/unremarkable.

SPECIAL SENSES:

The eyes are/are not dissected. The middle and inner ear are/are not dissected.

HEAD AND CENTRAL NERVOUS SYSTEM:

There is is/is no subcutaneous and/or subgaleal hemorrhage in the scalp. The hemorrhage does/does not extend into the orbits, and/or the temporal muscles. The external periosteum and dura mater are stripped showing no fractures of the calvarium or base of the skull. There are no tears of the dura mater. There is/is no epidural, subdural, or subarachnoid hemorrhage _____.

The brain weighs 1400 grams. The leptomeninges are thin and transparent. A normal/flattened convolutionary pattern is observed. Coronal sectioning demonstrates a uniformity of cortical gray thickness. The cerebral hemispheres are symmetrical. There is no softening, discoloration, or hemorrhage of the white matter. The basal ganglia are intact. Anatomic landmarks are preserved. Cerebral contusions are/are not present.

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SPECIAL PROCEDURES:

Biopsies of _____

Cultures of _____

have been submitted to the lab.

Anesthesiology

Anthropology

Criminalistics

Odontology

Ophthalmology

Pulmonary

Surgical

consultation(s) was/were requested.

PHOTOGRAPHY:

At scene photos ~~are~~ are not available. (3)

No photos are taken at autopsy.

Photographs have been taken prior to and/or during the course of the autopsy.

RADIOLOGY:

The body is fluoroscoped _____.

No x-rays are obtained.

The body is fluoroscoped and x-rays are taken of the head/chest/_____.

WITNESSES:

None _____ of _____

DA _____

LAPD _____ witnessed the autopsy.

LASO _____

DIAGRAMS USED:

16, 20

Diagram form(s) # _____ were used during the performance of the autopsy. The diagrams are not intended to be facsimiles.

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The ventricular system

- has a normal appearance
- is symmetrical
- is unremarkable

without dilation and/or distortion.

Pons, medulla and cerebellum are unremarkable. There is no evidence of uncal or cerebellar herniation. Vessels at the base of the brain have a normal pattern of distribution. There are no aneurysms. The cranial nerves are intact, symmetrical, and normal in size, location and course.

The cerebral arteries

- are moderately sclerotic.
- are without arteriosclerosis.
- have advanced/mild arteriosclerosis.
- have arteriosclerosis at points of bifurcation.

SPINAL CORD:

- The entire cord is/is not dissected.
- A segment of
 - cervical
 - lumbar
 - thoracic
 spinal cord is examined and is unremarkable/or _____
- The spinal fluid is clear.

NEUROPATHOLOGY:

The brain and/or spinal cord is placed in formalin solution for further fixation and later neuropathology consultation.

HISTOLOGIC SECTIONS:

Representative sections from various organs are preserved in one/two/three storage jar(s) in 10% formalin. Sections of heart, lung, liver, pancreas are submitted for slides.

The slide key is as on form 14

TOXICOLOGY:

- Bile
- Blood (heart, su)
- Liver tissue
- Stomach contents
- Urine
- Vitreous humor
- _____

have been submitted to the lab.

- A comprehensive
- A homicide
- A traffic
- No

screen was requested.

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OPINION:

Autopsy shows ketones in blood and urine and glucose is present in large amounts in urine. There is a history of diabetes mellitus. The heart is enlarged and toxicologic analysis shows no drugs of abuse. The manner of death is natural.

SIGNATURE
RESIDENT IN PATHOLOGY

Raffi Djabowin

SIGNATURE
DEPUTY MEDICAL EXAMINER

PRINT NAME
DATE:

Raffi Djabowin

PRINT NAME
DATE: 6/25/02

COUNTY OF LOS ANGELES

PRELIMINARY EXAMINATION REPORT - FIELD

DEPARTMENT OF CORONER

6 WAS ORIGINAL SCENE DISTURBED BY OTHERS? Y [] N [X] 2002-03710
 IF YES, NOTE CHANGES IN NARRATIVE FORM #3. WILSON II, Alan Sylvester
 DATE 5-14-02 TIME _____ END: 5-14-02
 AMBIENT #1 _____ °F TIME _____ NAT
 AMBIENT #2 _____ °F TIME _____
 WATER _____ °F TIME _____
 THERMOMETER # 2000-06
 LIVER TEMPERATURE #1 _____ °F TIME _____
 LIVER TEMPERATURE #2 _____ °F TIME _____
 DATE & TIME FOUND 5-14-02 @ 1448 LAST KNOWN ALIVE 5-12-02 @ 1802
 APPROX. AGE 32 SEX M EST. HEIGHT _____ EST. WEIGHT _____ CLOTHED? YES NO IF YES, DESCRIBE:

DESCRIPTION AS TO WHERE REMAINS FOUND AND CONTACT MATERIAL TO BODY:

prone on bedroom floor undisturbed; partially covered w/blanket

SCENE TEMPERATURE REGULATED? YES NO IF YES, THERMOSTAT SET AT _____ DEGREES F.

LIVOR MORTIS: TIME OBSERVED _____

RIGOR MORTIS: TIME OBSERVED _____

NECK FLEXION:

ANTERIOR _____

POSTERIOR _____

RT. LATERAL _____

LT. LATERAL _____

JAW _____

HIP _____

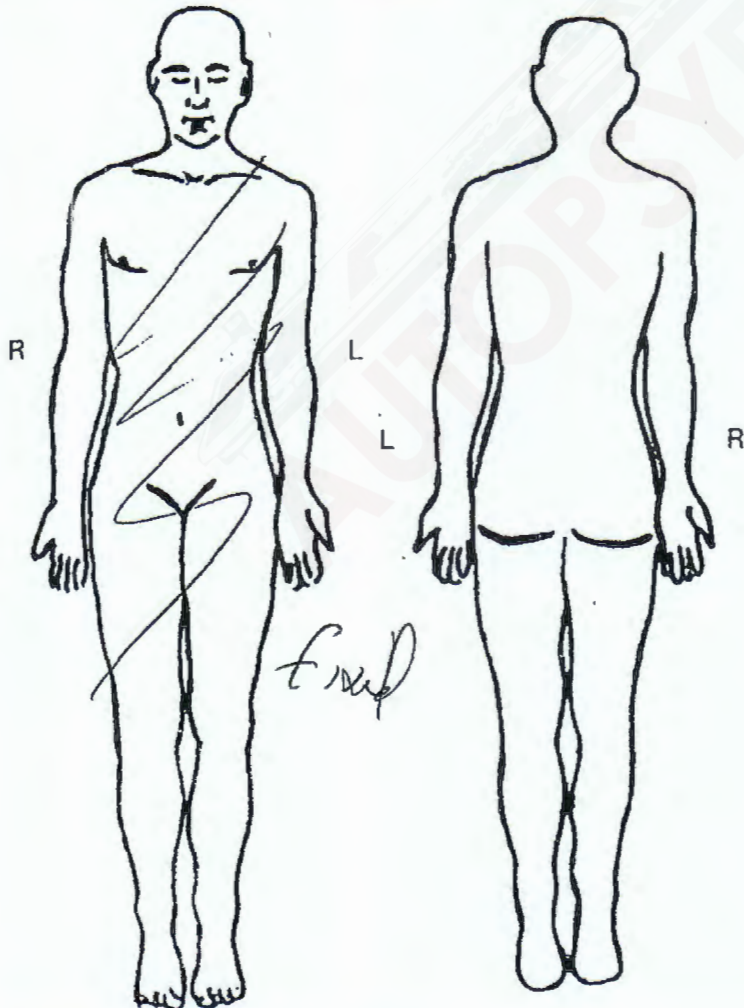
SHOULDER 2-3

KNEE 2-3

ELBOW _____

ANKLE _____

WRIST _____



- SCALE
- 0 = ABSENT/NEGATIVE
 - 1 +
 - 2 +
 - 3 +
 - 4 = EXTREME DEGREE

USE SCALE TO DESCRIBE INTENSITY OF RIGOR MORTIS.

SHADE DIAGRAMS TO ILLUSTRATE THE LOCATION OF LIVOR MORTIS.

DESCRIBE INTENSITY OF COLORATION AND WHETHER LIVOR MORTIS IS PERMANENT OR BLANCHES UNDER PRESSURE.

[Signature]
CORONER'S INVESTIGATOR

REVIEWED BY:

14

I performed a microscopic examination on

6/25/02

at THE DEPARTMENT OF CORONER

Los Angeles, California

02-3710

Wilson II, Alan

Microscopic Description

Heart: Myocardium shows mild patchy interstitial fibrosis and mild myocyte nuclear hypertrophy. Acute inflammatory infiltrates are not noted.

Lungs: Congestion is present. No acute inflammatory infiltrates are noted. Post-mortem bacterial aggregates are present.

Pancreas: Post-mortem autolytic changes are present. No inflammatory infiltrates are noted.

Liver: Post-mortem autolytic changes are present. There is mild focal steatosis. No inflammatory changes are noted.

Kidneys: Post-mortem autolytic changes are present. No prominent nodular sclerosis of glomeruli are noted.

Diagnosis: Interstitial myocardial fibrosis, mild, heart
Congestion, lungs
Steatosis, minimal, liver

Slide Key: 1/4: Heart
2/4: Lungs
3/4: Lungs, pancreas
4/4: Kidneys, liver

Pauli Dyak

15

AUTOPSY CLASS: A B Examination Only D

Date 5/15/02 Time 0825 Dr. Djabouria

FINAL ON 6/25/02 By Djabouria

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DEATH WAS CAUSED BY: (Enter only one cause per line for A, B, C, and D)

IMMEDIATE CAUSE

(A) Diabetic ketoacidosis U/L

DUE TO, OR AS A CONSEQUENCE OF

(B) Diabetes Mellitus U/L

DUE TO, OR AS A CONSEQUENCE OF

(C) _____

DUE TO, OR AS A CONSEQUENCE OF

(D) _____

Other conditions contributing but not related to the immediate cause of death:

Hypertrophic heart disease

- NATURAL SUICIDE HOMICIDE
- ACCIDENT COULD NOT BE DETERMINED

If other than natural causes
HOW DID INJURY OCCUR?

WAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE: YES NO

TYPE SURGERY _____ DATE _____

ORGAN PROCUREMENT TECHNICIAN T. Brown

WITNESSES TO AUTOPSY EVIDENCE RECOVERED AT AUTOPSY
Item Description:

PRIOR EXAMINATION REVIEW BY DME

- BODY TAG MD CLOTHING
- X-RAY (No. _____) FLUORO
- SPECIAL MED. RECORDS
- PROCESSING TAG
- AT SCENE PHOTOS (No. 3) MD

TYPING BLOOD TAKEN BY _____
SOURCE _____

TOXICOLOGY

- NO BLOOD
 - Embalmed
 - >24 hr in hospital
 - Decomposed
 - Other _____
- Reason _____

SPECIMENS

- Collected by Djabouria
- HEART BLOOD STOMACH CONT.
 - FEMORAL BLOOD BRAIN
 - _____ BLOOD SPLEEN
 - _____ BLOOD KIDNEY
 - BILE VITREOUS
 - LIVER _____
 - URINE _____

STORAGE JARS

- Regular (No. 2) Oversize (No. _____)
- Histopath Cut: Autopsy Lab #4

NO TOXICOLOGY REQUESTED

TOXICOLOGICAL ANALYSES ORDERED

- SCREEN: C H T S
- ALCOHOL ONLY
 - CARBON MONOXIDE
 - NEOGEN SCREEN
 - OTHER (specify drug and tissue)

REQUESTED MATERIAL ON PENDING CASES

- Police Report Med History
- Tox Histo
- Microbiology Investigations
- Radiology Cons. Eye Path. Cons
- Consult on _____
- Brain Submitted
- Neuro Consult DME to Cut
- Criminalistics
- GSR Sexual Assault Other

Resident

[Signature]
DME

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WILSON II, ALAN S

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⊕ = unremovable
or not present

EXTERNAL EXAM

Sex M
Race B
Age 32
Height 74
Weight 285
Hair reform 20
Eyes
Sclera
Teeth
Mouth
Tongue
Nose
Chest
Breasts
Abdomen
Scar
Genital
Edema
Skin
Decub

HEART Wt 500

Pericard min
Hyper ⊕
Dilat slit
Muscle 21.5 R 0.4
Valves PS 0.4 A 7.8 M 11.5 T 14.1
Coronar min

AORTA min
VESSELS ⊕ PE

LUNGS Wt
R 550
L 550
Adhes ⊕
Fluid min
Atelectasis ⊕
Oedema slit
Congest ⊕
Consol ⊕
Bronchi Cong
Nodes ⊕

PHARYNX IS ⊕

TRACHEA ⊕

THYROID ⊕

THYMUS NF

LARYNX x ⊕ x 5

HYOID

ABDOMINAL WALL FAT 2 1/2



PERITONEUM

Fluid min
Adhes ⊕

LIVER Wt 1550

Caps
Lobul ⊕
Fibros ⊕
G B 15 brn-gr
Calc ⊕
Bile ducts ⊕

SPLEEN Wt 76

Color
Consist ⊕
Caps
Malpig

PANCREAS ⊕

ADRENALS antolyed

KIDNEYS Wt ⊕ 160

Caps
Cortex ⊕
Vessels
Pelvis
Ureter

BLADDER 400 drk yellow

GENITALIA trace ketone
2000 ⊕ glucose

Prost
Testes 1550
Uterus
Tubes
Ovar

OESOPHAGUS ⊕

STOMACH 40 emulsified Horn fluid

DUOB & SM INT ⊕

APPENDIX present

LARGE INT ⊕

ABDOM NODES ⊕

SKELETON ⊕ fxs

Spine
Marrow
Rib Cage
Long bones
Pelvis



BRAIN Wt 1400

Dura
Fluid
Ventric
Vessels
Ears
Nasal Sin

PITUITARY

SPINAL CORD

NO

TOXICOLOGY SPECIMENS

Blood (heart, hr) ur. re,
b. e, strand, vitreous

SECTIONS FOR HISTOPATHOLOGY

5 for reg 12
Cassette x1 (#4)

MICROBIOLOGY

OTHER PROCEDURES

GROSS IMPRESSIONS

See for 12

Date 5/15/02

Time 0945

Deputy Medical Examiner

M. J. Dal



Department of Coroner, County of Los Angeles
FORENSIC SCIENCE LABORATORIES
 Toxicology Report



Tuesday, June 18, 2002

To: Dr. Djabourian
 Deputy Medical Examiner

 PendingTox

Subject: Coroner Case Number 2002-03710 WILSON, II, ALAN S.

<u>SPECIMEN</u>	<u>SERVICE</u>	<u>DRUG</u>	<u>LEVEL</u>	<u>UNITS</u>	<u>ANALYST</u>
Blood, Femoral					
	Alcohol	Ethanol		Negative	D. Anderson
	Volatiles	Acetone	0.013	g%	D. Anderson
	Volatiles	Isopropanol		ND	D. Anderson
Blood, Heart					
	Alcohol	Ethanol	0.03	g%	D. Anderson
	Barbiturate	Barbiturates		ND	L. Mahanay
	Cocaine	Cocaine and Metabolites		ND	L. Mahanay
	Methamphetamine	Methamphetamine		ND	L. Mahanay
	Opiates	Codeine		ND	L. Mahanay
	Opiates	Morphine		ND	L. Mahanay
	Phencyclidine	Phencyclidine		ND	L. Mahanay
	Volatiles	Acetone	0.011	g%	D. Anderson
	Volatiles	Isopropanol		ND	D. Anderson

Legend:

% Saturation

*

Done

g

g% Grams

Inc. Inconclusive

mEq/l Milli equivalents

mg Milligrams

mg/dl Milligram per Deciliter

mg/l Milligram per Liter

mmol/l Millimoles per Liter

ND Not Detected

QNS

Quantity Not Sufficient

TNP

Test Not Performed

ug

Micrograms

ug/g

Micrograms per Gram

ug/ml

Microgram per Milliliter

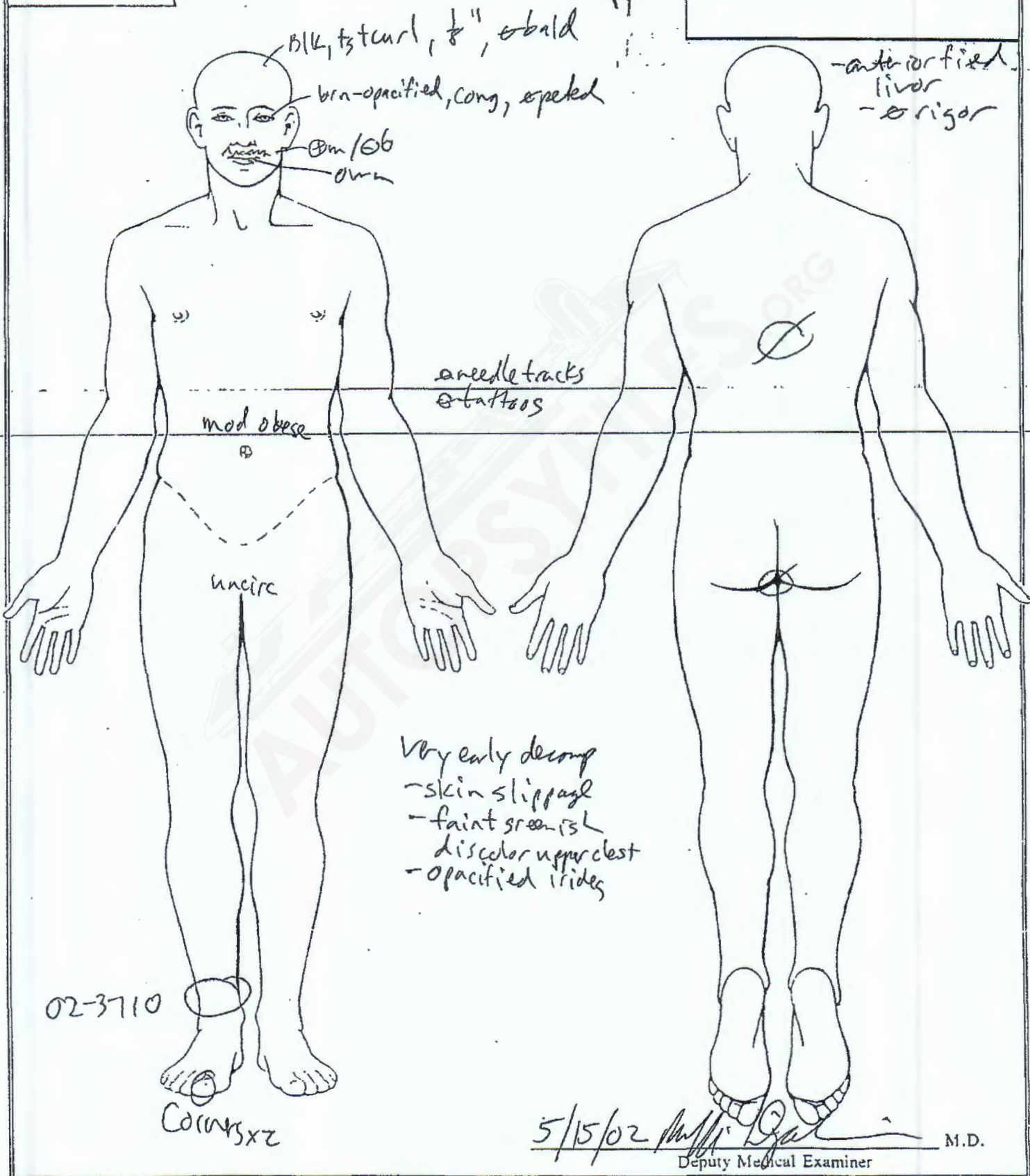
RD 6/25/02

JOSEPH J. MUTO, CHIEF
 FORENSIC LABORATORIES

Page 1 of 1

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02-03710
WILSON II, ALAN S
331



COUNTY OF LOS ANGELES

CASE REPORT

D. J. Wilson
C

DEPARTMENT OF CORONER

1	APPARENT MODE NATURAL	CASE NO 2002-03710
	SPECIAL CIRCUMSTANCES <i>Found down on premises / Hx of diabetes & ↑ cholesterol. Toky med for cholesterol / No signs of foul play or trauma</i>	CRYPT

LAST, FIRST MIDDLE: **WILSON II, ALAN SYLVESTER** AKA: #

ADDRESS: **10631 SOUTH CRENSHAW BLVD. #2** CITY: **INGLEWOOD** STATE: **CA** ZIP: **90302**

SEX: MALE	RACE APPEARS: BLACK	DOB: 11/30/69	AGE: 32	HGT: 74 in.	WGT: 285 lbs.	EYES: BROWN	HAIR: BLACK	TEETH: ALL NATURAL TEETH	FACIAL HAIR MUSTACHE: Yes	ID VIEW: Yes	CONDITION: FAIR
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MARK TYPE: MARK LOCATION: MARK DESCRIPTION:

NOK: ADDRESS: CITY: STATE: ZIP:

SSK: PENDING BY:

ID METHOD: CALIFORNIA DRIVER'S LICENSE

LA #: MAIN #: CII #: FBI #: MILITARY #: POB:

IDENTIFIED BY NAME (PRINT): RELATIONSHIP: PHONE: DATE: TIME:

PLACE OF DEATH / PLACE FOUND: RESIDENCE ADDRESS OR LOCATION: 10631 SOUTH CRENSHAW BLVD. #2 CITY: INGLEWOOD ZIP: 90302

PLACE OF INJURY: AT WORK: No DATE: TIME: LOCATION OR ADDRESS: ZIP:

DOD: 5/14/02 TIME: 15:00 FOUND OR PRONOUNCED BY: PARAMEDICS

OTHER AGENCY / INV. OFFICER: INGLEWOOD P.D. - MARQUEZ PHONE: (310) 412-5210 REPORT NO.: 02-1340105 NOTIFIED BY: NO

TRANSPORTED BY: TO: LOS ANGELES FSC DATE: TIME:

FINGERPRINTS? Yes	CLOTHING No	PA RPT No	MORTUARY
MED. EV. No	INVEST. PHOTO # 3	SEAL TYPE NOT SEALED	HOSP RPT No
PHYS. EV. No	EVIDENCE LOG No	PROPERTY? Yes	HOSP CHART No
SUICIDE NOTE No	GSR NO	RCPT. NO. 184171	PF NO.

SYNOPSIS
THE DECEDENT IS A 32 YEAR-OLD MALE, WHO WAS FOUND PRONE ON THE BEDROOM FLOOR OF HIS RESIDENCE. THE DECEDENT HAD RECENTLY COMPLAINED OF NOT FEELING WELL. HE HAS A HISTORY OF DIABETES AND HIGH CHOLESTEROL. THERE WERE NO APPARENT SIGNS OF FOUL PLAY OR TRAUMA PRESENT. THE DECEDENT WAS ALSO OBSERVED TO BE SLIGHTLY OBESE.

Sherwood Dixon
SHERWOOD DIXON
415916

INVESTIGATOR: DATE: 5/14/02 TIME: 20:13 REVIEWED BY: *[Signature]* DATE: 5/15/02 TIME:

FORM #3 NARRATIVE TO FOLLOW?



County of Los Angeles, Department of Coroner
Investigator's Narrative



Case Number: 2002-03710

Decedent: WILSON II, ALAN SYLVESTER

Information Sources:

1) Officer Marquez, Inglewood PD, 310/412-5210; 2) [REDACTED]

Investigation:

I was assigned this investigation at 1620 hours. I arrived to the scene at 1715 hours. I left the scene at 1750 hours.

Location:

The location was the residence at 10631 S. Crenshaw Blvd. #2 in Inglewood.

Witness Statements:

According to Officer Marquez, the decedent's father, [REDACTED] arrived to the premises to check the decedent's welfare. He entered the unlocked residence and observed the decedent lying prone on the bedroom floor. The father dialed 911 with Inglewood paramedics and police arriving to the scene. The decedent was pronounced at 1500 hours. The decedent was last known alive on 5-12-02 at about 1800 hours when he spoke to his brother, [REDACTED] complaining of not feeling well along with experiencing dizziness. The decedent has a history of high cholesterol and was taking 'LIPITOR' for the condition. The decedent was diagnosed one month ago as being a diabetic. There were no reported signs of foul play.

Scene Description:

The decedent was observed lying prone on the bedroom floor while partially covered with a comforter blanket. Several clothing items were observed scattered sparingly throughout the bedroom. The rest of the premises appeared to be casually in order. There were no signs of drug or alcohol use present.

Evidence:

None taken.

Body Examination:

The decedent was observed to be unclothed while prone on the bedroom floor. She was observed to have stretch marks to his abdomen with a small mole/sore to his left inner thigh. The decedent was observed to be slightly obese. Lividity was consistent with his found position and fixed. Rigor mortis was present and broken with moderate to firm pressure.

Identification:

The decedent was identified with his CDL photograph.

Next of Kin Notification:

The father, [REDACTED] was notified of the expiration upon paramedic pronouncement.

Tissue Donation:

The decedent is not a viable candidate because of apparent time constraints.

Autopsy Notification:

Not requested.

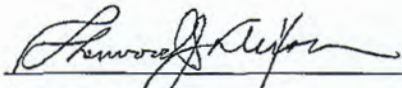


County of Los Angeles, Department of Coroner
Investigator's Narrative



Case Number: 2002-03710

Decedent: WILSON II, ALAN SYLVESTER


SHERWOOD DIXSON

ACTING SUPERVISOR

5-14-02
Date of Report

