

1967543-7

14

CLINICAL RECORD

AUTOPSY PROTOCOL

DATE AND HOUR DIED Unknown		A. M. P. M.	DATE AND HOUR AUTOPSY PERFORMED 7 Mar 1985 1430		A. M. P. M.	CHECK ONE		
PROSECTOR J. D. Spencer, CDR, MC, USN			ASSISTANT			FULL AUTOPSY	HEAD ONLY	TRUNK ONLY
						XX		

CLINICAL DIAGNOSES (including operations)

None.

*Tissue in
B080 acct
3/13/85*

PATHOLOGICAL DIAGNOSES / FINAL

Cause of Death: Blunt force and penetrating injuries of head
 Manner of Death: Homicide

A. Blunt force injuries

Head:

1. Fractures of left maxilla, left frontal, and left parietal bones, extending into sphenoid and ethmoid bones.
2. Fractures two (2) of right maxilla extending into right sphenoid, right frontal and right parietal bone areas.

Ribs:

1. Fractures of left ribs --- 5, 6, 7, and 8
2. Fractures of right ribs --- 7, 8, 9, and 10

- B. Penetrating injury, left parietal bone (internal and external beveling)
- C. Advanced decomposition
- D. Partial mummification (drying)

APPROVED—SIGNATURE

MILITARY ORGANIZATION (Where required) DEA	AGE 37	SEX male	RACE white	IDENTIFICATION NO.	AUTOPSY NO. A85-2
PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle, grade, date, hospital or medical facility)				REGISTER NO.	WARD NO.

CAMARENA, ENRIQUE SALAZAR
 564-62-4639

AUTOPSY PROTOCOL
 Standard Form 903
 503-104

(1407)

EXTERNAL EXAMINATION:

The body is examined at a city hospital in the city of Guadalajara, Mexico. The body is located in the morgue area of the hospital and has a moderate odor of decomposition. The body is unembalmed, and has moderate to advanced changes of decomposition. Drying changes are evident throughout all body surfaces. The thoracic, abdominal and cranial cavities have been previously opened. Cut suture material is identified along the thoracic and abdominal openings from a prior autopsy. The body measures 68 inches in length and weighs approximately 80 pounds.

The head has moderate drying changes with some mummification. The eye sockets are sunken and the lips are retracted. The teeth are generally white with some pink discoloration. There has been extensive restoration in the teeth. The hair is absent. The skull has been opened and several fragments of bone are found within the cranial cavity. There is an open incision from previous postmortem examinations in the thoraco-abdominal region that measures 26 inches in length. The incision extends from the pubic region to chin. The thoracic and abdominal organs are in place in their cavities. The organs have been previously dissected from their attachment to the body walls by a modified Rokitansky method, but they remain attached in the pelvic region. The penis is circumcised and both testes are descended. Both arms have scattered skin loss and areas of dark brown discoloration. The skin of both hands is dry. There is no evidence of depressions around the wrist. The fingertips of both hands have ink from prior identification procedures by members of the FBI team. There are scattered areas of skin loss on the legs and feet. On both legs are areas of dark brown discoloration. There are no areas of depression around the ankles. The areas of dark brown discoloration on the extremities and the wrists and ankle areas are incised. No areas of contusions (bruises) are identified.

The back also has areas of dark brown discoloration which are incised and no evidence of contusion is identified. The anus is examined and no injuries are identified.

1410

OPINION:

This 37-year-old white male, Enrique Salazar Camarena, died as a result of blunt force and penetrating injuries of the head. Fractures of the right and left ribs were identified, but are consistent with fractures occurring after death. No other injuries, other than the skull fractures and rib fractures were identified by the postmortem examination or postmortem radiography. The manner of death is homicide.

J. D. Spencer

JERRY D. SPENCER, M.D., J.D.
CDR, MC, U. S. Navy
Chairman, Department of
Forensic Sciences

1967543-7

1466

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PROSECTOR J. D. Spencer, CDR, MC, USN		ASSISTANT		CHECK ONE FULL AUTOPSY HEAD ONLY TRUNK ONLY	
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*Tissue in
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C. Advanced decomposition

D. Partial mummification (drying)

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The back also has areas of dark brown discoloration which are incised and no evidence of contusion is identified. The anus is examined and no injuries are identified.

EVIDENCE OF INJURY:

1408

A. Blunt force injuries of head:

1. Left side of head

The left maxilla has a large fracture that extends from the oral cavity into the left eye socket. The fracture line extends into the left frontal and parietal regions. This fracture also extends into the ethmoid and sphenoid bones, but does not involve the nasal bones. Upon reconstruction, the fracture line in the left parietal bone extends to the sagittal suture which is open.

2. Right side of head

The right maxilla has two fractures which extend through the eye socket on to the right frontal and parietal bones. The right sphenoid bone is fractured in continuity with the right maxillary fractures. Upon reconstruction of the right side of the skull there is a large fragment, measuring approximately 3 X 4 inches that is not present with the body. The missing fragment comprises part of the right frontal and parietal bones.

B. Penetrating injury of head

There is an oval to round defect on the outer table of the left parietal bone. This defect measures $3/8 \times 3/8$ inch and is located 1 inch to the left of the anterior midline, and $1/2$ inch anterior from the top of the skull. The defect is roughly circular, but is irregular. The outer table surrounding the defect has some external beveling with loss of the surface cortex extending to $1/8$ inch away from the oval to circular defect.

The inner table has internal beveling. The internal beveling at the inner table measures $3/4 \times 3/4$ inch.

The scalp overlying the skull defect has an irregular central defect extending through the scalp that measures approximately $1/4 \times 1/2$ inch. Four irregular lacerations extend from the central defect, and vary from $1/4$ to $1/2$ inch in length. No powder residue is identified on the scalp or bone defects.

C. Ribs

1. There are irregular fractures of the left 5th, 6th, 7th and 8th ribs. The thoracic wall muscles and soft tissues are incised adjacent to the ribs and no contusions are identified.

2. There are fractures of the right ribs involving the 7th, 8th, 9th and 10th ribs. The fractures of the 7th and 8th ribs are linear, bending type fractures. The fractures of the 9th and 10th ribs, like those of the fractured left ribs are irregular. The muscles and soft tissues adjacent to the fractures of the right ribs are incised, and no contusions are identified.

1409

INTERNAL EXAMINATION:

The re-autopsy is performed, utilizing the previous autopsy incisions. The chest and abdominal organs are loose and undissected in the thoracic and abdominal cavities. The pelvic organs remain attached to the pelvic region. The organs have advanced decomposition changes.

Head:

The injuries of the skull have been described. Only a small amount of liquified brain material remains.

Neck:

The neck organs are attached to the other thoracic and abdominal organs. Advanced decomposition changes are present. The hyoid bone is not identified. The cervical vertebral column does not show any injury.

Body cavities:

The thoracic and abdominal organs have advanced decomposition changes. The pericardial sac has been opened, but in general the organs are undissected. All of the organs have advanced decomposition and loss of organ mass.

Musculoskeletal System:

The muscles have advanced decomposition. The skeleton is unremarkable except for the previously described fractures of the skull and ribs. Total body radiography shows no additional fractures other than in the skull and ribs.

1410

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