Mecklenburg County M E Office

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REPORT OF AUTOPSY EXAMINATION

DECEDENT

Document Identifier B200801419
Autopsy Type ME Autopsy
Name Darryl Wayne Turner
Age 17 yrs
Race Black
Sex M

AUTHORIZATION

Authorized By Thomas D. Owens MD **Received From** Mecklenburg

ENVIRONMENT

Date of Exam 03/21/2008 **Time of Exam** 08:30
Autopsy Facility Mecklenburg County M E Office **Persons Present** Linnelle Banks

CERTIFICATION

Cause of Death
Acute ventricular dysrhythmia, ventricular fibrillation (see summary and comment section)

The facts stated herein are correct to the best of my knowledge and belief.
Digitally signed by
Thomas D. Owens MD 30 June 2008 08:11

DIAGNOSES

Taser barb marks located near the mid sternum of the chest and epigastric area of the abdomen
Focal underlying hemorrhage of the subcutaneous tissue
Pulmonary vascular congestion and edema
Copious frothy fluid on sectioning
Microscopic vascular congestion with associated intraalveolar hemorrhage
Acute abrasions noted to the right temple, right cheek and right shoulder area

IDENTIFICATION

Body Identified By
Papers/ID Tag

EXTERNAL DESCRIPTION

Length 67 inches
Weight 170 pounds
Body Condition Intact
Rigor 3+
Livor Posterior
Hair Black with dreadlocks
Eyes Brown
Teeth Natural with removable yellow metal tooth appliances located on the top and bottom front teeth

Received in a body bag is the body of a young, well developed, muscular black male who is wearing no shirt, tan slacks, a belt, and underwear. There are identification tags on the right wrist and the left foot with the name "Turner, Darryl Wayne". The hands are covered in brown paper bags which are secured at the wrists. Upon removal of the bags, the hands are unremarkable. There are focal injuries present on the body as described below. No valuables accompany the body. Evidence of medical intervention includes an endotracheal tube, multiple EKG leads on the chest and abdomen, defibrillator pacer pads on the chest, a blood pressure cuff on the right upper arm, and an IV in the left antecubital fossa.

INJURIES

Located just to the right of the midline of the chest, 16" down from the top of the head and ¼" from the anterior midline of the chest, is a 3/16" irregularly round area of abrasion with a central puncture. The underlying subcutaneous tissue shows focal hemorrhage to a depth of approximately 1/8". A second similar wound is located in the epigastric area of the abdomen, 19¾" down from the top of the head and 1½" to the right of the anterior midline of the body. This is also a 3/16" irregularly round abrasion type wound with a central puncture. There is focal hemorrhage of the subcutaneous tissue to a depth of approximately 1/8". There is no obvious injury to any of the other underlying musculoskeletal structures or internal organs. Other injuries include a small abrasion noted to the right lateral brow area, abrasion over the right cheek bone approximately 6" down from the top of the head, and a large area of abrasion of the right anterior superior shoulder area, centered 11½" down from the top of the head. These abrasions are acute and have partial drying. No internal trauma is identified.

DISPOSITION OF CLOTHING AND PERSONAL EFFECTS

The following items are preserved as evidence
All clothing

PROCEDURES

Special Evidence Collection
Blood stain card, nail swabs from left and right hands.

INTERNAL EXAMINATION

Body Cavities
The organs are in the proper locations. There are no unusual fluid collections or adhesions.

Cardiovascular System
Heart Weight 410 grams
The pericardium and epicardium are unremarkable. The coronary arteries have the normal takeoff and distribution with a right dominant pattern and focal areas of early minimal atherosclerotic coronary artery disease. The chambers are not dilated and the myocardial walls are not thickened. The valves are delicate and normally formed. On sectioning the myocardium is red/brown and without evidence of fibrosis or scarring. The aorta and its major branches are patent and show focal early minimal atherosclerotic change (fatty streaks).

Respiratory System
Right Lung Weight 950 grams
Left Lung Weight 810 grams
The lungs are heavy and congested. The larynx and trachea are unremarkable. The main stem bronchi are unremarkable. The pleural surfaces are unremarkable. The pulmonary vasculature shows no evidence of pulmonary thromboembolus. Sectioning reveals normally formed lungs with copious amounts of frothy fluid exuding from the cut surfaces.

Gastrointestinal System
The oral cavity and esophagus are unremarkable. The stomach contains approximately 50 cc of a brown/cola colored fluid and the mucosa is unremarkable. The intestines are unremarkable on inspection.

Liver
Liver Weight 1860 grams
The capsule is intact with no lesions on sectioning. The gallbladder and the biliary tree are unremarkable.

Spleen
Spleen Weight 270 grams
Unremarkable

Pancreas
Unremarkable

Urinary
Right Kidney Weight 200 grams
Left Kidney Weight 200 grams

The renal arteries and ureters are intact and unremarkable. The cortical surfaces are smooth. On sectioning there is a normal cortex and medulla. The bladder contains a very little amount of urine.

Reproductive
Normal male anatomy with an unremarkable prostate.

Endocrine
Unremarkable thyroid gland and adrenal glands.

Neurologic
Brain Weight 1400 grams
The leptomeninges are delicate and clear. The brain shows a normal gyral pattern with minimal cerebral edema. The vessels show no degree of atherosclerosis. No abnormalities are seen on sectioning of the cerebrum, cerebellum, and the brainstem.

Skin
Injuries are present as previously described.

Immunologic System
Unremarkable

Musculoskeletal System
Unremarkable

MICROSCOPIC EXAMINATION

Cardiovascular
Multiple sections from the left ventricle as well as a longitudinal section through the ventricular conduction system reveal no pathologic diagnosis.

Respiratory
Lung sections reveal pulmonary vascular congestion with associated diffuse intraalveolar hemorrhage.

Liver
No pathologic diagnosis.

Genitourinary
Kidney: No pathologic diagnosis.

Neurologic
Brain: No pathologic diagnosis.

SUMMARY AND INTERPRETATION

This was a 17 year old male who was reportedly in a very agitated state and involved in an argument at a local grocery store where he was an employee. Police were called to the scene and during the incident a conducted energy weapon (Taser) was deployed striking the decedent in the chest area. Shortly thereafter he fell to the carpeted floor area near the entrance of the store. Evaluation revealed that he was unresponsive with ventricular fibrillation and no respirations. CPR was initiated and the decedent was transferred to the local hospital where he was pronounced deceased in the emergency room. There is no known medical history and no medical records prior to the terminal event were able to be obtained for review.

Postmortem examination reveals a young, well developed, muscular, black male with focal wounds to the mid sternum and upper epigastric area of the abdomen consistent with taser barb marks. There are also abrasions of the right temple, right cheek and the right shoulder which are consistent with a terminal fall. The lungs show pulmonary vascular congestion and pulmonary edema with copious amounts of frothy fluid on sectioning. There are no signs of any other trauma or natural disease process. Specifically, there are no anatomic findings indicating an obvious pre-existing cardiac abnormality or disease.

Postmortem toxicology analysis is performed on both a postmortem aortic blood sample and an antemortem peripheral blood sample from the hospital. Results from the postmortem aortic blood sample show the presence of lidocaine administered during resusitative efforts. No cocaine, ethanol, opiates, organic acids, organic neutrals, other organic

bases, or oxymorphone are detected in the specimen. Postmortem urine sample analysis also reveals the presence of lidocaine and no other organic bases are detected. Analysis of the antemortem blood sample yields the presence of atropine and lidocaine, both administered during resusitation attempts. No benzodiazepines, cocaine, fentanyl, opiates, other organic bases, or oxymorphone are detected in this specimen.

The cause of death in this case is acute ventricular dysrhythmia, specifically ventricular fibrillation, which further deteriorated to asystole from which the decedent could not be resusitated. This lethal disturbance in the heart rhythm was precipitated by the agitated state and associated stress as well as the use of the conducted energy weapon (Taser) designed for incapacitation through electro-muscular disruption. Physiology predisposing to arrythmogenesis can not be evaluated on postmortem examination, but is expected based on the circumstances surrounding the death.

Note: Information relating to deaths in association with use of a conducted energy device (Taser) can be found in the recent release from the National Institute of Justice (NIJ): “Study of Deaths Following Electro Muscular Disruption: Interim Report.” The report concludes that “although exposure to Conducted Energy Devices (CED) is not risk free, there is no conclusive medical evidence within the state of current research that indicates a high risk of serious injury or death from the direct effects of CED exposure.” In addition, the report suggests that “CED technology may be a contributor to ‘stress’ when stress is an issue related to cause of death.” Studies of the effects of CED’s are very limited and additional research needs to be done. This information was communicated to members of NAME by the NAME President, Jeffrey Jentzen, MD in an e-mail on June 26, 2008.

DIAGRAMS

1. Adult (front/back)

State of North Carolina

Office of the Chief Medical Examiner

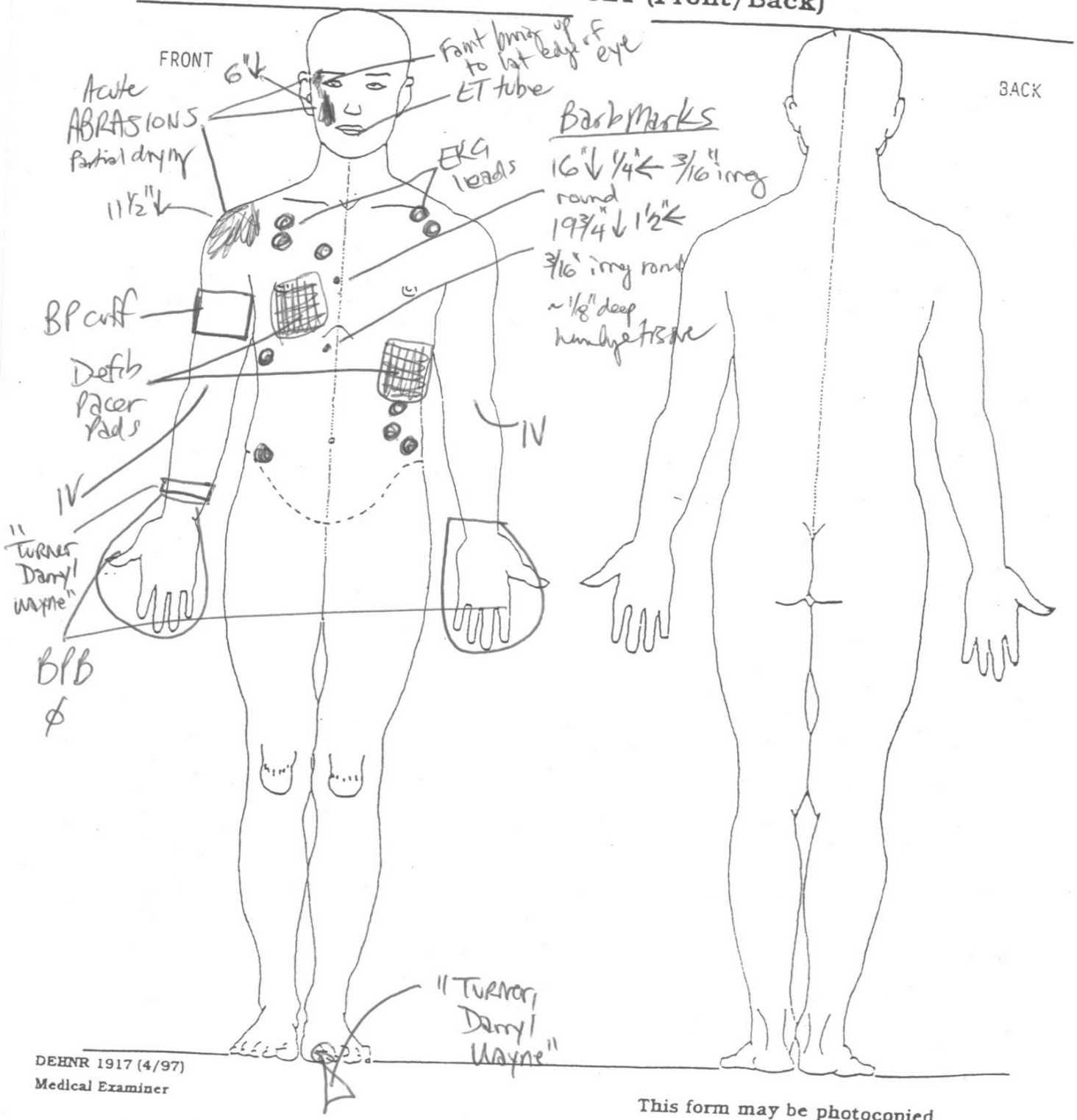
Chapel Hill, North Carolina 27599-7580

Name of Decedent: DARRYL W. TURNER

Autopsy # B08-1419

Examined By: TDOWNS, MD Date: 3/21/08

BODY DIAGRAM: ADULT (Front/Back)



DEHNR 1917 (4/97)
Medical Examiner

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PAGE 1 OF 1

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