



Department of  
Laboratories and Research  
10 Dana Road Valhalla, NY 10595

## MICROSCOPIC EXAMINATION

NAME: Diane Schuler

JOB NUMBER: M2009-1442

Heart : (2) Left Ventricle Lateral and Interventricular Wall: No acute ischemic changes, necrosis, inflammation or myocardial fiber hypertrophy. Mild perivascular fibrosis. The epicardium and endocardium are unremarkable.

Heart: (1) Upper Septum-AV Node Fibers: Normal, no fibrosis, inflammation or tumor. The endocardium is unremarkable.

Bronchi and Lungs: (2) Large and small bronchi have plenty of mucus with admixed clumps of sloughed normal epithelial cells. No inflammatory cells in the mucus. No increased number inflammatory cells in the bronchial wall.

Eosinophilic granulocytes are not identified. The bronchial basal membrane, bronchial wall muscles and mucosal glands are unremarkable. The lung tissue around the large bronchus section has a small fresh hemorrhage; and around the smaller bronchus has several foci of black and yellow pigment deposits.

Polarized light exam is negative.

Liver: (1) No significant fatty changes, inflammation, necrosis or fibrosis.

Pancreas: (1) Autolyzed. No inflammation, necrosis, fibrosis or tumor.

Kidney: (1) The glomeruli, tubules and interstitium are unremarkable. The tubules have clear lumens. The renal artery seen is unremarkable.

Uterus: (1) Proliferative endometrium and normal myometrium.



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Thyroid: (1) The thyroid has normal variation of thyroid follicles and several distended colloid filled cysts. No inflammation, fibrosis or malignancy.

Brain, Hippocampi, Right and Left: (2) No pathological changes. The brain tissue has no inflammatory response ( glial reaction or lymphocytes) and no neuronal inclusions. Mild post mortem artifacts of processing of brain tissue, pseudo brain tissue edema and pyknotic neurons.

The leptomeninges are free of cell infiltrates.

*Aleksandar Milovanovic*

Aleksandar Milovanovic, MD

Deputy Medical Examiner

AM/mk

August 5, 2009

Westchester County  
Dept. Labs/Research  
Valhalla, NY

For Investigational  
Purposes Only

SEX

AGE

COMMENT

PRINT 07/27/2009 15:48  
S.ID A1004E03, M09-1442.3

V.H.1

Test	Result	Flag	Unit		
glu	4		mg/dL	0	0
creat	0.5		mg/dL	0.0	0.0
BUN	15		mg/dL	0	0
Na	142		mmo1/L	0	0
K	17.2		mmo1/L	0.0	0.0
Cl	125		mmo1/L	0	0

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## AUTOPSY REPORT

**M2009-1442**

**Report of death by Dr. Aleksandar Milovanovic M.D., Medical Examiner**

**Name: Diane Schuler**

**Residence: 805 Fourteenth St West Babylon, NY**

Place of death: Taconic State Parkway, Mt. Pleasant, NY

Age: 36

Sex: F

Race/Ethnicity: White

Date & Time

Of Death: 7/26/2009 13:35

Examiner Notified: 7/26/2009 14:30

Of arrival at scene: 7/26/2009 15:40

Reported By: Inv Boyle

Primary police agency: NYS (Hawthorne)

I hereby certify that I, Dr. Aleksandar Milovanovic, MD have performed an autopsy (in the presence of Dr. Ashar, Dr. Bristol) on the above named person at the Medical Examiner's Facility, Valhalla, NY., on 7/27/2009 at 9:15 AM.

Signed: A. Milovanovic MD.  
Dr. Aleksandar Milovanovic  
Pathologist/Medical Examiner



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### EXTERNAL DESCRIPTION:

The body is clad in torn black long sleeve T-shirt, sleeveless white undershirt, bra all partly blood stained, torn shorts and black underwear which is not torn.

The body is that of a well developed, well nourished White woman, 63 inches, 204 lbs and appears 36 years as reported. The body is cool, the right arm has rigidity and there is mild lividity posteriorly. The head is normal and the face symmetrical ( see injury). The light brown hair is long. The corneas are clear, irides blue, conjunctiva pale and have no petechial hemorrhages. The ears have normal shape ( see injury above and in front of the right ear). The earlobes are cosmetically pierced. The nasal bones are fractured. The nasal septum is in the midline and the nostrils have some blood. The lips are unremarkable. The teeth are natural with many teeth acutely missing in the multiply fractured lower jaw and missing in the right part of the upper jaw which is fractured horizontally. There are several loose teeth on the tongue in the mouth. The neck is symmetrical. The chest is pathologically pliable. The breasts are ample and symmetrical



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( see injury anterior chest- under the right breast). The abdomen is flat. The external genitalia are atraumatic adult female. The lower extremities are symmetrical with extensive laceration on thighs and lower legs bilaterally and exposure of muscle ( see injury with fractures and extensive lacerations on thighs and legs). The toenails are unremarkable partly painted red. The upper extremities are symmetrically formed and the left has deformity due to injury. The fingernails are short evenly cut intact. The back and the anus are normal.

### SCARS:

Non significant.

### MEDICAL INTERVENTION:

None.

### INJURIES:

#### BLUNT FORCE INJURY OF HEAD:

The scalp avulsion with the flap on the right side involves parietal and occipital scalp. There are no significant subscalpular hemorrhages and the skull top is free of fractures. The brain has mild diffuse subarachnoid



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hemorrhages and the area of Circle of Willis has several small post mortem clots and no significant subarachnoid hemorrhage. The cervical spinal cord is avulsed ( see injury of neck- total Atlanto-occipital dislocation).

### **BLUNT FORCE INJURY OF FACE:**

The forehead has several small yellow abrasions. The face have several small injuries including and the larger laceration in front of the right ear. The facial bones are fractured including nasal, upper jaw horizontally and multiple fractures of the lower jaw. The lower lip and under chin area have dried brown abrasion and several small full thickness of the lower lip lacerations.

### **BLUNT FORCE INJURY OF THE NECK:**

There are no significant changes externally except for pathological mobility. Internal examination reveals total Atlanto-occipital dislocation with spinal cord transection with no significant hemorrhages in the surrounding soft tissue or spinal cord.



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### BLUNT FORCE INJURIES OF CHEST, ABDOMEN, PELVIS AND BACK:

The right anterior chest under the right breasts has horizontal gapping deep 5 by 2 inch wound which reveals broken ribs and underlying lung. The right anterior lower chest and right upper abdominal quadrant have red-yellow abrasions. There are several abrasions to the left abdomen. The left flank has 3 by 2.5 inch faint purple contusion.

The internal examination of the chest, abdomen and pelvis reveals serial rib fractures on the right anterior lateral line and left posterior paraspinal line. Many ribs are dislocated especially to the left posterior aspect, at the level of the 5<sup>th</sup> thoracic vertebra the spine has a complete dislocation fracture with transection of the spinal cord. The pericardial sac is partly torn and there is complete transection laceration of the descending thoracic aorta. The chest cavities contain about 80 ml of blood with clot bilaterally. The lungs have multiple lacerations and contusions. The diaphragm is partly lacerated on the left. The liver has multiple lacerations. The spleen has lacerations. There is a mesenteric partial laceration.





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The pelvic fractures are left pubic rami and the right sacral iliac fracture.

### **BLUNT FORCE INJURY OF THE LEGS:**

The lower limbs have gapping lacerations: the anterior thighs bilaterally, the larger involving the entire left anterior thigh and the anterior legs have gapping lacerations two separate on the right.

There are fractures of the left lower femur and bilateral fractures of the shin bones, the right tibia at two levels. The left foot is fractured. The left heel has deep laceration opening posteriorly.

The right knee and the right leg have parched gray yellow skin. There is charring of the left anterior thigh muscles exposed by laceration.

On the left mid anterior lateral shin are parallel 4 inch horizontal with  $\frac{1}{4}$  inch repeated parallel lines. These parallel lines horizontally oriented are on the mid lateral shin and have above described gray yellow parched like skin changes.



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### BLUNT FORCE INJURY OF THE ARMS:

The left anterior shoulder has parallel superficial abrasions. The left upper arm has comminuted fracture which shortens the left arm. The left elbow is fractured with laceration over the fracture. The left outer and inner arm has abrasions.

The right arm and both hands are intact.

### BODY CAVITIES:

Thoracoabdominal incision reveals 1 and  $\frac{3}{4}$  inch abdominal wall fat and the organs in their usual positions. The pleural cavity contain about 80 ml of liquid and clotted blood. The pleural surfaces have no adhesions. The pericardial sac is partly opened and the pericardial and peritoneal cavities have no adhesions. The peritoneal cavity has small amount of liquid blood.

### HEAD AND BRAIN:

The posterior parietal and occipital right scalp is evulsed as described with minimal soft tissue hemorrhages. The skull top is intact. The dura is intact. The skull top reflection reveals mild patchy subarachnoid collection of extravasated blood. The 1340 gram brain has



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some softening and the brain gyri are unremarkable and on sectioning the brain reveals demarcated cortex and white matter with no mass lesions of hemorrhages. Cerebellum and brain stem are unremarkable on sectioning. The brain base arteries and in the central Circle of Willis area some accumulation of post mortem clot with no significant subarachnoid hemorrhages and no aneurysm. The upper cervical spine canal has Atlanto-occipital dislocation and transection of the spinal cord with no significant hemorrhages.

**NECK:** ( see injury, Atlanto-occipital dislocation)

The anterior neck subcutaneous soft tissue and the strap muscles dissection reveals no significant hemorrhages. The hyoid bone and laryngeal cartilages are intact. The larynx and hypo pharynx have unremarkable mucosa and are free of foreign material. The thyroid gland has average size and several 0.4 cm dark colloid filled cysts. The tongue has no significant injury and is free of scarring or hemorrhages.



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### HEART AND LARGE VESSELS:

The 310 gram heart has unremarkable size, shape and epicardial surfaces. The coronary ostia have normal origin and are open. The coronary arteries have right dominant distribution and are patent with no significant atherosclerosis and no hemorrhages around the coronary arteries. The right ventricle is 0.3 cms and left ventricle 1.1 cm thick. The heart muscle on sectioning is dark red with no paleness, hemorrhages or scarring. The heart valves are pliable with mild fibrosis of the anterior mitral leaflet and with no vegetations or valve circumferences: tricuspid 11 cm; pulmonary 7.5 cm; mitral 9; aortic 6.5 cm. The endocardium is transparent. The thoracic aorta and abdominal aorta and branches have no atherosclerosis and no aneurysm. The inferior vena cava is unremarkable. The pulmonary arteries are free of thrombi.

### LUNGS AND AIRWAYS: ( see injury, contusions and lacerations of lungs)

The 320 gram right lung and 280 gram left lung are distended with smooth pleura and pleura has no adhesions. The hilar lymph nodes are not



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enlarged. The main bronchi have sparse but thick mucus focally forming concentric rings of the mucus. The mucus is white gray. The sectioning of the lungs reveal no mass lesions, purulent exudates or consolidations.

### GASTROINTESTINAL TRACT:

The esophagus has unremarkable mucosa. The stomach serosa is unremarkable. The stomach has 480 ml of gray fluid with no pills or fragments. The stomach mucosa is intact with normal folds and no erosions or ulcers. The duodenum is free of ulceration. The jejunum, ileum and large bowel are unremarkable ( see mesentery laceration).

**LIVER AND GALLBLADDER:** ( see injury- liver lacerations)

The 1930 gram liver has smooth capsule and normal consistency light brown sections. The gallbladder is not identified.

### PANCREAS:

The pancreas is unremarkable and on sectioning it reveals no masses , fibrosis or hemorrhages.



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### ADRENALS:

Unremarkable with no nodules and only small peri adrenal hemorrhages to the right adrenal.

### HEMOPOIETIC SYSTEM:

The 130 gram spleen has several lacerations and slate gray capsule and soft red brown sections. There are no masses. The lymph nodes and bone marrow are unremarkable.

### GENITOURINARY TRACT:

The kidneys weigh 180 grams each and are pale with smooth surfaces. The cortices and medullae are demarcated with pale cortices. The collection system and ureters are normal. The urinary bladder has urine and normal mucosa. The uterus is unremarkable. The endometrium is red gray thick. The ovaries, right has larger corpus luteum.



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### MUSCULOSKELETAL SYSTEM:

Examined muscles are normal. The long bones, and spine have above described fractures and the right arm and forearm long bones are intact.



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### ANATOMICAL FINDINGS:

HEAD, BLUNT FORCE INJURY, LARGE SCALP AVULSION AND  
RIGHT FRONTAL EAR LACERATION  
FOREHEAD ABRASIONS  
CHIN AND UNDER CHIN ABRASIONS AND LACERATIONS  
FACIAL BONE FRACTURES WITH TEETH AVULSION IN THE LOWER  
JAW  
ATLANTO-OCCIPITAL DISLOCATION WITH SPINAL CORD  
TRANSECTION  
THORACIC SPINE FRACTURE WITH DISLOCATION AND SPINAL  
CORD TRANSECTION  
RIB FRACTURES, SERIAL BILATERAL RIGHT FRONTOLATERAL,  
LEFT POSTERIOR  
AORTA, THORACIC DESCENDING TRANSVERSE LACERATION  
LUNGS, LACERATIONS AND CONTUSIONS  
LIVER AND SPLEEN, LACERATIONS  
PELVIC FRACTURES





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**LEFT UPPER LIMB AND LEG FRACTURES**

**SKIN LACERATION LEFT ARM AND BOTH LEGS**

**THERMAL CHANGES, LEFT THIGH MUSCLE AND RIGHT LATERAL**

**KNEE AND RIGHT SHIN SKIN**

**BRONCHI, DRIED MUCUS FORMING CIRCULAR MEMBRANES**

**THYROID, DARK COLLOID CYSTS, SMALL**



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### CAUSE OF DEATH:

BLUNT FORCE INJURIES OF THE BODY WITH MULTIPLE SKELETAL FRACTURES; LACERATIONS AND CONTUSIONS OF INTERNAL ORGANS. DRIVER; INVOLVED IN VEHICULAR COLLISION, 7/26/09, ABOUT 1:35 PM, TACONIC STATE PARKWAY, MT. PLEASANT, NY.

### ACCIDENT

*A. Milovanovic*

8-24-2009

Aleksandar Milovanovic, MD

Pathologist/Deputy Medical Examiner

AM/mk

July 28, 2009



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**TOXICOLOGY:**

**BLOOD, EYE FLUID, URINE, GASTRIC, PORTIONS OF BRAIN AND  
LIVER SUBMITTED.**

**HISTOLOGY:**

**TISSUES ARE SAVED AND SUBMITTED.**

*A. Milovanovic MD*  
**Aleksandar Milovanovic, MD**

**Pathologist/Deputy Medical Examiner**

AM/mk

July 28, 2009



**TOXICOLOGY REPORT**

**Deceased: Diane Schuler**

Age: 36 Years Dr. Aleksandar Milovanovic

**Samples Submitted for Analysis**

  \_X\_Blood (Site: Right Chest Cavity)   \_X\_Urine   \_X\_Liver   \_X\_Vitreous Humor   \_X\_Brain   \_X\_Gastric Contents

***Drug Screen (Confirmed and Unconfirmed)***

<u>Specimen</u>	<u>Result</u>	<u>Technique</u>
Blood	THC present	IA
Urine	THC-COOH present	IA

*All Confirmed Results Below*

***Quantitative Results***

<u>Specimen</u>	<u>Component</u>	<u>Result</u>	<u>Technique</u>
Blood	Ethanol	0.19 g/100 mL	GCFID
Urine	Ethanol	0.25 g/100 mL	GCFID
Vitreous Humor	Ethanol	0.23 g/100 mL	GCFID
Brain	Ethanol	0.17 g/100 g	GCFID
Gastric Contents	Ethanol	1.75 g/100 mL	GCFID
Gastric Contents	Ethanol	6 g/350 mL	GCFID
Blood	11-OH-THC	5.6 ng/mL	GCMS
Blood	THC	113 ng/mL	GCMS
Blood	THC-COOH	59 ng/mL	GCMS
Blood	Carbon Monoxide	Present less than 5 % Saturation	Spectro
Urine	THC-COOH	1638 ng/mL	GCMS

2009 AUG 4 AM 11:40

Signature: Elizabeth Spratt  
Elizabeth Spratt MS, DABFT

8/4/09

Report Date: 8/4/09