DISTRICT TWO

OFFICE OF THE MEDICAL EXAMINER
1899 Eider Court • P. O. Box 14389 • Tallahassee, FL 32317 • Phone 850-942-7473 • Fax 850-219-7690

David T. Stewart, M.D., *Medical Examiner*
John P. Mahoney, M.D., *Associate*
Stephen L. Sgan, M.D., *Associate*
Lisa M. Flannagan, M.D., *Associate*
Anthony J. Clark, M.D., *Associate*

CASE NO.
15M-248

DECEASED
BENSON, Steven

STATE ATTORNEY	RACE	SEX	AGE
Jeffrey A. Siegmeister	White	Male	63

COUNTY DEATH OCCURRED
Leon

DATE OF DEATH
July 3, 2015

INVESTIGATING AGENCY
Florida Department of Law Enforcement
Inspector General's Office

DATE & TIME OF AUTOPSY
July 6, 2015 at 0915 hours

IN ATTENDANCE
See Below

PATHOLOGIST
Anthony J. Clark, M.D.

FDLE: SA Terrence Tyler and Intern Roger Ryals; IOG: Insp. Chester Potter

PATHOLOGIC DIAGNOSES:

I. Sharp-force head trauma.
   A. Puncture wound of right temple made by a sharpened instrument ("shank").
      i. Perforation of the skin and soft tissues of the right temple, right temporal bone (per operative report), dura mater and penetration into the right temporal lobe with extensive hemorrhage into the brain tissue, cerebral ventricles and formation of a large subdural hematoma resulting in a significant right to left shift.
      ii. Marked cerebral edema with herniation.
      iii. Pontine hemorrhage.
      iv. Small left frontal subdural hemorrhage.
      v. Status post right craniectomy with evacuation of subdural hemorrhage and decompression of the brain.
      vi. Status post placement of right frontal intracranial pressure monitor and two Jackson Pratt drainage devices.
   B. Puncture wound of the posterior left parietal scalp with penetration into the calvarium – no intracranial injuries.
   C. Localized scalp, galeal and subgaleal hemorrhage.
   D. Crusted superficial injury on the inferior medial left occipital region.

II. Multiple healing contusions of torso and upper/lower extremities.
III. Lung findings.
    A. Marked pulmonary congestion and edema.
    B. Bilateral aspiration pneumonia.
IV. Large benign hepatic hemangioma.
V. The blood toxicology is negative [see complete toxicology report].

CAUSE OF DEATH: Delayed complications of sharp-force head trauma.

IDENTIFICATION: Tied to the zipper pulls of the white body bag is a handwritten white card with the name "Benson, Steven". Typed white labels with the decedent's name are adhered to this card, the outside of the bag and on the body. Encircling the left wrist is an identification bracelet with the same name. Also encircling the left wrist is a hospital identification bracelet with the designation "Trauma, Nova".

EXTERNAL EXAMINATION: The decedent is received in an unsealed, labeled, zippered white body bag and is clad in a hospital gown. No articles of clothing and/or personal effects are received with the body at the autopsy.

This is the body of a well-nourished, well-developed, edematous Caucasian male who as received measures 74.5 inches in length and weighs ~ 210 lbs. (BMI ~ 27). In general, the decedent appears compatible with the stated age of 63 years. The gray/white scalp hair is of very short length and exhibits prominent recession. The irises are brown with bilateral arcus senilis; the pupils are asymmetrical and slightly ovoid. The conjunctivae are unremarkable; the sclerae are non-icteric. The nose and ears are normally formed and set. The nasal vestibules are free of debris and foreign material. The earlobes are creased. Facial hair consists of stubble. The brown-stained teeth are in fair repair. The tongue is normally sized and shaped. The atraumatic neck is stiffened by rigor mortis; the larynx is within the midline. No masses are observed. The chest and back are well-formed and symmetrical. The nipples are void of lesions or discharges. The abdomen is flat and free of apparent organomegaly or masses. The brown pubic hair is in a normal distribution. The penis is circumcised. The testes are bilaterally descended within the scrotum. No lesions or trauma of the perineum and anus are observed. The upper and lower extremities are well-formed, symmetrical, and exhibit marked pitting edema particularly of the hands and feet. The fingernails are short, have ragged free edges and are slightly dirt-encrusted. The soles of the feet are slightly calloused. Well-healed surgical and non surgical scars are observed and in lieu of description are diagrammed and photographed.

EVIDENCE OF MEDICAL INTERVENTION: A healing reverse question mark neurosurgical incision is found on the right head. Superior to this neurosurgical incision are two other healing surgical incisions which have previously been sutured. A third healing surgical incision is noted on the right occipital scalp and has been previously stapled. A right temporal wound has previously been sutured and will be described below. EKG pads are scattered over the anterior torso. A Foley catheter exits the penile meatus and is anchored to the right thigh to drain into a bag containing ~ 60 cc of cloudy yellow urine. A rectal thermometer cable exits the anus. A butterfly heplocked intravenous catheter protrudes from the dorsal left hand and is secured with OpSite and opaque tape. The left antecubital fossa demonstrates a butterfly heplocked intravenous catheter secured with OpSite and opaque tape. A white cloth washcloth encircles the left ankle and has been taped in place. Scattered across the mid abdomen are numerous fine needle punctures with associated green and healing geographic contusion.

POSTMORTEM CHANGES: Rigor mortis is generalized, slight and fading. Diffuse fixed, violaceous livor mortis extends over the posterior surfaces of the body except in areas of pressure. The eyelids are closed; the corneas are opaque. The body is palpably cool to the touch following refrigeration.

RADIOGRAPHIC EXAMINATION: None.

EVIDENCE OF INJURY: All measurements and orientations are made with the body in standard anatomic position.

SHARP-FORCE HEAD TRAUMA: The right temple demonstrates a previously sutured puncture wound. This wound measures 0.8 x 0.1 cm and lies in a 2 to 8 o'clock orientation. The 2 to 8 o'clock margin demonstrates superficial abrasion with a maximum width of 0.1 cm. The puncture wound track travels from right to left, back to front and down. The puncture wound perforates the skin and temporalis muscle resulting in hemorrhage into the soft tissues; perforates the right temporal bone (per operative report); perforates the right temporal dura mater (0.4 x 0.3 cm stellate defect); and penetrates into the lateral right temporal lobe resulting in extensive hemorrhage into the parenchyma and into the cerebral ventricles. Associated with this stab wound was a large subdural hematoma which has been previously evacuated (per operative report). The brain is markedly swollen with flattening of the gyri and loss of the sulci. Vascular congestion is prominent. A large geographic pontine hemorrhage is observed. The right craniectomy bone flap is not present and lying over the dura and brain are Surgicel and Gelfoam. The posterior left parietal scalp demonstrates a 0.5 x 0.2 cm puncture wound. This wound lies in a 10 to 4 o'clock orientation. The puncture wound travels from left to right, slightly down and slightly back to front. The perforation has resulted in hemorrhage into the scalp, galeal and subgaleal space. The puncture has penetrated into the left parietal skull without entering the intracranial cavity. Bone hemorrhage is observed. No intracranial injuries are observed. The inferior medial left occipital scalp demonstrates a 0.2 cm crusted superficial abrasion.

BLUNT-FORCE INJURIES: Scattered over the upper right and left chest are large geographic healing red/green/yellow contusions. Similar contusions are noted on the anterior medial aspects of both brachii. Both forearms and the dorsal right hand feature healing geographic red/yellow healing contusions. Geographic ovoid red contusions are noted on the medial right mid thigh. Scattered over the right shin, distal anterior lateral left thigh and dorsal red foot are red healing contusions. Manipulation and palpation of the upper and lower extremities does not reveal any obvious long bone fractures.

INTERNAL EXAMINATION:

BODY CAVITIES: The following excludes the above-described findings. The serosal cavities have the usual smooth, glistening, tan/pink mesothelium and the bilateral hemithoraces contain cloudy serous fluid

containing fibrinous material. All body organs are in their normal anatomic positions and exhibit prominent edema and congestive changes. Decompositional changes are minimal.

HEAD (CENTRAL NERVOUS SYSTEM): The brain weighs 1480 grams. Serial sections through the cerebral hemispheres, brainstem and cerebellum do not reveal any obvious intrinsic pathologic lesions except those previously described.

NECK: Examination of the soft tissues of the neck, including strap muscles and great vessels, reveals no abnormalities or injuries. The hyoid bone, larynx, and bony cervical spinal column are intact.

CARDIOVASCULAR SYSTEM: The slightly globular and deconditioned heart weighs 420 grams. The pericardial sac is free of excessive fluid or adhesions, and its surfaces are smooth and glistening. The epicardial fat is normally distributed. The coronary arteries arise in a right dominant system, follow the usual courses, and exhibit modest dilatation, tortuosity and calcific vascular walls. All four chambers are slightly dilated. The valvular cusps and leaflets exhibit modest atherosclerotic change. The myocardium is homogeneously red/brown, softened, and free of focal lesions. The atrial and ventricular septa are intact. The aorta and its major branches arise normally, follow the usual courses, are widely patent, and free of significant atherosclerosis or other abnormalities. The vena cavae and their major tributaries return to the heart in the usual fashion and are free of thrombi.

RESPIRATORY SYSTEM: The left and right lungs weigh 1080 and 1370 grams, respectively. The upper and lower airways contain a modest accumulation of frothy serosanguineous fluid; the mucosa is diffusely erythematous and edematous. The visceral pleural surfaces are smooth and glistening. The pulmonary parenchyma of the right lung and the upper lobe of the left lung demonstrate numerous areas of consolidation. The pulmonary parenchyma otherwise is prominently congested and edematous. The pulmonary arteries are opened in situ, are normally developed and patent, and are free of premortem thromboemboli.

HEPATOBILIARY SYSTEM: The modestly enlarged liver weighs 1895 grams and the hepatic edge is still sharp. The hepatic capsule is smooth, glistening, and intact covering red/brown, congested parenchyma; the posterior left hepatic lobe features a 7.6 x 4.0 x 1.3 cm hemangioma. The gallbladder is surgically absent (remote). The extrahepatic biliary tree is widely patent, without evidence of calculi.

ALIMENTARY TRACT: The anterior tongue demonstrates numerous bite contusions. The esophagus is lined by gray/white, smooth mucosa. The stomach rugal folds are flattened and focal submucosal hemorrhages are observed. No ulcers or tumors are identified. The stomach lumen contains 40 cc of bilious thick fluid with mucus. The small and large intestines are unremarkable on

inspection and palpation. The appendix is present. The pancreas has its normal tan, lobulated appearance and the ducts are clear.

GENITOURINARY TRACT: The left and right kidneys weigh 145 and 170 grams, respectively. The renal capsules are thickened, opaque, and strip with marked difficulty from the underlying heavily scarred and pitted red/brown cortical surfaces. The cortices are slightly narrowed but still sharply delineated from the medullary pyramids. A 0.2 cm yellow cortical nodule is identified on the inferior pole of the left kidney. Peripelvic fat is increased. The pelves are slightly dilated. The calyces and ureters are unremarkable. The urinary bladder is empty; the mucosa is gray/brown and unremarkable. The prostate is normal. The testes are bisected, string normally, and are free of lesions or trauma.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 270 grams and has a smooth, intact capsule covering red/purple, moderately firm parenchyma; the lymphoid follicles are easily distinguished.

ENDOCRINE SYSTEM: The pituitary, thyroid, and adrenal glands are of normal shape, size, color, and consistency.

MUSCULOSKELETAL SYSTEM: The bony skeleton is well-formed, symmetrical, and without deformities. The musculature is well-developed. The diaphragm is intact and in proper position.

OTHER PROCEDURES:

1. Common iliac venous blood, hospital blood specimens (five serum separator tubes and six purple top tubes dated 6/27-7/2) and vitreous humor are submitted for comprehensive drug screening and volatile analysis.
2. Documentary and identification photographs are obtained.
3. A bloodstained FTA card (x1) is collected and retained.
4. Multiple tissue cassettes are submitted for histology.
5. Medical records are received and reviewed.

MICROSCOPIC DESCRIPTIONS:

ADRENAL GLAND: (C) No histopathologic abnormalities.

BRAIN: (E) Diffuse mild to focally moderate rarefaction; focal disruption of the parenchyma with hemorrhage; no neoplastic or infectious processes.

HEART: (A) Prominent perivascular fibrosis and mature fat infiltration; no acute or chronic inflammatory cell infiltrates.

KIDNEYS: (A, B) Sclerotic glomeruli; chronic interstitial inflammatory cell infiltrates; the lesion identified grossly on the left kidney is a benign lipoma; no polarizable foreign material or neoplastic processes.

LIVER: (C) Diffuse mild to modest centrilobular sinusoidal congestion with red blood cells; the lesion identified grossly is a benign angioma.

LUNGS: (A, B) Focal atelectasis; diffuse filling of alveoli with mixed inflammatory cell infiltrates; marked edema; focal alveolar hemorrhages; no neoplastic processes.

PANCREAS: (D) Mature fat infiltration; no neoplastic or infectious processes.

SPLEEN: (D) No histopathologic abnormalities.

THYROID GLAND: (C) No histopathologic abnormalities.

Anthony J. Clark, M.D.
Associate Medical Examiner

AJC/trp
Completed: August 17, 2015

- CONFIDENTIAL -

University of Florida Pathology Laboratories
Department of Pathology and Laboratory Medicine
4800 SW 35th Drive
Gainesville, FL 32608
Phone: 352-265-9900 Fax: 352-265-9904

LAB NUMBER: R15-01387
NAME: Benson, Steven
CASE NO: 15M-248
RECEIPT DATE: 07/07/2015

Forensic Toxicology Laboratory

SUBMITTER: Dr. Anthony J. Clark, District 2 Medical Examiners Office, 1899 Eider Court, Tallahassee, FL 32308.

SPECIMENS RECEIVED:

A. Blood - Postmortem, CIVB
B. Blood - Antemortem, 6/27/15@0459
C. Plasma - Antemortem
D. Vitreous Humor

Analyte	Qualitative Results	Quantitative Results
VOLATILES		
A. Blood - Postmortem	None Detected	
B. Blood - Antemortem	None Detected	
COMPREHENSIVE DRUG SCREEN		
A. Blood - Postmortem	None Detected	
B. Blood - Antemortem	None Detected	

RESULT CERTIFICATION:

Results Certified by: _____

Bruce A. Goldberger, Ph.D., F-ABFT
Director of Toxicology & Professor

R1501387 - 01/ BG 08/16/15 [0001]
PRINTED: 08/17/15