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AUTOPSY REPORT

COPY

Case No. 2003-0678

Name: Shue, Philip Michael

Age: 54

Race: W

Sex: M

Date & Time of Autopsy: 17 Apr 2003
10:00 a.m.

GENERAL EXAMINATION

The body is that of a well-developed, well-nourished, white male, measuring 68 inches in length, weighing 150 lbs, whose appearance is consistent with the given age of 54 years.

At the time of examination, the deceased is dressed in a US Military uniform consisting of a camouflage shirt with the sleeves neatly (in military fashion) rolled up and an olive colored t-shirt. The t-shirt is remarkable for still being tucked in, yet there is a neat cut and partial tear of the center of the t-shirt beginning approximately 2 inches above where it is tucked into the pants and extending to and through the neckline. There are not a lot of loose fibers at the end of this cut, which is more consistent with being cut than torn. The t-shirt is also remarkable for having a sharp demarcation of blood at the mid chest region, at approximately the level of the nipples, with the front of the t-shirt bloody from that area downward. The shoulder regions of the t-shirt are not bloody. The overlying camouflage shirt is remarkable for having the bottom portion of the shirt cut and/or torn and the buttons partially torn off the shirt. On the left front of the shirt is a US Air Force emblem and the name "Shue" is on the right front. Camouflage pants are in place and neatly tucked into a pair of black lace-up boots. Around the bottom of the pants, inside the boots, is a Velcro ankle band that keeps the pants in place. White socks are present on the feet. Beneath the pants is a pair of jockey style undershorts. Beneath the jockey style undershorts is a small amount of white fiber material consistent with that found in a diaper. Also underneath the undershorts is a tab with a cartoon figure of a sun and moon, consistent with a tab from a diaper, and gel-like material adhered to the skin of the scrotum and penis, which is also consistent with that found inside the absorbent area of a diaper. The actual outer paper portion of the diaper is not present.

The pants are remarkable for having an L-shaped cut and/or tear overlying the left back pocket of the pants. This L-shaped tear and/or cut does not extend into the pocket portion of the pants, which is intact, meaning nothing could have been gotten from the pocket through this defect. A canvas belt is in the belt loops. The belt is attached and the zipper was closed on the pants. In the right front pocket of the pants is a money clip with forty-two dollars in currency and a dollar and seven cents in change. In the right lower storage pocket of the pants is a small flashlight.

There is duct tape present about each wrist and overlying the top portion of the boots. Present about the right wrist are 1 1/2 loops of duct tape, with a loose end, which measures 4 1/2 inches in length. There is smeared blood on this loose end with no significant blood on the arm in the vicinity of the tape.

Present about the left wrist are three loops of duct tape, which go around the wrist and over his watch. At least two of the loops are only a partial width of the duct tape and there is also a loose hanging portion of duct tape, which measures 4 inches in length. The end of the tape is slightly wadded into a ball. When removing this duct tape, there is blood found on the inner aspect of the duct tape, the portion that was adhered to the skin, with no significant blood in the surrounding area of the skin of the left wrist or arm.

The duct tape present around the left boot partially covers the top of the boot and is adhered to the pant leg. Within this duct tape are trapped two small gray hairs.

On the right boot the duct tape wraps around the top of the boot and does not make a seal with the top of the boot and the pants. It does not adhere to the pant leg, just the boot.

Loose on the skin just underneath each eye are contact lenses; the one on the left is bloody and folded and the right is just folded and not bloody.

EXTERNAL EXAMINATION

At the time of examination, there is generalized rigor and posterior dependent livor mortis. Decompositional changes are not present. There is massive trauma to the head, which is described below.

The scalp hair is gray and averages approximately 2 inches in length. The irides are hazel; the sclerae are white and the conjunctivae are without petechiae. Although there is an abrasion on the nose, there are no palpable nasal bone fractures. There is a slight amount of bloody fluid in the nostrils. The ear canals contain blood. The teeth are natural and in good repair. There is no trauma to the inner aspect of the gums. The jaw has been broken and is described below.

The neck is without evidence of external trauma.

Trauma to the chest will be described below. The chest has a moderate amount of chest hair, which in areas has been shaved off. Much of the upper portion of the right side of the chest has been shaved with hair stubble present. The lower sternum to the epigastric region has been shaved. There is a 4 x 3 inch area on the upper left side of the chest which has been shaved but has hair stubble. Adhered to the chest in two separate areas is a small amount of white material. One of these areas is just to the left of the midline of the chest (adjacent to an incision which will be described below) and the other is in the area of the left nipple (adjacent to an incision which will be described below). In neither of the areas where the white material is found had the hair been shaved.

The abdomen is flat and contains a moderate amount of abdominal hair. There are three small aging contusions which are yellow to green in color. They are located in the upper left quadrant of the abdomen with one being over the left costophrenic margin. No previous surgical scars are appreciated.

The external genitalia are those of an adult male. The adhered fibers are as previously stated as well as small pieces of gel adhered to the penis and the scrotum. There is no trauma evident to the penis or scrotum.

The upper extremities are remarkable for trauma, which will be described below. There is dried blood mixed with adhered pieces of glass on the back of the left hand. There is also smeared blood on the right hand on the anterior and posterior aspects. The fingernails are of moderate length with blood beneath the nails. On the anterior aspect of the left wrist is a 1 inch horizontal scar in the center. In the thenar eminence is a 1 inch horizontal scar. No long bone fractures are evident to the upper extremities.

The lower extremities are symmetrical. Trauma to the lower extremities will be described below. There is some patterned anterior lividity to the upper aspect of the thigh. No palpable long bone fractures are present. There is a 1 x 1/2 inch scar on the upper left side of the thigh. The feet are unremarkable.

The back is symmetrical and is without evidence of trauma. The anus is without trauma.

EVIDENCE OF INJURY

Trauma to the head:

Incorporating most of the center of the forehead is a 2 1/2 x 1 3/4 inch area of abrasion and surrounding contusion. Just to the left of this abrasion, on the forehead, is a 1/2 x 1/2 inch contusion and just to the right are several small abrasions and contusions.

In the glabellar region between the eyebrows, just to the right of midline, is an irregular 3/4 inch abrasion.

Over the bridge of the nose, and slightly to the right of midline, is a 3/4 x 1 inch area of contusion with a 1/2 x 1/4 inch abrasion in the center of the contusion. There are no palpable nasal bone fractures.

On the right lateral side of the face and scalp is a large gaping laceration, which extends from approximately the right cheekbone prominence, across the right lateral aspect of the forehead, and right side of the scalp. This laceration measures 7 1/2 inches and is down to the underlying skull bone, which is fractured and displaced. Along the inferior and posterior aspects of the laceration are abrasions. An area of abrasion extends from the posterior edge of the laceration to the ear and a component of the abrasion consists of horizontal and parallel linear abrasions. Abrasions also extend onto the pinna of the right ear, which is partially torn down to the cartilage. Small irregular abrasions are also present on the right cheek extending down to the jaw line.

The left side of the face has a slight abrasion just lateral to the eyelid. The left pinna of the ear is irregularly torn with the underlying cartilage irregularly torn. Posterior to the left ear, and extending to the pinna, is a 2 x 1/2 inch gaping laceration with underlying exposed fractured skull bone.

Reflection of the scalp revealed scalp contusions in the frontal and posterior regions with multiply fractured displaced bone of the cranium as well as base of the skull. A large fragment of parietal bone is completely loose on the left side. There is a large gaping fracture across both the right frontal and the right parietal bone and large fragments of bone in the posterior parietal bones are completely loose from multiple fractures. There is a complete displaced hinged fracture that extends across both the right and left petrous ridges. There are fractures in the orbital plates, middle cranial fossa and a fracture through the right side of the occipital bone. The brain itself is multiply lacerated with no significant subdural blood or subarachnoid blood. Sectioning of the brain reveals petechiae in the white matter, contusions throughout the gray matter and the deep lacerations.

Bilateral facial bone fractures are present including the lower edge of the left orbit extending onto the left maxilla and the right maxillary region is also fractured. There is a fracture dislocation of the right mandible approximately 1 1/2 inches to the right of midline.

Trauma to the chest:

There is a vertically oriented, gaping, incised wound, 5 3/4 inches in length down the center of the chest. Along the superior edge of this incised wound, approximately 1 inch below the sternal notch, are at least 5 linear scratch abrasions consistent with hesitation marks. One measures 5/8 inch in length, three others measure 1/2 inch and another one measures 3/8 inch. At the inferior edge of the incised wound is a 3/4 inch scratch abrasion. Approximately 1/8 inch from the left edge of the incised wound, paralleling to the edge, are at least two linear scratch abrasions, with a 1/8 inch area where it extends deeper into the skin as a superficial incision. The lower aspect of the left lateral edge of the incised wound is slightly irregular with three irregular superficial cuts extending from the edge of the wound. This wound extends through the subcutaneous tissue but does not extend into the fascia overlying the sternum.

Extending from the lower left lateral aspect of the incised wound is a very faint, ill-defined area of what appears to be contusion, which measures 2 inches in length. It is almost horizontal and has a width of 1/2 inch.

The right nipple has been cut off. The almost circular incised wound is not surrounded by abrasion or contusion. The cut edges are slightly irregular but for the most part sharp. The wound extends only superficially into the subcutaneous fat. Overall this area of missing skin, which would include the nipple, measures $1 \frac{5}{8} \times 1 \frac{1}{8}$ inches.

The left nipple has also been cut off. The wound is slightly more irregular in shape than the right but is also without abrasion or contusion. There is an adhered blood clot in the wound. This wound has more of a cone shape with the center portion deeper into the subcutaneous fat with the edges being more superficial. The overall size is $1 \frac{1}{2} \times 1$ inch.

Trauma to the extremities:

There is an amputation of the distal portion of the fifth digit of the left hand. The edges of this amputation have small irregular edges and the bone has been disarticulated at the distal interphalangeal joint with no marks evident on the cartilage, which appears intact. Also on the fifth digit of this left hand is a contusion over the proximal portion of the finger, which measures $1 \times \frac{5}{8}$ inch. A slight contusion is also located on the medial aspect of the left hand just proximal to the digit. On the back of the left hand is a $1 \frac{1}{4}$ inch scratch abrasion extending almost to the wrist. On the posterior aspect of the left wrist is a faint semi-circular petechial contusion with a surrounding blue contusion. This would be in the area that was beneath the watch.

On the posterior lateral aspect of the left forearm, slightly below the level of the elbow is a $1 \frac{1}{2} \times 2$ inch contusion.

On the medial aspect of the left arm, at the level of the left antecubital fossa, are two small contusions. Each measure approximately $\frac{1}{2} \times \frac{1}{2}$ inch.

On the back of the right hand just proximal to the metacarpal phalangeal joint of the second digit is a faint $\frac{1}{2} \times \frac{1}{2}$ inch contusion and over the fourth metacarpal phalangeal joint of the right hand is a faint blue $\frac{1}{2} \times \frac{1}{2}$ inch contusion. Located on the medial aspect of the right hand is a slight, irregular $\frac{1}{2} \times \frac{3}{16}$ inch blue contusion and on the medial aspect of the right wrist is a $\frac{3}{4} \times \frac{1}{2}$ contusion.

The back of right forearm just proximal to the elbow is a 2-inch scratch abrasion.

Trauma to the lower extremities consists of an area of abrasions and contusions on the lateral aspect of the left knee. There is a $2 \frac{3}{4} \times \frac{1}{2}$ inch contusion just below and lateral to the knee and two small abrasions over the left knee. There is also a pink contusions approximately 5 inches below the left knee and a ill defined contusion over the left pretibial region. No palpable long bone fractures are present.

Located on the lateral aspect of the right leg, at the level of the upper calf, is a $1 \frac{1}{2} \times 1$ inch slightly irregular laceration with an underlying puncture wound defect that goes slightly into the underlying musculature.

INTERNAL EXAMINATION

BODY: The usual y-shaped incision is made and reveals no evidence of hemorrhage beneath the area of the incised wound on the chest. This incised wound does not extend down to the underlying bone or fascia. No recent or remote rib fractures are present. The right and left pleural cavities are without free fluid or adhesions. The pericardial sac is intact and contains the normal physiologic fluid. The peritoneal cavity is without free fluid or adhesions.

CARDIOVASCULAR SYSTEM: The 330 gm heart has a small to moderate amount of subepicardial fat. The epicardial surface is smooth and glistening. The coronary arteries have a right dominant distribution and are free from atherosclerosis. The heart musculature is reddish-brown in color and without focal abnormalities. The heart valves are all thin, pliable, and competent with the normal number of leaflets. The aorta is without trauma or atherosclerosis.

RESPIRATORY SYSTEM: The right and left lungs weigh 310 gm and 330 gm, respectively. The pulmonary arteries are without thrombi and the bronchi contain no foreign material. There is a very minimal amount of aspirated blood within the bronchi and slightly within the parenchyma. No focal and intrinsic abnormalities are present. Overall the lungs have a pink color and a dry consistency.

HEPATOBIILIARY SYSTEM: The 1,720 gm liver has an intact capsule. The gallbladder is present and without stones. Sectioning of the liver reveals no focal abnormalities and a brown parenchyma.

RETICULOENDOTHELIAL SYSTEM: The 130 gm spleen has an intact capsule. The parenchyma is maroon with a normal follicular appearance. The lymph nodes of the mediastinum and abdomen are not enlarged.

GASTROINTESTINAL TRACT: The esophagus was unremarkable and without ulcerations or erosions. The stomach contains approximately 5 cc of tan liquid. The mucosal surface of the stomach is unremarkable. The serosal surface of the stomach is unremarkable as is the serosal surfaces of large and small intestines. The appendix could not be identified.

GENITOURINARY TRACT: The right and left kidneys weigh 150 gm and 140 gm, respectively. The pulmonary arteries are without thrombi and bronchi contain no foreign material. The ureters follow a normal course to the bladder, which contains a small moderate amount of urine. Serial sectioning of the prostate appears only very mildly enlarged.

ENDOCRINE SYSTEM: The adrenal glands are without tumor or hemorrhage. The pancreas and thyroid gland are present in the normal location and are unremarkable externally and upon sectioning.

NECK: The anterior musculature of the neck is without extravasated blood. The hyoid bone and thyroid cartilage are intact. The larynx, trachea and mainstem bronchi are unremarkable externally and along the mucosal surfaces. There is no evidence of extravasated blood over the anterior cervical vertebra and there are no neck fractures by palpation or visualization.

HEAD: Reflection of the scalp revealed the frontal scalp and small posterior scalp contusions. The calvarium is in multiple pieces and there is a large displaced hinge fracture at the base of the skull with multiple fractures to the middle and anterior intracranial fossa and a fracture extending through the right side of the occipital bone. The brain weighs 1,320 gm. the vessels at the base are without atherosclerosis. There are multiple lacerations to the base of the brain, which extend deep into the brain. Sectioning of the brain reveals petechiae in the white matter, contusions throughout the gray matter and the deep lacerations. No focal intrinsic abnormalities including tumor, infection, stroke or hemorrhage are present. The brain stem and cerebellum hemispheres revealed no focal or intrinsic abnormalities. Palpation of the upper cervical spine through the foramen magnum is unremarkable.

FINDINGS

- I. Massive craniocerebral injuries
 - A. Large abrasion and contusion to the forehead
 - B. Lacerated left ear extending down to the bone
 - C. Irregular lacerated right ear
 - D. Gaping laceration to the right side of the face extending on to the scalp
 - E. Multiple fractures of the calvarium
 - F. Multiple fractures to the base of the skull with a large displaced hinge fracture
 - G. Multiply lacerated and contused brain

- II. Bilateral excision of nipples and incised wound down the center of the chest
 - A. Lidocaine detected in blood
 - 1. No resuscitation done at scene
 - B. Self-prescribed Lidocaine cream 10 days prior to death
 - C. At least five scratch abrasions along the superior edge of the center wound
 - D. One scratch abrasion extending from the inferior edge of the center wound
 - E. Parallel scratch abrasion with small, superficial incision extending along the left lateral aspect of the wound

- III. Traumatic amputation of the distal aspect of the fifth digit of the left hand

- IV. Contusions present about the hands bilaterally

- V. Contusions and abrasions present about the lateral aspect of the left knee
 - A. 1/2 x 1 inch laceration with puncture into the underlying musculature of the right lateral calf

- VI. Duct tape around wrists and upper boots

- VII. Witnessed to make a deliberate turn to leave highway, go up an embankment and hit a group of trees without braking

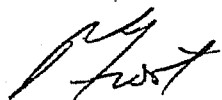
- VIII. Reported active cell phone in car

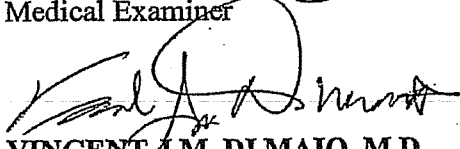
CONCLUSION

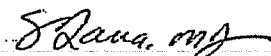
In consideration of the circumstances surrounding the death and after examination of the body, it is our opinion that the death of Philip Michael Shue, a 54 year old white male, died as the result of massive craniocerebral injuries (injuries to the skull and brain) that resulted when he was witnessed to drive his vehicle abruptly off the road, go up an embankment, impacting one tree with his vehicle, causing it to spin and impacting a second tree. There is no evidence that he at any time tried to brake his car. The incised wound of his chest and incised nipples are not part of the trauma of the accident. It is unclear if the traumatic amputation of the distal 5th finger is from the accident or not. He has a reported history of psychiatric problems. There is no evidence that any other individual was involved in his death or the infliction of his incised wounds.

MANNER OF DEATH: Suicide


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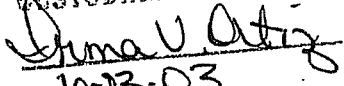

SUZANNA E. DANA, M.D.
Medical Examiner

JCG:le/wa

Original: file

xc: J.P. Nancy White, Pct. 2
Kendall County



CUSTODIAN OF RECORDS

1023-03

SHUE, PHILIP MICHAEL

CASE NO. 2003-0678

TOXICOLOGY PAGE: 1

A/N DRUG SCREEN

BLOOD, FEMORAL (GC;GC/MS)
NONE DETECTED

ALCOHOLS

BLOOD, FEMORAL (GC)
NONE DETECTED

VITREOUS (GC)
NONE DETECTED

ALKALINE DRUG SCREEN

BLOOD, FEMORAL (GC, GC/MS)
0.49 MG/L DIPHENHYDRAMINE
2.4 MG/L LIDOCAINE

CARBON MONOXIDE

BLOOD, HEART (CO-OX)
<1% CARBOXYHEMOGLOBIN SATURATION

COCAINE AND COCAINE METABOLITES

URINE (FPIA)
NONE DETECTED

NARCOTICS

URINE (FPIA)
NONE DETECTED