

AUTOPSY REPORT - Continued

WALLING, Jamie Marie

C-00-598

11

Name Autopsy No. Page

ADDENDUM:

On February 1, 2001, I received a copy of PSP Lab reports W00-3002-B and W00-3065-B, as well as a copy of the SEM ANALYSIS OF GUNSHOT RESIDUE SAMPLES prepared by A. J. Schwoebel and Joe Morris, from RJ Lee Group, Inc. The PSP crime lab reports indicate an absence of gunpowder or singeing of samples of Jamie Walling's scalp hair previously removed from around the entrance wound in her scalp. Test firing of the weapon reveals that no significant gunpowder was deposited on a target at a distance of 12 inches and that at 24 inches, gunpowder particles were completely absent. Based on the above, it is my opinion that the possibility of a contact or near contact range of fire has been eliminated. The range of fire is at least 12 inches and may be 24 inches or more.

In my opinion, the manner of death is homicide.

Shunka MU

FORENSIC PATHOLOGY ASSOCIATES, INC.

1200 SOUTH CEDAR CREST BLVD.
ALLENTOWN, PA 18103
(610) 402-8144
FAX (610) 402-5637

2031 GREENWOOD ROAD
ALLENTOWN, PA 18103
(610) 770-2040

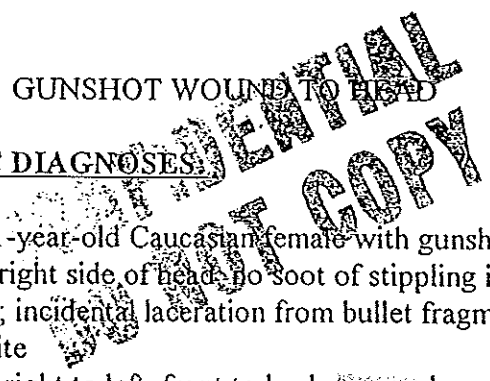
AUTOPSY REPORT

Name.....	WALLING, Jamie Marie.....	Autopsy No.	C-00-598.....
Age	21.....	Hospital No.	N/A.....
Face.....	White.....	Date Admitted	Transp.. SLH 10/14/00 @ 2224 hr.....
Sex.....	Female.....	Date of Death	Pron. 10/15/00 @ 1350 hr.....
Attending Physician/Coroner.....	Mr. Scott Grim.....	Date of Autopsy.....	10/16/00 @ 1115 hr.....
.....	Lehigh County Coroner.....	Autopsy	~ 21.1/2..... Hrs. After Pronounced
Pathologist.....	S. Funke, MD.....		
Autopsy Protocol Completed.....	10/16/00.....		

ANATOMICAL DIAGNOSES

CAUSE OF DEATH: GUNSHOT WOUND TO HEAD

FINAL PATHOLOGIC DIAGNOSES:



- I. Circumstances: 21-year-old Caucasian female with gunshot wound to head:
 - A. Entrance: right side of head; no soot or stippling is visually identified
 - B. Exit: none; incidental laceration from bullet fragment is present posterior to entrance site
 - C. Direction: right to left, front to back, upward
 - D. Projectile: deformed, flattened lead medium caliber projectile, unjacketed, retrieved from surface of left superior parietal brain at midline
 - E. Course: right scalp; right parietal bone of skull; right parietal lobe of brain, left posterior parietal lobe of brain
 - F. Sequelae: skull fracture at entrance site with multiple displaced fracture lines through right and left parietal bones, along sagittal suture and bilateral squamosal sutures; basilar skull fractures involving floor of right anterior cranial fossa and left petrous ridge; cerebral contusions, lacerations and hemorrhage along bullet path through brain; bilateral periorbital ecchymoses and swelling, right greater than left; bilateral retro-aural ecchymoses
 - G. Additional injuries: superficial contusions of right posterior arm, left elbow, right knee, and left lateral thigh

- II. Evidence of medical interventions:
 - A. Endotracheal tube
 - B. Nasogastric tube
 - C. Central and peripheral intravenous lines; numerous puncture sites with extensive ecchymoses

AUTOPSY REPORT - Continued

WALLING, Jamie Marie

C-00-598

2

Name Autopsy No. Page

- D. Foley catheter
- E. Rectal bag
- F. Sutured midline incision, 19 1/2 inches, from jugular notch to symphysis pubis with surgical absence of kidneys, adrenal glands and spleen

III. Toxicology: blood ethanol (admission specimen) 0.12%

OPINION:

After review of the history and complete autopsy on the body of Jamie Marie Walling, death is attributed to a gunshot wound to the head. For additional comments, please see "Opinion" section at the end of the description of the gunshot wound in the Autopsy Report. Investigation is ongoing as of this dictation, and manner of death is pending.

S. Funke MD

S. Funke, MD
Forensic Pathologist

SF/amr

**CONFIDENTIAL
NOT COPY**

AUTOPSY REPORT - Continued

WALLING, Jamie Marie

C-00-598

3

Name Autopsy No. Page

CIRCUMSTANCES:

The decedent is a 21-year-old Caucasian female, who on the evening of 10/14/00, was at her residence with her boyfriend and a mutual male friend. Allegedly, there was a verbal altercation between Jamie and her boyfriend which may have progressed to some sort of physical confrontation, consisting of pushing, shoving and hitting. The boyfriend owns a gun, a .357 Magnum snub-nose revolver, which he reportedly keeps out in the open. The accounts of what transpired next are vague and/or contradictory. What is known is that the gun was discharged, and Jamie sustained a gunshot wound to the head. A call was placed to 911 at 2115 hours. Jamie was transported via helicopter to St. Luke's Hospital - Fountain Hill, arriving at 2224 hours. Intubation had been performed during the helicopter flight. She arrived with a blood pressure of 90/55, in sinus rhythm, with a heart rate of 92. Her pupils were fixed and unreactive, and she was comatose. There was pulsatile bleeding noted from a gunshot wound in her right parieto-temporal scalp and an adjacent laceration in the scalp. Her initial hemoglobin was 5.4, and she was noted to be profoundly coagulopathic. She received multiple transfusions. Radiology studies, including a CT scan of her head, showed a projectile in the left superior parietal region of the brain, diffuse swelling, no major clot or mass effect, and probable disruption of the sagittal sinus. Neurosurgery was consulted and it was felt that no surgical intervention was appropriate given the overwhelming brain injury. In the medical records, there is a note from Dr. Mihalakis, and his note states that he was requested by Monroe County DA Pazuhanich and ADA Mancuso to examine the patient. He concludes in his note that there is a single gunshot wound " with fragmentation of bullet and skull creating secondary missile with second perforation mimicking second gunshot wound." Jamie was pronounced brain dead at 1350 hours on 10/15/00. With the permission of the family, she became an organ donor (kidneys).

DESCRIPTION OF INJURIES:

GUNSHOT WOUND TO HEAD:

ENTRANCE:

The entrance is located on the right side of the head, within posterior-inferior parietal scalp hair which has been previously shaved. According to the police who are present at the autopsy, they have in their custody the hair which was shaved from around the entrance wound. The wound is located 6 3/4 inches above the level of the heels, 2 3/4 inches above the level of the external ear canal and 1 1/2 inches posterior to the external ear canal. There are sutures present approximating the edges of the wound, consisting of heavy black silk sutures. These are removed by myself. Clotted blood is also present around the wound and this is removed. After doing so, the wound is seen to be slightly oval with maximum dimensions of 5/8 x 1/2 inch. There is a 1/8 inch circumferential abrasion ring, and the immediate edges of the wounds are blackened and dried. No definitive soot or stippling is identified. Small punctures from the sutures are present, consisting of a minimum of 11 anteriorly and 10 posteriorly.

AUTOPSY REPORT - Continued

WALLING, Jamie Marie

C-00-598

4

Name Autopsy No. Page

EXIT: None. However, there is a scalp laceration posterior to the entrance wound, consistent with having been produced by a secondary missile (bullet fragmentation). This laceration is located 62 3/4 inches above the level of the heels, 2 1/4 inches posterior to the external ear canal and 3 1/2 inches above the external ear canal. Heavy black sutures are present approximating the edges of the wound. When these are removed, and the clotted blood removed, the wound can be seen to be a small irregular laceration measuring 3/8 x 1/4 inch. Suture marks are present circumferentially around the wound, and approximately 14 are counted. This is a scalp laceration only, with no subjacent skull defect or fracture.

DIRECTION: The direction is right to left, upward and front to back.

PROJECTILE: A deformed, flattened lead medium caliber bullet is retrieved from the surface of the left parietal lobe of the brain, at the interhemispheric fissure. The bullet isunjacketed. It is remanded to the custody of the police.

COURSE: The bullet penetrates through the right posterior-inferior parietal scalp, and strikes and fractures through the lateral aspect of the right parietal bone of the skull. In the process of doing so, a portion of the bullet fragments off and becomes a secondary missile which travels posteriorly through the scalp, and exits through a separate laceration located 1 1/4 inches posterior to the entrance site in the scalp. The major portion of the bullet strikes and fractures through the lateral-inferior aspect of the right parietal bone, creating a rounded defect with internal beveling and a diameter of 1.5 cm. The exact location is 6.0 cm posterior to the coronal suture and 2.0 cm superior to the right squamosal suture. The fracture defect on the skull has no surrounding soot. Note is made of grayish, shiny metallic bullet wipe on the immediate edges of the fracture defect. The bullet then strikes and lacerates through the dura mater. The edges of the laceration show no visible soot deposition. The bullet then penetrates the right parietal cortex, and, accompanied by small bony fragments, gouges a hemorrhagic path through the superficial aspect of the right parietal cortex and subjacent white matter, with focal laceration of the tip of the lateral horn of the ventricle. The bullet crosses the interhemispheric fissure, and lacerates the superior-posterior aspect of the left parietal lobe. It does not lacerate the overlying dura mater, and is retrieved here and remanded to the custody of the police.

SEQUELAE: As a result of the gunshot wound, there is a massive amount of subcutaneous and subgaleal hemorrhage at the entrance site, extending into the frontal, bilateral parietal and bilateral occipital scalp regions. The right temporalis muscle is hemorrhagic. There is a skull fracture defect at the bullet entrance site in the right parietal bone, with numerous displaced radiating fracture lines including up and over the right parietal bone through the sagittal suture, and

AUTOPSY REPORT - Continued

WALLING, Jamie Marie

C-00-598

5

Name Autopsy No. Page

into the left parietal bone. There is focal disruption of the sagittal suture and lambdoid suture. There are also fracture lines through bilateral squamosal sutures. There is a complex region of fracturing of the superior left parietal bone, measuring 7.5 cm laterally and 8.0 cm superior to inferior. The "midpoint" of this area of fracturing is the region which overlies the bullet in the brain. Examination of the base of the skull reveals blowout fracturing of the right orbital floor and partial, nondisplaced fracturing of the left petrous ridge. The brain has lacerations, contusions and hemorrhage along the bullet path, involving both parietal lobes with violation of the ventricular system on the right. Uncal regions are herniated, and both cerebellar tonsils are necrotic. There is diffuse subarachnoid hemorrhage.

OPINION:

The gunshot wound is fatal on the basis of injuries to the brain. The entrance site has no visible soot or stippling. However, since scalp hair may serve as a filter for gunpowder particles, their presence or absence cannot be excluded except after examination of the hair in a crime lab. Thus, the range of fire at this point is considered to be indeterminate.

ADDITIONAL INJURIES:

On the posterior right forearm, medially located, there are two separate ill-defined areas of bluish contusions measuring 1 inch and 2 inches. At the level of the elbow there is a 1 inch bluish contusion and on the posterior right arm, just above the olecranon, an ill-defined region of 2 inch contusion. On the left posterior arm, at the level of the olecranon, there is a 1 inch area of pinkish contusion.

On the left lateral thigh there is a small 1 inch pink contusion.

On the right anterior knee there is a 3/4 inch pink contusion.

EXTERNAL EXAMINATION (EXCLUSIVE OF INJURIES):

The body is that of an unembalmed, refrigerated young adult Caucasian female who appears about the reported age of 21 years. The body measures 64 1/2 inches and weighs an estimated 100-110 pounds. Rigor mortis is fixed in the jaw and fixed and bilaterally symmetrical in the extremities. Lividity is faint pink-red and present on the posterior and lateral aspects of the legs. There is no postmortem decomposition.

The body is unclothed and is accompanied by no personal effects.

Scalp hair is brown, coated with blood, and about 4-5 inches in length. There is diffuse edema of the face, particularly marked in the upper and lower eyelids, where there is marked periorbital reddish-purple ecchymosis. This is more prominent involving the right eye. Examination of the eyes reveals a film over the corneas, brown irides and pupils that are equal, round and 7-8 mm.

AUTOPSY REPORT - Continued

WALLING, Jamie Marie

C-00-598

6

Name Autopsy No. Page

Sclerae are anicteric. Nose is midline and without palpable fractures. Upper and lower dentition is natural and in good condition. The ears are externally unremarkable. Each earlobe has been pierced twice and no earrings or other jewelry is present.

The neck is symmetrical and the trachea is midline. The chest and abdomen are notable for a vertical recent, sutured surgical incision, extending from the jugular notch to the symphysis pubis, consistent with organ donation. Beneath the left clavicle there is a small tattoo of a butterfly in purple, green and yellow ink. Breasts are small and symmetrical and have no palpable masses or nipple discharge. Abdomen is flat and genitalia are those of a mature female. The pubic hair has been shaved bilaterally in the groin areas.

Arms and legs are normally positioned. The lower legs are hairless and have no pretibial or pedal edema. Toenails are covered with pale pink/purple opalescent polish. A coroner's identification tag is on the left great toe and there is a hospital identification tag on the right great toe. Fingernails are short. At the request of the police, these are clipped, and the clippings are remanded to the police. At the end of the autopsy, the police obtained fingerprints. Examination the back shows no trauma.

EVIDENCE OF MEDICAL INTERVENTION

Protruding from the left nostril is a nasogastric tube, secured with tape.

An endotracheal tube is protruding from the mouth, secured with tape.

An intravenous catheter is present in the right infraclavicular region, and there are multiple puncture sites bilaterally in the infraclavicular region associated with ecchymosis and edema.

Mention has been made of a sutured surgical incision along the midline of the torso for organ donation.

A peripheral intravenous line is present in the left antecubital fossa.

A central intravenous line is present in the left groin. Both groin regions have multiple punctures sites with ecchymoses.

A hospital identification bracelet is on the left wrist.

A rectal bag has been secured around the anus.

A Foley catheter is present.

AUTOPSY REPORT - Continued

WALLING, Jamie Marie

C-00-598

7

Name Autopsy No. Page

ORGAN WEIGHTS AND FLUID VOLUMES:

Brain:	1300 grams
Heart:	175 grams
Right Lung:	230 grams
Left Lung:	220 grams
Liver:	810 grams
Pancreas:	95 grams
Spleen:	Absent
Right Kidney:	Absent
Left Kidney:	Absent
Uterus:	65 grams
Stomach:	145 grams of green, thick, opaque mucoid material with small thin blackened fragments (potato skins vs. hot dog skins)
Gallbladder:	20 ml bile
Urinary Bladder:	Empty

CONFIDENTIAL
NOT COPY

INTERNAL EXAMINATION:

HEAD AND CNS:

Pertinent findings regarding the scalp, skull and brain have been described and will not be repeated here.

NECK:

Neck organs are removed *en bloc* with the tongue. Horizontal sectioning of the tongue shows no trauma. Hyoid bone and larynx are intact and free of fractures. Hemorrhage is present in the subcutaneous tissue, investing fascia and visceral fascia of the lateral and inferior neck regions bilaterally secondary to therapeutic puncture sites. There are no prevertebral cervical fascial hemorrhages. Palpation and manipulation of the neck disclose no acute bony abnormalities or areas of crepitation.

CHEST AND ABDOMINAL CAVITIES:

The chest has been opened during the process of organ donation via a midline sternotomy, and the edges of the sternum are not approximated by suture material. The pericardial sac is incised and opened. Each chest cavity contains approximately 200 ml bloody fluid and the abdomen contains approximately 100 ml bloody fluid. There is evidence of mobilization of the intestines and surgical absence of the spleen, kidneys, and adrenal glands. There is no evidence of acute peritonitis. There are no rib fractures.

AUTOPSY REPORT - Continued

WALLING, Jamie Marie

C-00-598

8

Name Autopsy No. Page

CARDIOVASCULAR SYSTEM:

The thoracic and upper abdominal aorta are present. The distal aorta is surgically absent. Intimal surface of the aorta is thin, pale yellow and flat.

As previously noted, the pericardial sac has been previously incised. The heart weighs 175 grams and contains virtually no blood. Blood for toxicology testing is obtained through the coroner's office which has retrieved admission blood specimens from the hospital laboratory. In addition, the organ donation team has obtained blood from the patient, although this is obtained after multiple transfusions. The admission specimens and organ donation specimens are sent together in a toxicology container to the toxicology lab, with the request to do testing on admission specimens. Epicardial surface of the heart is smooth and shiny and endocardium is tan and free of mural thrombi. Myocardium is a homogeneous pink-red through without grossly apparent areas of fibrosis or necrosis. Papillary muscles are intact as is interventricular septum. Foramen ovale is closed. Cardiac valves are thin and leafy and free of vegetations. Great vessels enter and leave the heart in a normal fashion and both coronary ostia are normally positioned. There is a right coronary artery dominance. Serial sectioning of the coronary arteries reveals them to be thin walled and patent throughout.

RESPIRATORY SYSTEM:

An endotracheal tube is present in the trachea and its tip is located above the bifurcation. Mucosa of the trachea has no mass lesions and there are no foreign body obstructions. The right lung weighs 230 grams and the left lung weighs 220 grams. Both lungs are completely atelectatic. Visceral plural surfaces are smooth and shiny and show mild to moderate anthracotic staining. Sections show unaerated parenchyma which is dull pink in dependent regions and a lighter pink in non-dependent areas. There are no mass lesions or palpable areas of consolidation. Note is made of yellowish-tan mucus in the mainstem bronchi and branches thereof bilaterally. Pulmonary vessels contains no thromboemboli.

GI SYSTEM:

The esophagus is intact throughout and the stomach holds 145 grams of green, thick, opaque mucoid liquid with a few blackened thin flat fragments resembling either pieces of potato skin or pieces of grilled hot dog skin. Gastric mucosa has a few punctate hemorrhages, consistent with nasogastric tube placement. The tip of the nasogastric tube is present in the stomach. Both small and large intestine are examined by inspection and palpation and are opened along their antimesenteric borders. No mucosal abnormalities are noted aside from diffuse edema. Appendix is present and unremarkable. Pancreas occupies its usual position and is free of trauma. Its parenchyma is lobular and tan.

AUTOPSY REPORT - Continued

WALLING, Jamie Marie

C-00-598

9

Name Autopsy No. Page

HEPATOBIILIARY SYSTEM:

The liver weighs 810 grams and is red-pink with an intact capsule. Sections show a flat cut surface without nodularity, mass lesions or fibrosis. Gallbladder is present and contains green-brown bile without calculi. There is no obstruction or dilatation of the extrahepatic ducts.

HEMOLYMPHATIC SYSTEM:

The spleen is surgically absent.

URINARY SYSTEM:

Both kidneys are surgically absent. Urinary bladder is present. Bladder mucosa is somewhat edematous and free of lesions.

REPRODUCTIVE SYSTEM:

Uterus, tubes and ovaries are present and together weigh 80 grams. Uterus alone weighs 65 grams. There are no myometrial and endometrial lesions. Endometrium is somewhat hemorrhagic. Uterine tubes are thin and shiny and ovaries are plump, with a unilateral corpus luteum.

ENDOCRINE SYSTEM:

The thyroid gland has no nodules or masses and parathyroid glands are not dissected. Both adrenal glands are surgically absent. The pituitary gland is unremarkable.

MUSCULOSKELETAL SYSTEM:

The extremities are bilaterally symmetrical in muscular development and have no evidence of long bone fracture.

CONFIDENTIAL
WORK COPY

AUTOPSY REPORT - Continued

WALLING, Jamie Marie

C-00-598

10

Name Autopsy No. Page

MISCELLANEOUS:

Present at the autopsy in addition to this prosector are Detective Lewis and Detective Bowman from Pocono Mountain Regional Police Department; Troopers Wilson and Racho, from Hazleton R&I; Lehigh County Deputy Coroners Krause and Nicklas; Forensic Autopsy Assistant Michael Gery.

Representative sections from each major organ system are preserved in 10% formalin.

X-rays are obtained prior to the start of the autopsy.

Prior to the start of the autopsy I viewed a video of the scene, provided by the police.

Blood in the form of admission specimens and specimens collected by the organ donation team are submitted in the toxicology container with the request to do testing on admission specimens. Also submitted are samples of vitreous humor, gastric contents, and portions of liver, kidney and brain.

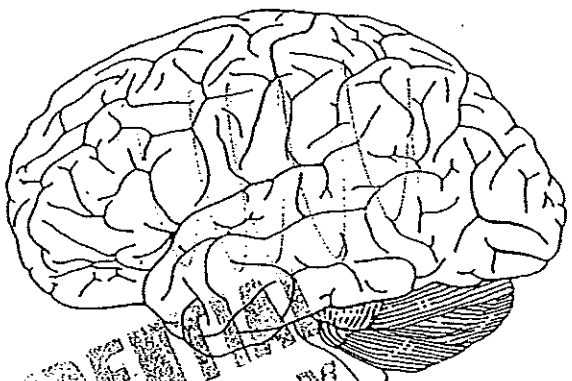
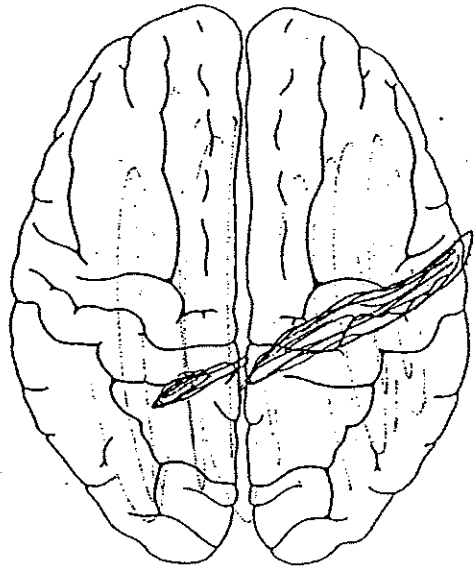
Remanded to the custody of the police are the bullet and fingernail clippings.

At the end of the autopsy, the police obtained fingerprints.

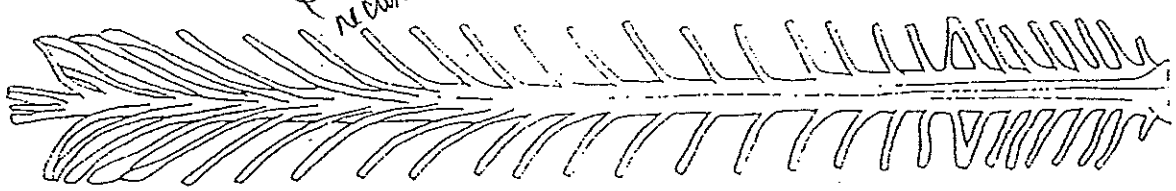
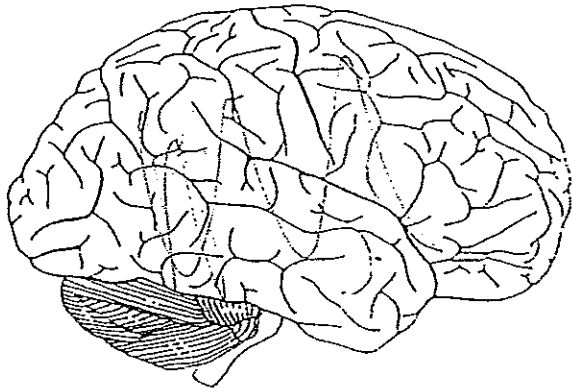
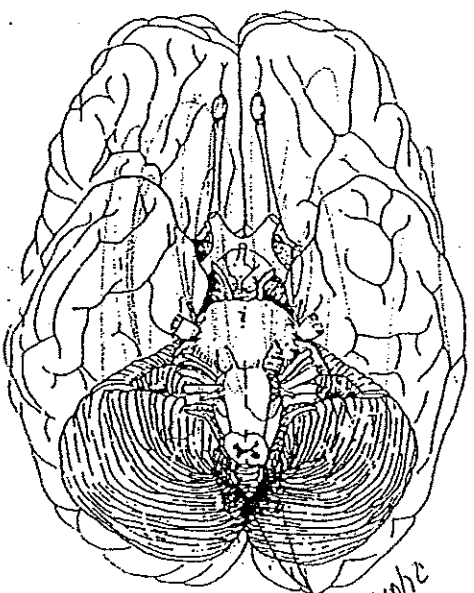
The clothing is returned to the body at the conclusion of the autopsy.

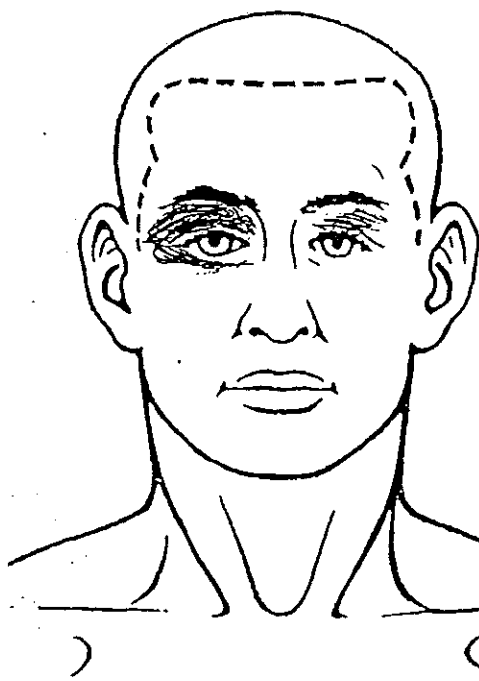
CONFIDENTIAL
NOT COPY

1300



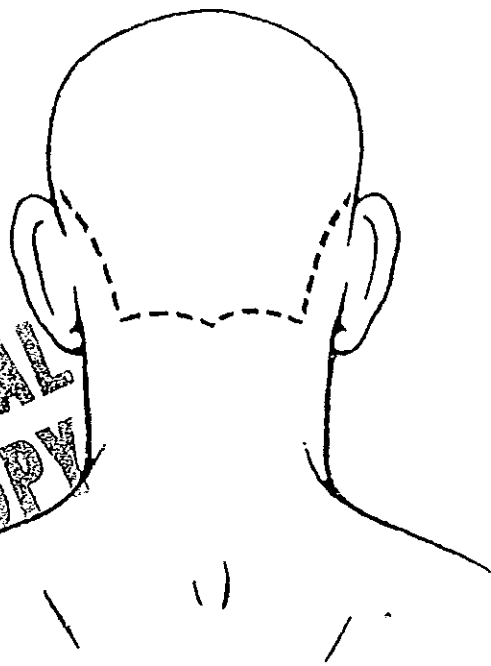
CONFIDENTIAL
DO NOT COPY





periorb purple -
red ecchym.
R>L

CONFIDENTIAL
DO NOT COPY

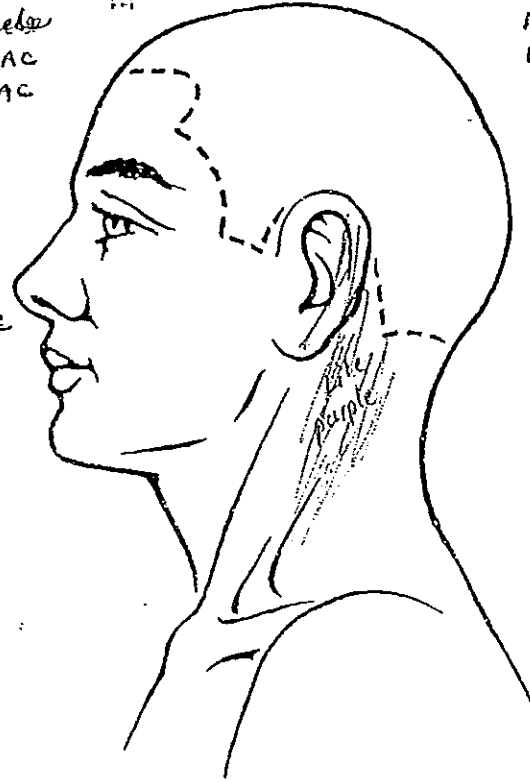
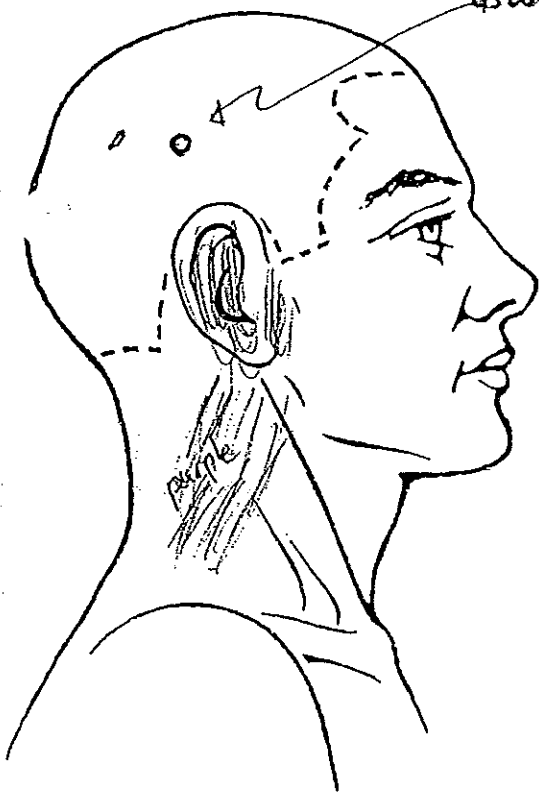


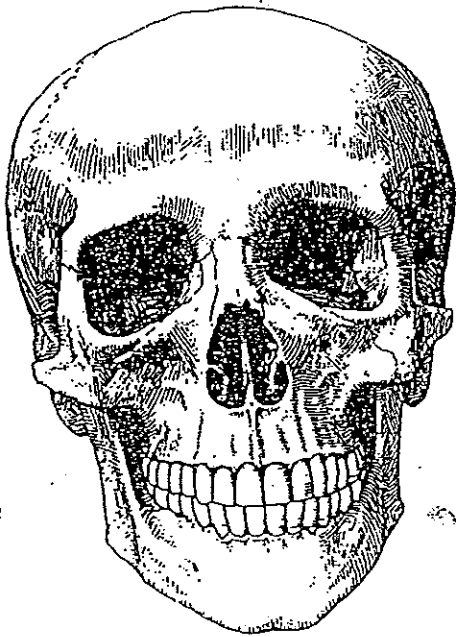
GSW Entrance:
6 3/4" ↑ heels
2 3/4" ↑ above EAC
1 1/2" post EAC

5/8" x 1/2" 1/8" alu c
dried blackened edges
suture marks
11 front
10 post

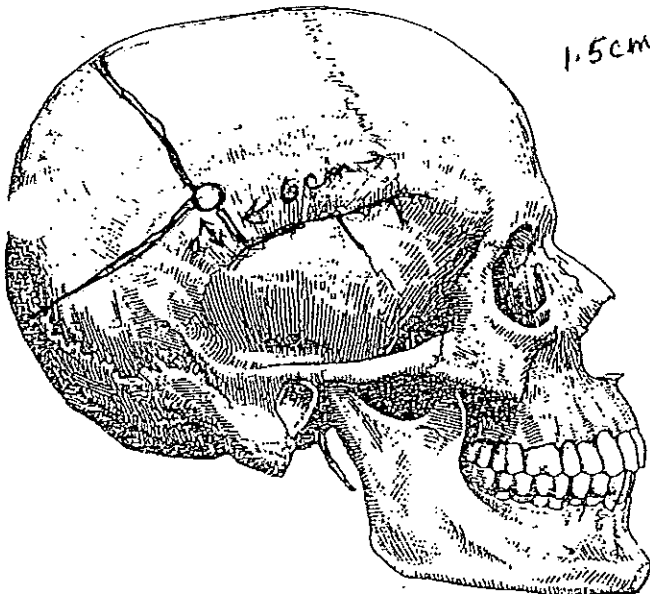
Rac:
6 2 3/4" ↑ heels
2 1/4" post EAC
3 1/2" ↑ EAC

lac
3/8" x 1/4"
suture marks
~14

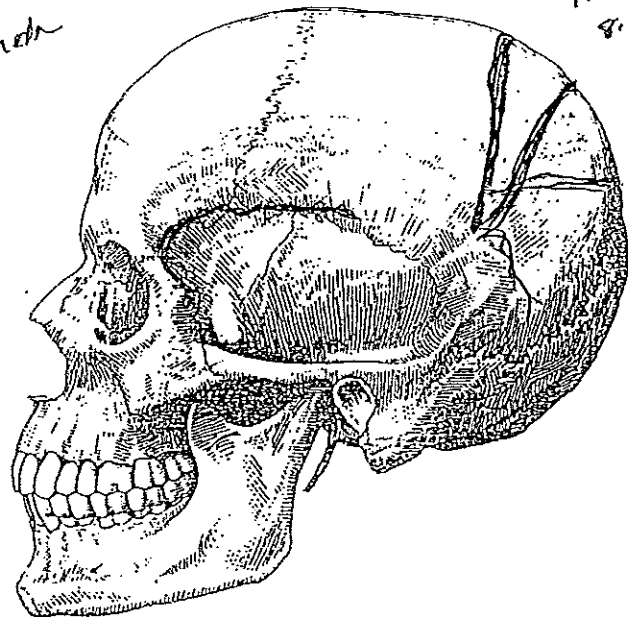




CONFIDENTIAL
DO NOT COPY



1.5cm diameter



7.5cm
8.0cm

