Gerry A. Cvitanovich, M.D.
Coroner

Jefferson Parish Forensic Center
2018 8th Street
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Accredited by the
National Association of
Medical Examiners

Patient: **Robinson, Keeven**
Address: [redacted]

Case: **245-18**
DOB: [redacted]
Sex: Male
Age: 22 years

Date of Death:	On 05/10/2018
Time of Death:	Approximately 11:15
Date of Exam:	05/12/2018
Time of Exam:	07:00
County:	Jefferson
Tag Number:	0099562/Robinson, Keeven
Pathologist:	Y. Van Vo, M.D.
Police Agency:	Jefferson Parish Sheriff's Office
Authorized By:	Gerry A. Cvitanovich, M.D., Coroner Jefferson Parish
Persons in Attendance:	Autopsy Assistant Dwana Bailey and Photographer Cory Rodovich, Jefferson Parish Coroner's Office; Dr. Gerry Cvitanovich and Dr. Dana Troxclair, Jefferson Parish Coroner's Office; Jean Lincoln and Rodney Naumann, Jefferson Parish Sheriff's Office

Forensic Examination Report

FINDINGS

I. Compressional asphyxia
   A. Decedent involved in altercation with law enforcement on 5/10/2018
   B. Bilateral scleral hemorrhages
   C. Bilateral conjunctival petechiae
   D. Hemorrhage of the soft tissue of the anterior neck
   E. Traumatic separation of the hyoid bone and thyroid cartilage
II. Blunt force injuries
   A. Head and neck
      i. Abrasion of the forehead
      ii. Bilateral periorbital contusions
      iii. Contusions of the face
      iv. Subscalpular hematomas
      v. Hemorrhage of the soft tissue of the left side of the posterior neck
      vi. Lacerated left vertebral artery
      vii. Separation of the 1st and 2nd cervical vertebrae
      viii. Epidural hemorrhage overlying proximal cervical spinal cord

B. Torso
   i. Abrasions and contusions of the chest and abdomen
   ii. Soft tissue hematomas of the chest, back, bilateral buttocks
C. Extremities
   i. Abrasions and lacerations of the bilateral upper extremities
   ii. Soft tissue hematomas of the bilateral upper and lower extremities

III. Acute asthmatic exacerbation
   A. History of asthma, medical records reviewed

IV. Toxicology results, see separate report
   A. Blood drug screen:
      i. cotinine and naloxone detected
      ii. delta-9 carboxy THC: 18 ng/mL
      iii. delta-9 THC: 4.3
      iv. tramadol: 130 ng/mL
      v. O-desmethyltramadol: 58 ng/mL
   B. Blood alcohol screen: none detected

COMMENT: The decedent is a 22-year-old African-American male with a history of asthma who expired following flight from law enforcement officers with subsequent physical altercation. Following a Coroner's Office case review and consensus meeting conducted on 7/17/2018 at 0900 hours and attended by Dr. Dana Troxclair (Chief Forensic Pathologist), Dr. Marianna Eserman (Forensic Pathologist), Dr. Ellen Connor (Forensic Pathologist), Anthony Buras (Chief of Operations), and Mark Bone (Chief Death Investigator), it is determined that the cause of death is best described as Compressional Asphyxia and Blunt Force Injuries. The manner of death is best classified as Homicide.
-END-

EXTERNAL EXAMINATION

The body is identified by the Jefferson Parish Coroner's Office; an identification tag is on the right ankle. The body is received in a sealed body bag (tag #0099562) dressed in a multicolor hospital gown. There are no personal effects accompanying the body.

The body is that of a well-developed, thin adult African-American male who weighs 138 pounds, measures 71 inches in length, with a body mass index of 19.24 kg/m^2 and appears consistent with the reported age of 22 years. The body is cold due to refrigeration. At the time of autopsy, rigor mortis is present and fully fixed. Fixed purple livor mortis extends over the posterior aspects of the body except at blanched weight-bearing surfaces.

The head is normocephalic. The scalp hair is black, curly, and measures 1/4 inch in length over the crown. Black hair comprises a mustache and beard stubble. The irides are brown, and the corneae are clear. The sclerae are white with evidence of injury, see Evidence of Injury. The conjunctivae are clear with evidence of injury, see Evidence of Injury. The pupils are bilaterally equal. The ears are normally formed and remotely pierced bilaterally. The nose is palpably intact and the nasal septum is in the midline. The lips are well-developed with injuries, see Evidence of Injury. The oral cavity is free of hemorrhage, and foreign material. The anterior teeth are natural and in adequate condition. Examination of the neck reveals evidence of injury, see Evidence of Injury. The chest is well developed and symmetrical. The abdomen is flat. The external genitalia are those of an adult male, circumcised and are free of trauma. The testes are bilaterally descended within the scrotum. The back is well developed and free of abnormalities. The anus is atraumatic. Brown evidence bags cover the bilateral hands. The upper and lower extremities are well developed and symmetrical without absences of digits. The fingernails are short to moderately long, and intact.

Identifying marks, scars, or tattoos include a 3 x 1/2 inch monochromatic tattoo on the left side of the face, a 3-1/2 x 1/2 inch monochromatic tattoo on the right side of the face, an 11-1/2 x 5 inch aggregate of monochromatic tattoos on the anterior chest, a 1 inch oblique hypopigmented scar on the left side of the abdomen, a 6 x 3 inch aggregate of monochromatic tattoos on the anterior left arm, a 13 x 9 inch aggregate of monochromatic tattoos on the left forearm, an 11 x 7 inch aggregate of monochromatic tattoos on the right arm, a 12 x 6 inch aggregate of monochromatic tattoos on the right forearm to dorsal right hand, and linear oblique hypopigmented scars on the left knee measuring 1/2 to 1-1/2 inches in length.

EVIDENCE OF THERAPY

Evidence of recent medical intervention include a properly placed endotracheal tube; and intravascular catheters in the left antecubital fossa, right arm, and right forearm.

Injury due to resuscitative attempts include a 2 x 1-3/4 inch dry dark red abrasion on the chest at the anterior midline, and contusions on the posterior epicardial surface of the left ventricle.

There is no evidence of organ procurement.

EVIDENCE OF EXTERNAL /INTERNAL INJURY

The order of the injuries listed below are for descriptive purposes only and does not denote severity or sequence of wounds inflicted. Injuries are described according to the standard anatomic position. These injuries, having been described here, will not be repeated.

Blunt Force Injuries, Head and Neck: Surrounding the left eye, and involving the upper and lower eyelids, is a 2-1/2 x 2 inch area of red contusion and edema. On the lateral left upper eyelid is a 1/4 x 1/4 inch dark red abrasion.

Surrounding the right eye is a 4-1/2 x 3 inch red contusion. Bilateral scleral hemorrhages are present. Bilateral upper and lower palpebral petechiae are present.

On the left cheek is a 2 x 2 inch area of red contusion and swelling. On the chin is a 1/2 x 1/2 inch red abrasion.

On the right side of the forehead is a 2-1/2 x 1 inch dry red abrasion. On the right cheek is a 1 x 1 inch dry red abrasion. On the postauricular right temporal scalp is a 1/4 inch laceration. On the right mandibular angle is a 1/4 x 1/8 inch red abrasion.

On the right side of the upper lip is a 1/4 x 3/16 inch dark red abrasion. On the lower lip at the right anterior commissure is a 1/2 x 1/2 inch purple contusion and 1/4 inch laceration. On the left side of the lower lip is a 1/4 x 1/4 inch red abrasion. On the lower lip at the left anterior commissure is a 1/2 x 1/4 inch area of lacerations.

On the left side of the mid neck is a 1/4 x 3/6 inch dark red curvilinear abrasion. On the left side of the lower neck is a 1/2 x 3/16 inch dark red abrasion.

Reflection of the scalp reveals subscalpular hematomas overlying the bilateral frontal, and bilateral occipital bones measuring 1 inch to 2-1/2 inches in greatest dimension.

Layered dissection of the anterior neck reveals marked hematoma surrounding the bilateral digastric and mylohyoid muscles, predominately on the left side. There is hemorrhage of the proximal left sternocleidomastoid, sternohyoid, and thyrohyoid muscles. There is hemorrhage in the left carotid artery sheath. There is a 1.5 cm separation of the hyoid bone from the thyroid cartilage.

Posterior neck dissection reveals marked hematoma surrounding the proximal left splenius capitis, semispinalis capitis, rectus capitis posterior major and minor muscles. There is separation of the left inferior articular surface of the 1st cervical vertebra and the left superior articular facet on the 2nd cervical vertebra. The segment of left vertebral artery at this area of vertebral separation is lacerated.

Removal of the cervical segment of the spinal cord via the posterior approach reveals acute epidural hemorrhage overlying the 1st through 4th cervical vertebrae.

Blunt Force Injuries, Torso: On the left side of the chest is a 1/4 x 1/4 inch dry dark red abrasion. On the left side of the chest is a 1/2 x 1/4 inch dry dark red abrasion.

On the right side of the mid abdomen are two curvilinear red abrasions measuring 7/8 inch and 1/4 inch in length. On the lateral right side of the abdomen is a 6-1/2 inch oblique linear red abrasion. On the lateral right abdomen is a 2-1/2 x 2-1/2 inch area of linear red abrasions measuring 5/8 to 1-1/2 inches in length. On the right buttock is a 1 inch horizontal dry brown abrasion.

Removal of the bilateral testes reveals bilateral intraparenchymal hemorrhage, more prominent in the right testis.

Blunt Force Injuries, Extremities: On the anterior left wrist is a 1/8 inch red abrasion and a 1/4 inch horizontal laceration. In the palm of the left hand is a 1/4 x 3/16 inch red abrasion and contusion and a 3/16 x 3/16 inch red contusion.

On the medial posterior right forearm are two dry dark red abrasions measuring 3/4 x 1/4 inch and 3/8 x 1/4 inch. On the anterior right wrist is a 1-1/2 x 1 inch area of abrasions and lacerations measuring 3/16 to 1/4 inch in greatest dimension. On the cuticle of the right 5th finger is a 3/16 inch abrasion and laceration.

Longitudinal dissection of the skin and soft tissue of the torso, and bilateral upper and lower extremities reveals multifocal subcutaneous soft tissue and deep muscle hemorrhage measuring 2 x 1-1/2 inch on the anterior left side of the chest overlying the anterior left 3rd and 4th ribs, 4 x 2 inch on the anterolateral lower left side of the chest overlying the left 7th through 9th ribs, 1 x 1 inch on the left side of the mid back, 1-1/2 x 1 inch on the left side of mid back, 1 x 1 inch on the left side of the lower back, 2-1/4 x 2 inch on the left buttock, 1 x 1 inch and 1-1/2 x 1 inch on the right side of the lower back, 2-1/2 x 2 inch on the right buttock, 5 x 1 inch on the posterior left arm, 4 x 3 inch on the lateral proximal left thigh, and 1 x 1 inch on the anterior proximal right thigh.

INTERNAL EXAMINATION

Body Cavities:

The body is opened by the usual thoracoabdominal incision and the chest plate is removed. No adhesions or abnormal collections of fluid are present in the thoracic or abdominal cavities. All body organs are present in the normal anatomical positions.

Musculoskeletal System:

The bony framework, supporting musculature, and soft tissues are unremarkable, except as indicated in Evidence of Injury. The cervical spinal column is stable on internal palpation, except as indicated in Evidence of Injury.

Head/Central Nervous System:

Reflection of the scalp reveals no abnormalities. The skull is of normal thickness and without fracture. The dura mater and falx cerebri are intact. There is no epidural, subdural, or subarachnoid hemorrhage. The dural sinuses are patent. The brain weighs 1250 grams. The leptomeninges are thin and transparent. The cerebral hemispheres are symmetrical with a normal gyral pattern. The structures at the base of the brain, including the cranial nerves and blood vessels, are free of abnormality. Coronal sections through the cerebral hemispheres reveal no lesions within the cortex, subcortical white matter or deep parenchyma of either hemisphere. The ventricular system is of normal configuration and mildly compressed. Transverse sections through the brainstem and cerebellum reveal no abnormalities. The spinal cord is not dissected.

Neck:

See evidence of injury. Examination of the soft tissues of the neck, including strap muscles reveals injuries as stated above and no abnormalities of the large vessels. The hyoid bone, and thyroid cartilage are intact. There is agenesis of the right superior cornua of the thyroid cartilage. The laryngeal mucosa is unremarkable.

Cardiovascular System:

The heart weighs 330 grams and has a normal configuration. The pericardial surfaces are smooth, glistening and unremarkable. The pericardial sac is free of significant fluid or adhesions. The coronary arteries arise normally and follow the usual distribution without significant atherosclerosis. The coronary ostia are widely patent. The chambers are not dilated. The chambers and valves are proportionate. The valves are normally formed, thin, pliable, and free of vegetations and degenerative changes. The following circumferential valve measurements are obtained: tricuspid valve, 14 cm; pulmonic valve, 8 cm; mitral valve, 12 cm; and aortic valve, 7 cm. The left ventricle measures 1.3 cm thick, the septum measures 1.0 cm thick and the right ventricle measures 0.3 cm thick. The myocardium is red-brown, firm, and free of erythema, fibrosis, and pallor. The atrial and ventricular septa are intact, and the septum and free walls are free of muscular bulges. The foramen ovale is closed.

The aorta and its major branches arise normally and follow the usual course, with no significant atherosclerosis. The orifices of the aortic vascular branches are patent. The vena cava and its major branches are patent and return to the heart in the usual distribution and are unremarkable.

Respiratory System:

The right lung weighs 550 grams; the left lung weighs 480 grams. The upper and lower airways are clear of debris and foreign material. The mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth and glistening. The pulmonary parenchyma is pink to dark purple and the cut surfaces exude moderate amounts of foamy fluid. The pulmonary arteries are normally developed and unremarkable. There is no saddle embolus on *in situ* examination of the pulmonary trunk.

Gastrointestinal Tract:

The tongue exhibits no evidence of recent injury. The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is unremarkable and the lumen contains 1 mL of cloudy pink fluid. The small and large bowels have uniform dimensions. The vermiform appendix is present. There are no diverticula or externally obvious masses.

Pancreas:

The pancreas has a normal size, shape, position, and tan lobulated parenchyma. The ducts are clear and of normal caliber.

Liver and Biliary System:

The liver weighs 1330 grams. The hepatic capsule is smooth, glistening and intact covering firm red-brown parenchyma. The usual lobular architecture is identified on section. No mass lesions are noted. The gallbladder is present and contains 5 mL of watery yellow bile without stones. The extrahepatic biliary tree is patent, without evidence of calculi.

Genitourinary System:

The right and left kidneys weigh 120 and 140 grams, respectively. The renal capsules are smooth and thin, semitransparent and strip with ease from the underlying smooth, firm, red-brown cortical surfaces. On sectioning, the cortices are of normal thickness and sharply delineated from the medullary pyramids. The calyces, pelves and ureters are unremarkable. The urinary bladder contains 20 mL of clear yellow urine. The bladder mucosa is gray-tan and smooth. The prostate and seminal vesicles are unremarkable.

Reticuloendothelial System:

The spleen weighs 200 grams and has a smooth, intact capsule covering red-purple, moderately firm parenchyma. The splenic white pulp is grossly indiscernible. The regional lymph nodes appear normal. The exposed bone marrow is red and firm. The thymus is absent.

Endocrine System:

The pituitary gland is normal in size, shape, and location. The thyroid gland is of normal position, size, and texture. The adrenal glands have normal cut surfaces with yellow cortices and brown medullae with the expected corticomedullary ratio.

Histologic Sections:

Representative samples from various organs are preserved in a storage container in 10% formalin. Slide preparation is performed as follows:

Slide 1. Left Lung
Slide 2. Right Lung
Slide 3. Epiglottis, Trachea
Slide 4. Heart

Microscopic Description:

Heart: Sections show normally arranged myocytes without histopathologic abnormalities.

Epiglottis: Section shows unremarkable epithelium, and moderate lymphoplasmacytic infiltrate in the submucosa. No other histopathologic abnormalities.

Trachea: Section shows partially denuded epithelium with remainder of unremarkable epithelium, unremarkable cartilage, and portion of unremarkable thyroid gland.

Lungs: Sections show areas of partially denuded bronchial epithelium, intrabronchial and intrabronchiolar mucus containing sloughed epithelium and eosinophils, goblet cell metaplasia of the epithelium of the bronchi and bronchioles, thickening of the bronchial basement membranes, edema and mixed inflammatory cell infiltrate (predominately eosinophils) in the bronchial walls, submucosal gland hyperplasia, and bronchial wall muscle hypertrophy. There is degranulation of scattered eosinophils in the bronchial lumen and wall. There is vascular congestion, focal atelectasis, intra-alveolar red blood cells and macrophages, and lymph node with vascular congestion and no other histopathology.

Toxicology:

Iliac blood, urine, and vitreous fluid are collected and submitted for toxicology testing. Portions of brain, liver, and kidney are retained.

Note: Toxicology specimens and tissues are retained for 1 year only (from the date of autopsy).

Postmortem Chemistry:

Serum tryptase level: 3.5 ng/mL. Reference value: <11.5 ng/mL.

FTA card:

Collected and retained in the Toxicology Laboratory at the Jefferson Parish Coroner's Office.

Photography:

Photographs are taken during the course of the autopsy.

Radiology:

Radiographs are obtained.

Forms Used:

External and Internal Forms.

Evidence Collected By Other Agencies:

Swabs of the decedent's face, neck, and bilateral hands are obtained at the beginning of the autopsy by Rodney Naumann, Crime Scene Technician, Jefferson Parish Sheriff's Office.

Electronically Signed by **Y. Van Vo, M.D.** on 07/19/2018 at 12:30