



**Government of the District of Columbia
Office of the Chief Medical Examiner**

AUTOPSY REPORT

CASE NUMBER: 06-1837

NAME OF DECEDENT: ROBERT E. WONE

AGE: 32 RACE/ETHNICITY: ASIAN GENDER: MALE

DATE OF DEATH: AUGUST 3, 2006

DATE OF AUTOPSY: AUGUST 3, 2006

AUTOPSY PERFORMED BY: LOIS R. GOSLINOSKI, DO

FINAL DIAGNOSES:

- I. Stab Wound of Chest
 - A. Wound path involves chest wall at sternum, pericardium, aorta and heart

- II. Stab Wound of Chest
 - A. Wound path involves chest wall at right 4th intercostal space and right lung

- III. Stab Wound of Abdomen
 - A. Wound path involves central epigastric region of abdominal wall, front/central diaphragm, small intestine, pancreas and superior mesenteric vein

CAUSE OF DEATH: STAB WOUNDS OF TORSO

MANNER OF DEATH: HOMICIDE

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ROBERT E. WONE

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This autopsy was performed in the presence of Detective Gail Russell-Brown (Violent Crime/Homicide Branch) and Officers Chuck Egan and Brenda Floyd (Mobile Crime Lab Unit) of the Metropolitan Police Department of Washington, D.C.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished, adult Asian male that measures 5' 3½" (or 63 ½") in height, weighs 152 pounds, and appears compatible with the stated age of 32 years. The body temperature is ambient with cooling of the extremities. Rigor mortis is present and difficult to release. Livor mortis is present on the posterior surface of the body and is not fixed. Evidence was collected according to the protocol of a sexual assault kit during the external examination, (KIT #000418). The scalp hair is black, straight and short. The lower face is shaven, but showing a "shadow" of new hair growth. The irides are brown. The corneas are clear. The sclerae are white and the conjunctivae are pink. The right sclera and the left lower conjunctiva each are noted to have a single petechial hemorrhage. The scalp is free of lesions and scars. There are no apparent developmental abnormalities of the head or facial features. There is no blood in the external ear canals. Mucosal surfaces of the nares and oral cavity are unremarkable. The teeth are natural, and a clear synthetic bite guard is in place over the occlusive surfaces of the upper teeth. External examination of the neck and posterior torso reveals no injuries. Three stab wounds along the front of the torso are further described below. The abdomen is flat and without palpable evidence of abnormal masses. The extremities show no developmental abnormalities, no edema, and no evidence of long bone fractures or acute soft tissue trauma. A healing (scabbed) linear abrasion measuring 1 ¼" in length is located on the back of the right lower leg. The external genitalia are those of a normally developed, circumcised, adult male. There are no obvious signs of injury to the genitalia or perineum. An identification band bearing the name "ROBERT WONE" and the Medical Examiner Case #06-1837 is around the decedent's left ankle.

SCARS/TATTOOS

An irregularly shaped ½" diameter scar is located on the right knee.

CLOTHING

A hospital gown was removed from the body during the external examination. No other clothing accompanies the body.

EVIDENCE OF MEDICAL INTERVENTION

An endotracheal tube is in place. Vascular access is established with a left subclavian central line and a right femoral central line, (both with large bore catheters). Additional needle puncture marks are noted at the left side of the neck, at the left antecubital fossa, on the back of the left hand and on the front of the right ankle. Needle puncture marks are also present at the central lower chest region consistent with pericardial

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centesis or a direct injection into the heart. Chest tubes are inserted along the antero-lateral regions of the chest at the level of the 4th intercostal space on the right and at the level of the 5th intercostal space on the left. Both chest tubes are clamped. EKG leads are adherent to the front of the right shoulder and the left side of the chest. An identification band bearing the name "John Doe" and the Medical Record # 3497673 is around the decedent's right wrist.

EVIDENCE OF INJURY

The stab wounds described below are numbered solely for the purpose of organization of this report, and not to imply any knowledge of the actual order in which these wounds were inflicted. Paths of stab wounds are defined by consecutive slit-like perforations of adjacent tissues associated with acute hemorrhage.

I. Stab Wound of Chest

A diagonally oriented stab wound is located at the central upper chest, 15" below the top of the head. On the skin surface, the slit-like defect measures 7/8" in length. The medial end of the wound is at the vertical midline of the body and the lateral end of the wound is approximately 3/4" to the right of the vertical midline. In reference to a standard round clock face, the wound is oriented at a 10 o'clock to 4 o'clock axis. The medial (4 o'clock) end is squared-off or "blunt," and the lateral (10 o'clock) end is pointed or "sharp." The wound path extends through the chest wall with perforations of the skin, subcutaneous tissue and underlying bone of the sternum adjacent to where it articulates with the anterior cartilage of the right third rib. The wound path then continues with a perforation of the front of the pericardial sac and penetration into the heart at the aortic root, proximal left anterior descending coronary artery and the left atrial appendage. Along this wound path, there is hemorrhage into the connective tissue of the anterior mediastinum, and accumulation of blood in the pericardial sac. The estimated depth of this wound is 4" to 5". The wound direction is front to back, right to left and slightly downward.

II. Stab Wound of Chest

A diagonally oriented stab wound is located at the right side of the chest, 17" below the top of the head and 2 1/2" to the right of the vertical midline of the body. On the skin surface, the slit-like defect measures 15/16" in length. In reference to a standard round clock face, the wound is oriented at a 10 o'clock to 4 o'clock axis. The medial (4 o'clock) end is squared-off or "blunt," and the lateral (10 o'clock) end is pointed or "sharp." The wound path extends through the chest wall with perforations of the skin and underlying muscle at the level of the right 4th intercostal space. The wound path then continues with perforations of the middle lobe and the lower lobe of the right lung at the hilum.

The estimated depth of this wound is 4" to 5". The wound direction is front to back, right to left and slightly downward.

III. Stab Wound of Abdomen

A diagonally oriented stab wound is located at the central epigastric region of the abdomen, 20 3/4" below the top of the head. On the skin surface, the slit-like defect measures 13/16" in length. The medial end of the wound is at the vertical midline of the body and the lateral end of the wound is approximately 3/4" to the right of the vertical midline. In reference to a standard round clock face, the wound is oriented at a 10 o'clock to 4 o'clock axis. The medial (4 o'clock) end is squared-off or "blunt," and the lateral (10 o'clock) end is pointed or "sharp." The wound path extends through the abdominal wall with perforations of the skin, subcutaneous tissue and underlying central membranous portion of the diaphragm at the level of the lower end of the sternum (also called the xyphoid process). The wound path then continues with perforations of the small intestine (at the 1st part of the duodenum), the pancreas and a single perforation of the inferior vena cava. Along this wound path, there is hemorrhage into the connective tissue around the sites of injury of the duodenum, pancreas and superior mesenteric vein, with an additional accumulation of approximately 750 ml of liquid and congealed blood in the abdominal cavity. Examination of the gastrointestinal tract revealed an accumulation of liquid and congealed blood in the lumen of the small intestine. Hemorrhagic intestinal contents is contiguous from the site of the perforations in the 1st part of the duodenum, throughout the rest of the duodenum, and then approximately 24 - 25" into the jejunum. The estimated depth of this wound is 4" to 5". The wound direction is front to back, right to left and slightly downward.

INTERNAL EXAMINATION

BODY CAVITIES: The body cavities are opened using the usual Y incision and the chest plate is removed. A slit-like perforating defect through the sternum is located adjacent to where it articulates with the anterior cartilage of the right 3rd rib. Mediastinal connective tissue is saturated with blood, and the pericardial sac is pale red-purple and distended. Manipulation of the major chest organs to examine the pleural surfaces results in seepage of blood from a slit-like perforation along the front of the pericardial sac. Serosanguinous fluid is in each of the chest tubes, with a residual 100 - 150 ml of serosanguinous fluid in each chest cavity. Approximately 750 ml of "free" blood in liquid and soft, congealed forms is removed from the abdominal cavity at autopsy. An estimated additional 100 - 200 ml of blood saturates the connective tissue around the pancreas, duodenum and superior mesenteric vein. No adhesions are noted in the pleural or abdominal cavities. Hemorrhage into the body cavities, and into mediastinal and intra-abdominal connective tissue is associated with three stab wounds of the torso as described above. Examination of the chest plate reveals a slit-like defect in the anterior cartilage of the right 3rd rib and adjacent sternum, and another similar defect in

the connective tissue immediately surrounding the lower end of the sternum. These perforations of the chest plate lie along the wound paths of stab wounds of the chest. The right lung is collapsed. The left lung remains expanded. Hemorrhagic slit-like perforations through the middle and lower lobes of the right lung lie along the wound path of a stab wound of the right side of the chest. There are no fractures of the spine or pelvic bones. The thoracic and abdominal organs are present in their usual anatomic locations. Where intact, the peritoneal surfaces are smooth and glistening.

CARDIOVASCULAR SYSTEM: Injuries of the pericardial sac and heart along the path of a stab wound of the chest were described above. The pericardial sac otherwise has smooth surfaces, and when opened at autopsy, approximately 200 ml of blood is released. There is no adhesion of the pericardium to the epicardial surface. The heart weighs 270 grams. The major coronary arteries follow the usual right dominant distribution and are patent and noncalcified. The cardiac valves are noncalcified with the appropriate number and configuration of valve cusps or leaflets. The texture and thickness of all valvular tissue is unremarkable. The valve circumferences measure as follows: tricuspid 11.5 cm, pulmonic 5.5 cm, mitral 10 cm, and aortic 5.5 cm. The maximum thickness of the left ventricular wall measures 1.5 cm. The maximum thickness of the right ventricular wall measures 0.5 cm. The myocardium is uniformly red-brown without grossly visible scars or abnormal fat infiltration. There are no structural abnormalities of the atrial or ventricular septae. The cardiac chamber dimensions are within normal limits. The aorta and its major branches are patent and free of atherosclerotic plaque lesions. The superior and inferior venae cavae follow their usual course and show no evidence of thrombosis.

RESPIRATORY SYSTEM: The trachea, mainstem bronchi, and their initial branches are unobstructed. Injuries of the right lung along the path of a stab wound of the chest were described above. The right lung weighs 240 grams and is collapsed. The left lung weighs 400 grams and is expanded. The consistency of the left lung is boggy due to fluid saturation. There is no apparent loss of elasticity in the tissue of either lung, but crepitation is absent. The pleural surfaces are red-purple and free of adhesions. Serial sectioning of the lungs reveals no focal solid mass lesions or cystic lesions, and no areas of consolidation. The cut surfaces yield serosanguinous fluid with compression. The pulmonary arteries are free of thromboemboli.

HEPATOBIILIARY SYSTEM: The liver weighs 1250 grams. The hepatic capsule is smooth, clear and intact. Serial sections through the liver reveal uniformly red-brown parenchyma with no evidence of abnormal fibrosis. No focal solid mass lesions or cystic lesions are identified. The gallbladder has a thin muscular wall with dark green velvety mucosa, and the lumen contains approximately 25 ml of bile. The common bile duct and portal vessels are unremarkable.

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PANCREAS: The size, shape, and consistency of the pancreas are unremarkable. A slit-like penetrating injury into the head of the pancreas and associated hemorrhage into the surrounding connective tissue lie along the path of a stab wound of the abdomen as described above. Serial sections through the pancreas reveal hemorrhage into the fibrous septae surrounding lobules of the usual light tan, lobulated parenchyma. There is no evidence of abnormal fibrosis or calcification.

GASTROINTESTINAL SYSTEM: There are no structural abnormalities of the tongue, esophagus, or stomach. The stomach contains approximately 30 ml of brown mucoid fluid without fragments of solid food. The gastric mucosa is tan-pink and displays the usual rugal folds. Two well-aligned slit-like perforations of the first part of the duodenum lie along the path of a stab wound of the abdomen. Hemorrhage into the lumen of the small intestine extends approximately 24 - 25" beyond the third part of the duodenum (into the jejunum). Serosal and mucosal surfaces of the small and large intestines are otherwise unremarkable. The contents of the remainder of the small intestine and colon show no evidence of gastrointestinal blood loss and are of unremarkable consistency. The appendix is present.

GENITOURINARY SYSTEM: The right kidney weighs 150 grams. The left kidney weighs 150 grams. The capsules strip easily and the underlying cortical surfaces are smooth. The cut surfaces of the bisected kidneys show normal renal architecture with distinct cortico-medullary demarcation. The calyces, pelves, and ureters are nondilated and free of calculi. The urinary bladder contains approximately 35 ml of clear yellow urine. The bladder mucosa has the usual glistening, light tan, rippled texture. The testes, prostate gland, and seminal vesicles are present in the expected anatomic locations and are structurally unremarkable.

HEMOLYMPHATIC SYSTEMS: The spleen weighs 90 grams. The splenic capsule is smooth, thin, and intact. Cut surfaces of the spleen are dark red-purple with a finely discernible gray-white follicular pattern. Lymph nodes identified in the neck, chest, abdomen, and pelvic region are within normal limits for size, color, and consistency.

MUSCULOSKELETAL SYSTEM: A slit-like perforating injury of the sternum lies along the path of a stab wound of the chest that was further described above. There are no apparent developmental abnormalities of the skeletal muscles, bones or joints.

ENDOCRINE SYSTEM: The pituitary, thyroid, and adrenal glands are unremarkable.

NECK: The great vessels, musculature and other soft tissues of the neck are unremarkable. The laryngeal cartilages, hyoid bone, and cervical vertebrae are intact. The mucosal surfaces of the larynx and pharynx are free of swelling and ulceration.

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HEAD AND CENTRAL NERVOUS SYSTEM: The scalp is reflected exposing an intact calvarium. Removal of the calvarium reveals an intact dura mater. There is no evidence of epidural or subdural hemorrhage. The falx cerebri and tentorial membrane are intact. The dural venous sinuses are patent. The leptomeninges are thin and clear. There is no subarachnoid hemorrhage. The surface of the cerebrum shows the usual distribution of gyri and sulci, and the cerebral hemispheres are symmetrical. The brain weighs 1600 grams. The vessels at the base of the brain are present in their usual configuration, are intact, and are free of atherosclerotic and aneurysmal changes. Cranial nerve roots are identified in their usual distribution and are symmetrical on the basilar surface of the brain and around the brainstem. Serial sectioning of the cerebral hemispheres, cerebellum, brainstem, and proximal spinal cord reveals normal internal cerebral architecture and the usual configuration of the ventricular system. The cerebrospinal fluid released from the lateral ventricles with sectioning is clear and colorless.

SPECIMENS

Samples of blood from the heart and femoral veins, vitreous fluid, bile, urine, and gastric contents were collected at autopsy and submitted for toxicologic analyses.

Lois R. Goslinoski, DO.
Lois R. Goslinoski, DO
Deputy Medical Examiner

08-18-06
Date Signed

LRG/lrg

Government of the District of Columbia
Department of Human Resources

10-10

OFFICE OF THE CHIEF MEDICAL EXAMINER

ME Case#: 06-01837

NAME: Wone, Robert E.

Name _____ AGE: 32 Years RACE: Asian

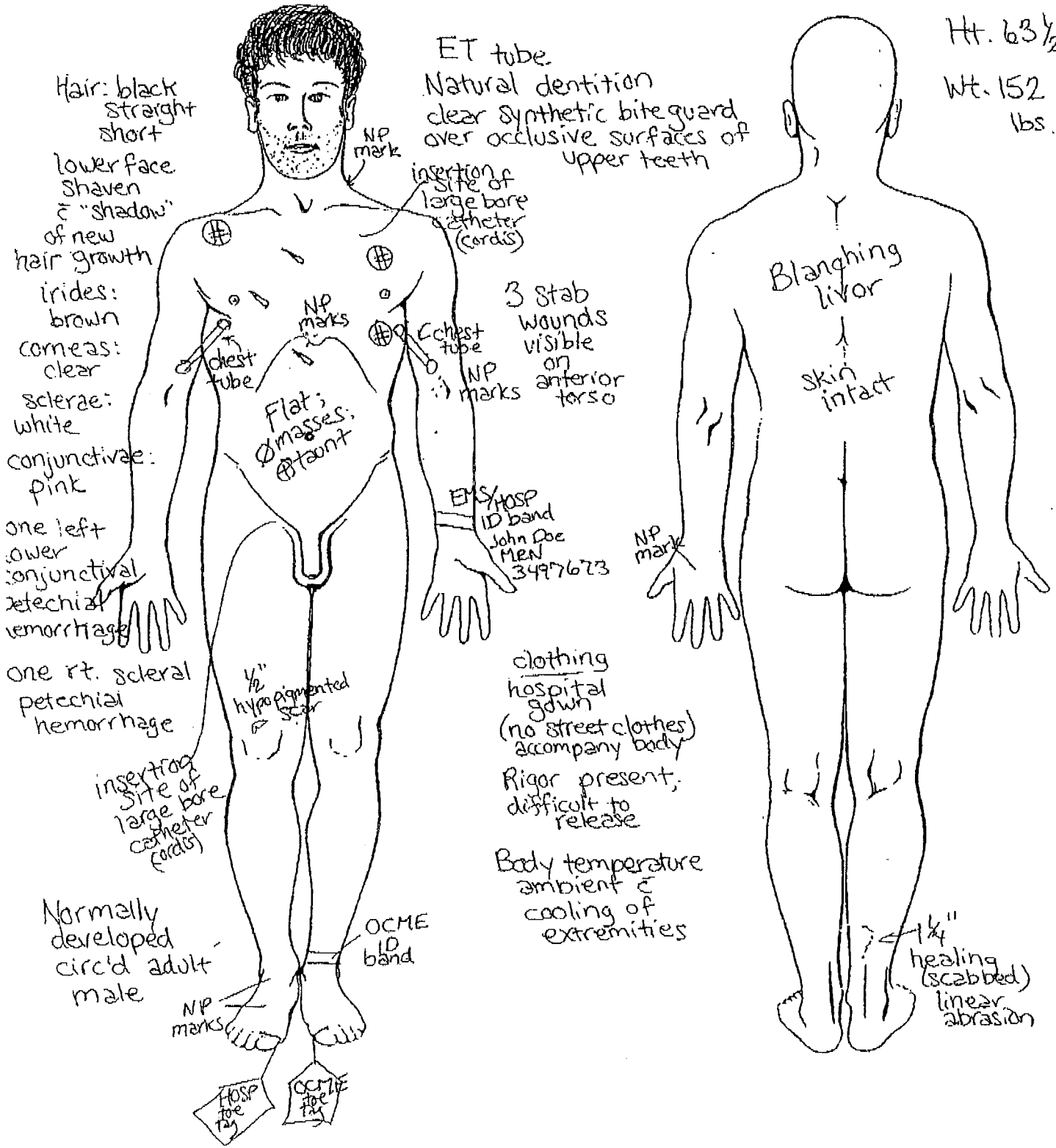
Case No. 06-1837

SEX: Male DATE: 8/3/2006

Color _____ MD: Lois R. Goslinoski, D.O.

Date 08-03-06

Ht. 63 1/2"
Wt. 152
lbs.



Hair: black
straight
short

lower face
shaven
w/ "shadow"

of new
hair growth

irides:
brown

corneas:
clear

sclerae:
white

conjunctivae:
pink

one left
lower
conjunctival
petechial
hemorrhage

one rt. scleral
petechial
hemorrhage

insertion
site of
large bore
catheter
(cords)

Normally
developed
circ'd adult
male

NP
marks

HOSP
toe
tag

OCME
toe
tag

NP
mark

insertion
site of
large bore
catheter
(cords)

NP
marks

Flat;
masses;
taunt

1/2"
hypo-pigmented
scar

OCME
ID
band

ET tube.
Natural dentition
clear synthetic bite guard
over occlusive surfaces of
upper teeth

3 stab
wounds
visible
on
anterior
torso

EMS/HOSP
ID band
John Doe
MEN
3497673

clothing
hospital
gown
(no street clothes)
accompany body

Rigor present;
difficult to
release

Body temperature
ambient &
cooling of
extremities

NP
mark

Blanching
livor

skin
intact

1/4"
healing
(scabbed)
linear
abrasion

ME Case#: 06-01837
 NAME: Wone, Robert E.
 AGE: 32 Years RACE: Asian
 SEX: Male DATE: 8/3/2006
 MD: Lois R. Goslinoski, D.O.

Heart 270

Rt. dom. dist., no coronary artery disease

T 11.5 LV 1.5
 P 5.5 S 1.7
 M 10 RV 0.5
 A 5.5

chest tubes:
 5th ICS on Lt.
 4th ICS on Rt.

RL 240 ← collapsed

At autopsy:

LL 400 ← fluid saturated;
 congestion/edema

~200ml blood r/f
 pericardial sac

LIV 1250 gb Present

~750 ml blood r/f
 abd'l cavity

RK 150 - smooth
 LK 150 - cortical
 surfaces

blood / in small
 lig. / congealed intestine

Spleen 90 unrem

~2 feet (24-25")
 beyond duodenum

appendix present

brain 1600

TOX. ⊕ blood 2 ♡, 2 femoral veins

⊕ gastric contents ~30 ml brown mucoid fluid

⊕ bile ~25 ml

⊕ Urine ~35 ml clear yellow

⊕ vitreous

Sexual Assault
 Kit #

000418



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE CHIEF MEDICAL EXAMINER
1910 Massachusetts Avenue, S.E., Bldg. 27
Washington, D.C. 20003

Toxicology Laboratory

TOXICOLOGY REPORT

CASE IDENTIFICATION

Agency:	OCME	Report Date:	08-15-2006
Agency Number:	06-01837	Toxicology Number:	TX06-0783
Name:	WONE, Robert	ME:	LRG

SPECIMEN(S) RECEIVED

Femoral blood (2), heart blood (2), urine, bile, vitreous, liver, brain, gastric
Date Received: 08-04-2006

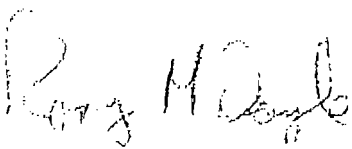
RESULTS

Femoral blood was analyzed by headspace gas chromatography for the presence of ethanol, acetone, methanol, and isopropanol. The following volatile(s) were detected:
None were detected

Femoral blood was screened by enzyme immunoassay for the presence of amphetamines, barbiturates, benzodiazepines, cocaine metabolites, methadone, methamphetamines, opiates, phencyclidine and propoxyphene. The following drug(s) were detected:
None were detected

Urine was screened by gas chromatography-mass spectrometry for the presence of gamma-hydroxybutyrate. The following drug(s) were detected:
None were detected

Femoral blood was analyzed for carbon monoxide by spectrophotometry. The following result was obtained:
Carboxyhemoglobin saturation < 1 %


RORY M. DOYLE, M.Sc.
Deputy Chief Toxicologist, OCME

FIONA J. COUPER, Ph.D.
Chief Toxicologist, OCME