

James Phillip Chasse

Autopsy Performed:

By: William J. Brady, M.D.

At: 3:00 PM, Oregon Funeral Service

On: Thursday, November 2, 2006

Mr. Chasse's body lies within a white plastic bag surrounded by a white plastic cover. Identification tags on both the body and on the plastic pouch confirm his identity as James Phillip Chasse.

His body has been previously autopsied and at this time shows moderately extensive and diffuse postmortem decomposition.

His facial features and almost all of the soft tissue of the head and face are profoundly distorted by postmortem decomposition. The skull has been opened and the brain removed. The chest cavity is empty of the heart lungs and mediastinal structures which remain in a plastic bag that has been placed in the abdominal cavity.

The skin of the body over the posterior and anterior torso as well as most of the extremities show extensive postmortem changes. The skin color of the body is grey-brown and the skin texture severely distorted by moisture and time.

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There are, however, changes consistent with the scars, and old and recent abrasions described in the initial autopsy report.

Both arms and legs are examined and found with serious "skin slip" and color distortion.

Each wrist is discolored, edematous and loose with multiple apparent contusions on their anterior ulnar surfaces.

Jaw and dentition:

There are no fractures or apparent fresh injuries to the teeth.

Examination of the teeth demonstrates that both upper (maxillary) incisors are present. The right superior canine is absent but the right upper molars are intact with evident fillings. The left (maxillary) upper teeth are intact, uninjured and also contain multiple silver and gold colored fillings.

The anterior portion of the lower jaw (mandible) shows no absent teeth, but the first left molar is absent. On the right mandible, the teeth are intact and appear uninjured.

X rays will be taken later.

The occlusal surfaces of the lower teeth are smooth and apparently have been "ground" - one against the other. The right lower incisor has a roughened occlusal surface.

A standard "Y incision" during the initial autopsy exposed the lower neck chest and abdomen. The thoracic cavities are found empty with the lung and heart having been previously removed.

The anterior chest plate was removed and placed next to the the packaged heart, lung and other internal viscera in the abdominal cavity. These internal organs are now extensively autolyzed and are not removed from the closed bag.

The neck organs have been removed. The cervical vertebral column shows a mild amount of hemorrhage in the prevertebral muscles.

Right shoulder:

The right clavicle is intact and the right clavicular and humeral region does not show any evident hemorrhage.

Left shoulder:

In the left shoulder, however, there is extensive hemorrhage and clear fresh injury about a ragged, sharp edged and comminuted fracture of the lateral portion of the left clavicle. This fresh bleeding extends laterally to the humeral - clavicular joint.

I did no further dissection or examination of the left shoulder and clavicular regions. The tissue, bone, muscles, blood vessels and nerves of the brachial plexus are not sectioned or dissected. None of the structures in the left shoulder are moved or dissected by either myself or Mr. Bartlett during this examination. Radiographic exams will be done.

Breast plate:

A minimally mobile horizontal fracture of the upper sternum is noted together with multiple bilateral fractures of the anterior rib cage.

These fractures demonstrate less hemorrhage than those laterally and posteriorly in the thorax. They appear displaced and are almost all easily mobile.

On the right, immediately lateral to the costochondral junction, ribs one through five have linear fractures. On the left, the 2nd through the 6th or 7th ribs are also broken.

The breast plate is then carefully placed in a plastic bag for radiographic definition of the bony injuries in the separated chest plate.

The anterior vertebral pleural surfaces were exposed during the initial autopsy and show the expected amount of autopsy hemorrhage. There has been some separation - dissection of fibro-fatty tissue from the thoracic vertebral column, but it does not appear as if extensive anterior or posterior dissection has been performed. There are no evident saw or apparent cutting marks on any of the vertebral bodies or medial portions of the posterior ribs.

Examination of the inner left rib cage shows that the pleura has been stripped from the surfaces of the 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, and 10th ribs with good exposure of these ribs.

On the right the medial portions of the 3rd, 4th, 5th, 6th, 7th and 8th ribs have their pleural removed and their bony surfaces exposed.

Left ribs:

The left 1st rib is posteriorly mobile, surrounded by fresh hemorrhage and is apparently fractured close to the spine. The pleura has not been stripped and I did not dissect the region.

The left 2nd rib shows a irregular fracture one inch lateral to the vertebral column and an apparent lateral mid axillary break with surrounding blood.

The left 3rd rib is mobile with a good deal of intercostal hemorrhage.

The left 4th rib has a fracture one and one half inches lateral to the vertebral column and is also mobile around an area of hemorrhage in the axillary line.

The left 5th rib shows hemorrhage and a fracture near the vertebral facet slightly more medial than the 4th rib fracture.

The left 6th rib shows a displaced fracture close to the the spine.

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The left 7th rib shows clear extensive hemorrhage surrounding a paravertebral fracture with a displaced fragment that lies immediately lateral to the spine. There is also mobile fracture in the anterior thorax with slight hemorrhage.

The left 8th rib has a fracture and hemorrhage about an inch lateral to the spine.

The pleural surfaces of the 9th through the 12th left ribs were well scraped and cleaned. Each shows a definite bloody but minimally displaced, fracture about three quarters of an inch lateral to the vertebral column.

Right ribs:

In the posterior and lateral right thorax, the anterior medial pleural surfaces of the third through the 8th ribs were exposed by scraping away the pleural coverings.

The right 1st rib is mobile but no hemorrhage is evident.

The right 2nd rib is mobile with hemorrhage laterally, but no clear fracture.

The right 3rd rib is also mobile with hemorrhage, but has no clear break in the bone.

The right 4th and 5th ribs each show a small healing callus, but no fresh hemorrhage.

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The right 6th rib, immediately lateral to the vertebral column, shows a 1.3 cm. in diameter callus with an apparent fresh fracture through the healing callus. There is bleeding in this area.

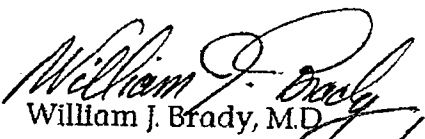
Right ribs 7 through 12, the lower right ribs, have their pleural surface undisturbed and show no evident fractures.

The body is then cleaned, and surplus skin is trimmed away anteriorly and posteriorly.

The body is placed into a clean plastic pouch with appropriate sponge material beneath. The body is then moved into the anatomic position and placed in a deep freeze unit in preparation for radiographic studies.

Opinion:

I have read the reports of Drs. DiMaio and Melinek and I disagree with their conclusions as to the cause of Mr. Chasse' death. Based on my examination of Mr. Chasse , Dr. Gunsons' original autopsy , the detailed information from multiple investigation reports and medical examinations, with reasonable medical certainty, I believe Mr. Chasse died from blunt force trauma to the thorax and body.


William J. Brady, M.D.
WJB:map
12/7/09