

06-2645  
JAMES PHILLIP CHASSE

**AUTOPSY PERFORMED:**

BY: Karen Gunson, M.D. *Karen Gunson M.D.*  
ON: Monday, September 18, 2006 -- 1:15 p.m.  
AT: 13309 SE 84<sup>th</sup> Avenue, Suite 100, Clackamas, Oregon 97015

**CAUSE OF DEATH:** BLUNT FORCE CHEST INJURIES

**ANATOMIC DIAGNOSES:**

- I. BLUNT FORCE CHEST TRAUMA WITH:
  - A. Rib fractures of left chest wall, anterior, lateral and posterior (flail chest).
  - B. 300 cc of fluid blood present in left chest cavity.
  - C. Rib fractures of right anterior and posterior ribs.
  
- II. CONTUSIONS AND ABRASIONS OF FACE:
  - A. Right posterior parietal, subscalpular hemorrhage.
  - B. No evidence of skull fracture.
  - C. No evidence of intercranial hemorrhage or brain contusion.
  
- III. CONTUSIONS AND ABRASIONS OF CHEST AND ABDOMEN.
  
- IV. CONTUSIONS AND ABRASIONS OF UPPER EXTREMITIES:
  - A. Confluent and circumferential contusions of wrists, consistent with handcuff placement.
  
- V. CONTUSIONS AND ABRASIONS OF LOWER EXTREMITIES:
  - A. Confluent and circumferential contusions of ankles, consistent with ankle cuffing.

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VI. HEALED LINEAR SCARS ON FLEXOR SURFACE OF WRIST  
BILATERALLY.

VII. HEALING APPARENT BURN OF POSTERIOR RIGHT HAND.

The body is that of a slender, but well-developed and normally nourished and hydrated Caucasian male measuring 69" in length.

**CLOTHING:**

When first viewed the body is clothed in the following items:

1. A pair of soiled blue jeans with multiple tears present around the lower legs. The jeans are completely buttoned up the front and the waistband is at the level of the mid thighs.
2. A pair of soiled green, red and cream colored pajama bottoms are present around the legs. They are unbuttoned in the front and the waistband is present around the level of the hips. A knotted blue bandana is present around the hip region.
3. A soiled blue dress shirt has been cut from the body and is present under the body.
4. A soiled white tee-shirt is present under the body. It has been cut from the surface of the body presumably by emergency personnel.
5. There is a pair of ankle cuffs present around the ankles.

**EXTERNAL EVIDENCE OF THERAPY:**

1. There is an endotracheal tube present in the mouth.
2. There is a hard cervical collar present around the neck.
3. Multiple EKG pads are present on the surface of the chest, abdomen and arms.
4. Defibrillator pads are present on the chest.
5. An intravenous catheter is present in the left antecubital fossa.
6. There is a needle thoracentesis present in the left upper chest.
7. There is an intravenous catheter present in the medial aspect of the right forearm.

**GENERAL EXTERNAL DESCRIPTION:**

The subject is of extremely thin build, weighing 145 pounds. The head is covered by long dark brown hair which is wavy and measures to approximately 10" to 12". There is a matching, untrimmed beard and mustache present on the face. The irides are brown. There are three hemorrhages present in the palpebral conjunctiva of the right eye. A scleral hemorrhage is present in the right eye. Bloody fluid is present in the nostrils. A small amount of gastric contents is present in the mouth. The subject's dentition is in an extremely poor state of repair with broken teeth and missing teeth. However, there are restorations present. No blood or fluid is present in either external auditory canal. However, there is scaly dirty material present in both ears. The earlobes have not been cosmetically pierced. Injuries to the head will be described below.

The anterior chest and abdomen are remarkable for pectus excavatum. There is asymmetry of the chest with the left chest appearing flattened. There is slight discoloration of the right lower quadrant of the abdomen, which is pale green in color. There is no evidence of scarring. The injuries will be described.

The upper extremities are normally developed without evidence of needle puncture mark, except for therapeutic in either antecubital fossae. There is no palpable perivenous scarring. Injuries are present on the arms, which will be described. The fingernails are of moderate length, somewhat ragged with a considerable amount of dirt present beneath the distal edges. No injuries are present on the palms of the hands or between the fingers.

The external male genitalia are unremarkable.

The lower extremities are normally developed with injuries that will be described. The toenails are dystrophic and extremely dirty. The soles of the feet are callused, but otherwise unremarkable.

The posterior aspect of the body is remarkable for changes that will be described. There are a few recent injuries, but no evidence of scarring. Gravel like material is present around the buttocks bilaterally.

**EXTERNAL EVIDENCE OF INJURY, HEAD:**

1. A pale pink contusion is present in the right forehead near the hairline measuring 1-1/2" by 1/2".
2. There is faint pink contusion present in two areas of the right forehead above the mid right eyebrow. One measures 1/4" and the other measuring 1/2".
3. Two (2) 1/4" to 1/2" red/brown abrasions are present just above the lateral right eyebrow.
4. A series of discontinuous pink/brown abrasions are present on the right cheek area immediately inferior to the lateral corner of the right eye extending towards the preauricular skin, encompassing an area of 3" by 1/2". Individual abrasions range in size from 1/4" to 1/2".
5. There is punctate contusion around the right eye. The contusions are present in the right upper eyelid and right lower eyelid along the lash line.
6. A 1" by 3/4" contusion is present along the bridge of the nose. The underlying nasal spine is intact.
7. Two (2) red/brown abrasions are present in the right nasolabial fold, each measuring 1/4".
8. A 1/4" red/brown abrasion is present at the edge of the left nostril.
9. Pale pink contusion is present on the right cheek, approximately 2" inferior to the lobule of the right ear. It measures 1" by 1/4".
10. There is pale pink contusion of the helix and antihelix of the right ear measuring 1-1/2" by 1".

11. There is pale pink contusion present around the right corner of the mouth encompassing an area of 1-1/4" by 3/4".
12. There is pale pink contusion present on the lateral zygoma on the left measuring 1/2".
13. Pale pink contusion is present in the left preauricular area near the lobule of the left ear. The contusion extends to the lobule of the ear and the tragus.
14. There is pale pink contusion present in the helix and antihelix of the left ear. Overall the injury measures 2-1/4" by 2".
15. Red/brown abrasion is present along the left mandibular ramus and within the beard hair of the left side of the chin and just below the left corner of the mouth. Overall this abrasion measures 2-1/2" by 1-1/2". It is discontinuous in character.

**EXTERNAL EVIDENCE OF INJURY, CHEST AND ABDOMEN:**

1. There is pale pink contusion present on the anterior right chest just inferior to the right clavicle. This is a discontinuous contusion and encompassing an area of 4" horizontally by 2" vertically. Punctate contusion extends to the anterior right shoulder. There is superimposed abrasion. This abrasion and contusion melt imperceptibly into a deep pink contusion present at the top of the right shoulder extending towards the back, encompassing an area of 6" by 3". There is a superimposed brush burn abrasion on this contusion measuring 5-1/2" by 1-3/4".
2. Satellite abrasions are present on the inferior/posterior right shoulder. Each one of these contusions measure up to 1/2".
3. Three (3) overlapping pale pink contusions are present in the medial right chest, medial to the right nipple. Each measures 3/4" to 1/2". Overall the entire injury complex measures 4" by 1".

4. There is a brown 1/4" abrasion present just right of midline on the right chest.
5. Punctate abrasion is present on the inferior right chest measuring 2" by 1/4".
6. A series of pale pink 1/2" contusions are present around the anterior iliac crest on the left accompanied by 1/2" irregular brown abrasions.
7. A deep brown brush burn abrasion is present on the lateral aspect of the right hip and measures 3/4" by 1/2".
8. Pink contusion is present on the anterior iliac crest on the right. Two (2) are present, one measures 1" and the other measures 1/2".
9. There are paired abrasions in the lower right quadrant immediately above or superior to the right anterior iliac crest. These paired abrasions measure approximately 1/8" in diameter and are separated by 1-1/2" of skin. Between these two abrasions is a 1/4" by 3/4" contusion.
10. Similar abrasions are present on the lateral aspect of the right hip, each measuring 1/8". They are separated by 1-1/4" of skin.

**EXTERNAL EVIDENCE OF INJURY, RIGHT UPPER EXTREMITY:**

1. There is confluent pink contusion present around the right elbow, encompassing an area of approximately 4" by 4". Superimposed upon this contusion are irregular and oval red/brown abrasion measuring up to 1-3/4".
2. Pale pink abrasion is present on the dorsum of the right forearm. The abrasion has rolled, pearly type edges and appears to be healing. It measures 3/4" by 1/2".
3. There is confluent contusion present around the right wrist extending for a distance of 3" by 3" around the wrist. Superimposed upon the confluent contusion are linear abrasions and deep pink contusions

measuring up to 1-1/4" in length. There is superficial abrasion present focally.

4. Purple contusion is present on the dorsum of the right knuckle of the index finger measuring 1/2". A 1/4" contusion is present on the knuckle of the middle finger.
5. A healing scab forming, apparent burn is present on the dorsum of the right hand. It is roughly rectangular in shape, measuring 3/4" by 1/2".
6. Pale purple contusion is present on the flexor surface of the right hand. It measures 2" by 1".
7. A healing linear incised wound measuring 1/2" is present on the flexor surface of the right wrist.
8. A 1" linear scar is present on the flexor surface of the right wrist.

**EXTERNAL EVIDENCE OF INJURY, LEFT UPPER EXTREMITY:**

1. A pale pink contusion is present on the biceps region of the left upper arm. It measures 1/2".
2. There is confluent pink contusion present around the right wrist encompassing an area of 2-1/2" by 4". Shallow linear abrasions measuring up to 1/4" are superimposed upon this contusion. Deep pink 1-1/2" linear contusions are present in the same area.
3. A 3/4" linear scar is present on the flexor surface of the left wrist.
4. A 1/4" red/brown abrasions accompanied by pale pink contusion are present on the knuckles of the left middle and ring finger.
5. Pale purple contusion is present on the flexor surface of the left wrist encompassing an area of 1-3/4" by 1".

**EXTERNAL EVIDENCE OF INJURY, LEFT LOWER EXTREMITY:**

1. Pale pink contusion wraps around the left lower leg above the ankle encompassing an area of 4" by 3-1/2". There is superimposed pale pink punctate and irregular abrasion extending from the pretibial region

laterally around the leg. The largest of these abrasions measure 1" in length.

2. A ½" brown abrasion is present on the lateral malleolus of the left ankle.
3. There are linear pale pink scars extending from the medial malleolus to the calf measuring 6" in length.
4. There is brown/pink discoloration of the medial left calf and knee encompassing an area of 6" approximately.

**EXTERNAL EVIDENCE OF INJURY, RIGHT LOWER EXTREMITY:**

1. There is bright pink contusion present on the lateral aspect of the right lower leg above the ankle extending from the pretibial region laterally, encompassing an area of approximately 4" by 2". There is superimposed irregular pale pink abrasion. Pale pink abrasion extends along the pretibial region upward from this area.
2. Pale pink contusion is present on the medial malleolus of the left ankle and measures ¼".
3. Pale pink linear scratch type abrasions are present on the top of the right foot and measure from 1" to ½".
4. There is a pressure mark present on the right ankle above the lateral malleolus, which is roughly rectangular in shape and measures approximately 3-1/2" by 3/8".

**EVIDENCE OF INJURY, BACK:**

The posterior torso is remarkable for brawny skin edema, which is pink/purple in color with superimposed scratch type marks. This dry skin and edema extends across the shoulders and the back of the neck. The abrasions are scab forming and clearly healing.

**INTERNAL EVIDENCE OF INJURY, CHEST:**

The body is opened with the usual Y-shaped incision. There is intense hemorrhage present in the anterior chest wall surrounding the ribs bilaterally, left greater than right. Right ribs #3 through #8 are fractured in a comminuted fashion, approximately 1-1/2" right of the sternal edge. Left ribs #3 through #8 are fractured in a comminuted fashion, approximately 1-1/2" left of the sternal edge. The fractures of both right and left ribs perforate the serosa. Left ribs #3 through #8 are fractured approximately 6" to 8" left of the sternal edge in the lateral chest wall. There is intense hemorrhage present associated with these fractures. The fractured ribs perforate the serosa and the adjacent muscular structures. Posterior left ribs #3 through #12 are fractured approximately 1-1/2" left of the left side of the spinal column. The inner cortex of the ribs is fractured in two spots and chips away from the bone on ribs #5, #6 and #7. The ribs are fractured in displaced fashion and perforate the overlying serosa. They penetrate into the left lung for a distance of approximately 1/4". There is intense hemorrhage into the soft tissue and musculature of the posterior left chest wall due to the rib fracture.

Right posterior ribs #3 through #6 are fractured approximately 1/2" from the right side of the spinal column. Hemorrhage is present into the soft tissue, but the overlying serosa is not lacerated.

Three hundred cubic centimeters (300 cc) of fluid blood is present in the left chest cavity.

**INTERNAL EVIDENCE OF INJURY, HEAD:**

The scalp is reflected in the usual manner. There is hemorrhage present in the right posterior parietal scalp. This hemorrhage measures approximately 3" by 2". There is no underlying skull fracture. The calvarium is removed with transverse

saw cuts. There is no subdural, epidural or subarachnoid hemorrhage. No cortical contusions is noted in the brain.

**INTERNAL EVIDENCE OF INJURY, BACK:**

The skin of the back is reflected. The skin of the buttocks is reflected. Hemorrhage is noted overlying the above-described posterior rib fractures and lateral rib fractures of the left chest. There is subcutaneous hemorrhage in the superior buttock regions encompassing an area of approximately 6" by 3" bilaterally.

**GENERAL INTERNAL EXAMINATION:**

The body is opened with the usual Y-shaped incision. There is no evidence of hemorrhage in the right chest cavity, peritoneal cavity or pericardial sac. The organs are present in the usual positions with their usual relationships to one another.

**Cardiovascular System:** The heart weighs 330 grams. The epicardial coronary arteries arise and are distributed normally. They are widely patent without evidence of atherosclerotic plaque. No focal abnormality is identified in the deep brown myocardium on serial sectioning from apex to base at 1 cm intervals. The cardiac valves are unremarkable without evidence of stenosis or insufficiency. The aorta and its tributaries are distributed normally and are widely patent.

**Respiratory System:** The lungs weigh 1300 grams. Injuries to the lungs have been described. There is posterior or dependent congestion. The anterior lung fields are somewhat aerated. There is no focal abnormality, including consolidation on serial sections of the lung parenchyma. No purulent material is identified in the bronchial tree. There are no pulmonary thromboemboli.

**Liver, Gallbladder and Pancreas:** The liver weighs 1600 grams. The capsule is smooth and glistening. The parenchyma is deep maroon and soft without focal abnormality on serial sectioning. The gallbladder contains a small amount of bile, but no gallstones. The pancreas is unremarkable.

**Gastrointestinal Tract:** The esophagus is unremarkable. The stomach contains approximately 30 cc of chartreuse green fluid without evidence of pill material or food. No focal abnormality is identified in the gastric mucosa or first portion of the duodenum.

The large and small intestine are unremarkable.

**Endocrine System:** The pituitary, thyroid and adrenals are unremarkable.

**Spleen and Hematopoietic System:** The spleen weighs 220 grams. The capsule is smooth and glistening. The parenchyma is deep maroon and soft without focal abnormality on serial sectioning.

**Genitourinary System:** The kidneys weigh 280 grams. The capsules strip with ease to reveal a smooth, glistening renal surface. The corticomedullary junction is sharply delineated. The renal pelves and ureters are unremarkable. The urinary bladder is mildly distended by clear yellow urine.

**Neck:** The neck organs are examined in situ. There is no evidence of hemorrhage to the anterior strap muscles. The hyoid, thyroid and tracheal cartilages are unfractured. The epiglottis is unremarkable without evidence of edema. There is no obstructing material. Examination of the tongue reveals an area of contusion along the left side of the tongue, measuring 1" by ¼".

Head: The scalp is reflected in the usual manner and the calvarium is removed as usual as described above. The brain weighs 1350 grams. No focal abnormality is identified on coronal sections of the cerebral hemispheres, cerebellum or brain stem.

Sergeant George Burke, Portland Police Bureau, Homicide Division is present at the autopsy. Detectives Lynn Courtney and John Rhodes are present at the autopsy. Multnomah County Deputy District Attorney Chris Mascal is present at the autopsy. Criminalist Ken Jones of the Portland Police Bureau ID Division retains photographs, clothing, blood spot, head hair standards and pubic hair standards.

Blood, urine and vitreous fluid are retained for toxicologic examination.

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