

NOTICE

**This document may contain graphic information
that some people find disturbing.**

Viewer discretion is advised.

TOXICOLOGY REPORT

Office of the Chief Medical Examiner Toxicology Folder: T200908339
Chapel Hill, NC 27599-7580 Case Folder: F200910397

Date of Report: 06-nov-2009

Page: 1

DECEDENT: Connor Elizabeth Maxwell

Status of Report: Approved

Report Electronically Approved By: Sandra Bishop, PhD

* * *

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SPECIMENS received from Deborah L. Radisch on 03-nov-2009

S090024946: 8.0 ml Blood CONDITION: Postmortem
SOURCE: Aorta OBTAINED: 03-nov-2009

Ethanol ----- None Detected 11/06/2009

S090024947: 5.0 ml Blood CONDITION: Postmortem
SOURCE: Iliac artery OBTAINED: 03-nov-2009

S090024948: 17.0 ml Urine CONDITION: Postmortem
SOURCE: Urinary Bladder OBTAINED: 03-nov-2009

120709 10:01 * * * E N D O F R E P O R T * * * B200904968

DR

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE CHIEF MEDICAL EXAMINER
Chapel Hill, North Carolina 27599-7580



12009 - 10346

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

OCME USE ONLY

09-10397
Case number

NOV 09 2009
Date received

Res NR

DECEDENT: Connor Maxwell
First Middle Last Suffix

RESIDENCE: 314 W Park Dr. Fay, NC Cumb
Number and Street City, State County

AGE: 17 SEX: Male Female Unknown

RACE: Black Native American Oriental White Unknown

HISPANIC ORIGIN: Yes No Unknown

INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS	11/02/09	?	314 W. Park Dr	Cumb
DEATH	11/03/09	0522	Fay NC	"
VIEW OF BODY	11/03/09	0800	<input type="checkbox"/> Scene of death <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Funeral home <input type="checkbox"/> Other _____ <input type="checkbox"/> Not viewed	
M.E. NOTIFIED	11/03/09	0621	LAW ENFORCEMENT AGENCY: <u>Fay PD</u> OFFICER: _____ TELEPHONE: _____	
LAST KNOWN TO BE ALIVE			Death occurred while in custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

AUTOPSY: None M.E. Authorized Non-M.E. Autopsy facility: _____

BLOOD SAMPLE: Mailed Obtained by pathologist Reason not obtained: _____

IF CLINICAL ALCOHOL DONE, RESULT: _____ By whom: _____

PROBABLE CAUSE OF DEATH: Pending

- GSW To Head
- _____
- _____
- _____

OCME REVIEW	SDC
1. _____ DUE TO	<input type="checkbox"/> None
2. _____ DUE TO	<input type="checkbox"/> AL
3. _____ DUE TO	<input type="checkbox"/> Dictated
4. _____ DUE TO	<input type="checkbox"/> COG

CONTRIBUTING CONDITIONS
 Natural Accident Homicide Suicide Undetermined

Reviewer: DL Date: 12/4/09

Information in this block supersedes that contained in space at left.

Multiple scalp lacerations

CONTRIBUTING CONDITIONS

MANNER OF DEATH:

Natural Accident Homicide Suicide Pending

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Article 16 of Chapter 130A of the N.C. General Statutes and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

De J. G. ME
Signature of Medical Examiner

11/03/09 Cumb
Date County of Appointment M.E. Number

MEDICAL HISTORY

- Alcoholism Diabetes IV drug abuse Ischemic heart disease Smoking
 Seizure disorder Cancer Hypertension Depression HIV/AIDS
 Other _____ _____ _____ _____ _____
Attending Physician _____ City _____

MEANS OF DEATH

- VEHICLE: Type of vehicle associated with this decedent:
 Passenger car Pickup truck Truck--more than 2 axles Motorcycle
 Bicycle Farm vehicle ATV Moped Other _____
Position: Driver Passenger Pedestrian Unknown
Devices: Seat restraints Air bag Helmet Child restraint None Unknown
Number of vehicles involved _____
- GUN: Rifle--Caliber _____ Handgun--Caliber _____ Shotgun--Gauge _____
 Other _____ Unknown
- INSTRUMENT: Blunt Sharp Description: _____
- TOXIC AGENT(S) SUSPECTED: Alcohol Others _____
- DROWNING: Pond Lake or river Ocean Pool Bathtub Other _____
Life preserver: Yes No Unknown Able to swim: Yes No Unknown
Activity _____
- FIRE: Suspected cause _____ Smoke detector: Yes No Unknown
- FALL: From _____ to _____ Approximate distance _____ feet

ACTIVITY OF DECEDENT AND PREMISES

FATAL INJURY Activity _____
OR ILLNESS: Type of place _____ Specific location _____

Fatal injury or illness occurred on a job: Yes No Unknown

If yes, was employment: Primary job Secondary Volunteer work Unknown

Name of this employing firm or agency _____

Type of business or industry _____ Decedent's occupation _____

DEATH: Type of place _____ Specific location _____

Examples:

Activity: Running, lifting hay bales, eating, typing letter, driving commercial truck, sleeping, bathing, watching television, fighting, etc.

Type of place: House, apartment, trailer, school, jail, bar or tavern, hotel, restaurant, store, street, hospital, farm, highway, factory, etc.

Specific location: Bathroom, assembly line, kitchen, front yard, office, parking lot, emergency room, roadside, ambulance, car, etc.

On a job: Any activity that is income generating regardless of age of decedent including farming or part time work; also include non-income generating volunteer or charity work.

DESCRIPTION OF BODY

CONDITION: Intact Decomposition Skeletonized
 Embalmed Charred Prolonged immersion Exhumed

RIGOR: None 1+ 2+ 3+ LIVOR: None Anterior Posterior Lateral

HEIGHT: _____ inches Estimate WEIGHT: _____ pounds Estimate

BODY TEMPERATURE: Warm Cool Cold HAIR: Color _____ Beard Mustache

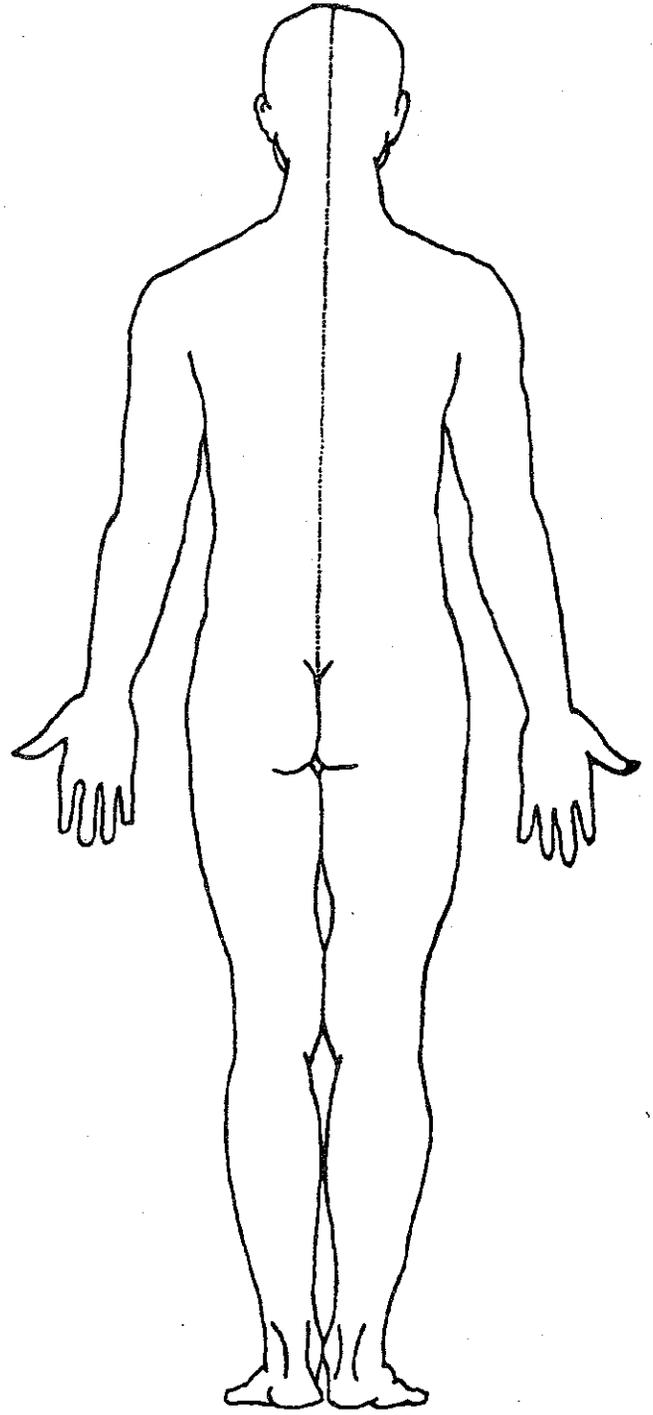
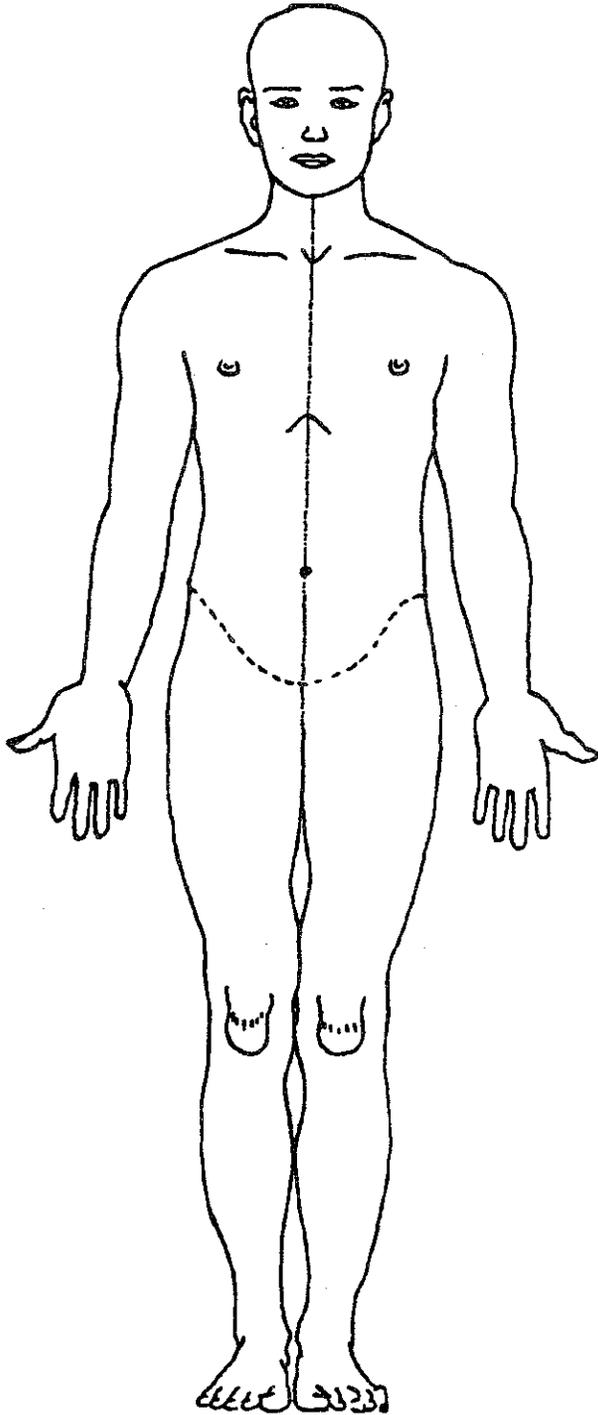
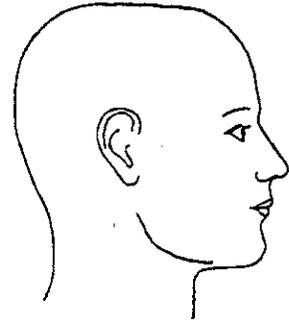
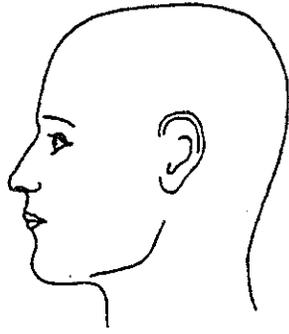
EYES: Color _____ Abnormalities _____

TEETH: Upper Natural Dentures Abnormalities _____
 Lower Natural Dentures Abnormalities _____

CLOTHING: _____ Not clothed

VALUABLES: _____ No valuables

BODY DIAGRAMS



Indicate nature and location of wounds and other lesions (scars, tattoos, medical therapy, etc.) on these diagrams.

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

12/14/09

her closet

1740 g decedent found in kitchen floor
grouped & 2 other bodies in a pool of blood.
w a mortal GSW to posterior head.

D. J. G. ME

DR
12/14/09

PURPOSE: To document the findings of a medical examiner investigation. When completed, this form constitutes a report to the Chief Medical Examiner as required by G.S. 130A-385(a).
PREPARATION: The investigating medical examiner completes all appropriate information, and signs the certification statement on the front of the form.
DISTRIBUTION: Mail original copy to the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.
DISPOSITION: This form is maintained by the Chief Medical Examiner in accordance with the current records disposition schedule published by the N.C. Division of Archives and History.
COPIES: Additional copies may be ordered from the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.

Office of the Chief Medical Examiner

CB # 7580 Chapel Hill, NC 27599-7580

Telephone 9199662253

REPORT OF AUTOPSY EXAMINATION

DECEDENT

Document Identifier B200904968

Autopsy Type ME Autopsy

Name Connor Elizabeth Maxwell

Age 17 yrs

Race White

Sex F

AUTHORIZATION

Authorized By Damon K. Arrington MSN

Received From Cumberland

ENVIRONMENT

Date of Exam 11/03/2009

Time of Exam 13:00

Autopsy Facility Office of the Chief Medical Examiner **Persons Present** Mr. Clyde Gibbs, Dr. Sam Simmons, Ms. Molly Hupp, Mr. Bill Holloman

CERTIFICATION

Cause of Death

Gunshot wound of the head

The facts stated herein are correct to the best of my knowledge and belief.

Digitally signed by

Deborah L. Radisch MD 07 December 2009 09:01

DIAGNOSES

Gunshot wound of the head

Multiple skull fractures, bilateral anterior and middle fossae of skull

Subarachnoid hemorrhage of brain, diffuse

Lacerations and hemorrhage along wound track of bilateral frontal and left temporal lobes of the brain

Stippling, posterior right forearm

Scalp lacerations with prominent abrasions, 7, with minimal associated scalp hemorrhage

IDENTIFICATION

Body Identified By

Papers/ID Tag

EXTERNAL DESCRIPTION

Length 67 inches

Weight 126 pounds

Body Condition Intact

Rigor 3-4+

Livor Faint purple-posterior

Hair Light brown/blonde, long, in a ponytail with a red and white polka dot ribbon

Eyes Blue

Teeth Natural and in good repair. Blood is present in the mouth.

The body is that of a well-developed, well-nourished young white woman clothed in a pair of white athletic shoes, a pair of short white athletic socks, a pair of stretch compression shorts, a pair of black athletic shorts, a pair of blue bikini panties, a teal t-shirt, and a white bra. The toenails show chipped red-pink polish. Both earlobes are pierced, but no earrings or other jewelry are present. A band-aid is present around the second finger of the left hand. EKG pads are present on the bilateral forearms and bilateral lower legs.

INJURIES

BLUNT FORCE INJURIES:

There is a blue, slightly raised, slightly irregular round contusion of the posterior left forearm, near the wrist. The posterior third finger of the left hand shows a short linear abrasion. Multiple short linear abrasions with associated contusions are present of the posterior right hand.

The scalp shows multiple lacerations:

1. A laceration of the right anterior temporal scalp is present, located 2" down from the top of the head and 2" to the right of the anterior midline. There is a main laceration with an adjoining laceration with measurements of 1 1/4" in greatest length x 7/8" in greatest width. There is a prominent abrasion surrounding this laceration. When the scalp is reflected, the laceration is noted to travel through the scalp. There is a small amount of scalp hemorrhage, but there are no skull fractures associated with this laceration.
2. A second laceration, with prominent scalp abrasion, is located of the right temporal scalp, 3/4" down from the top of the head and 2" to the right of the anterior midline. This laceration has 4 "arms" and measures 1 1/8" in length x 1/2" in width. Upon reflection of the scalp, this laceration does not travel through the full thickness of the scalp, and is associated with a small amount of scalp hemorrhage without underlying associated skull fractures.
3. A laceration of the right parietal scalp is located 1" down from the top of the head and 2 1/2" to the right of the anterior midline. This is a crescentic laceration with a small amount of associated scalp abrasion, that is curved towards the back of the head and measures 1 1/2" in length. Upon reflection of the scalp, this laceration does not travel through the scalp, and there is a small amount of associated scalp hemorrhage without underlying skull fracture.
4. A laceration of the left upper forehead is present, located 1" down from the top of the head and 1 3/4" to the left of the anterior midline. This is a slightly crescentic laceration, which curves toward the front of the body and measures 7/8" in length. Upon reflection of the scalp, this laceration does not travel through the full thickness of the scalp, and is associated with a small amount of scalp hemorrhage and no underlying skull fractures.
5. This is a group of 3 lacerations located posterior to the left ear, with its center located 3 1/2" down from the top of the head and 2" to the left of the posterior midline. The largest laceration is oriented horizontally and measures 1 1/8" in length; posterior to this is a laceration that measures 3/4" in length; and inferior to the main laceration is a laceration that measures 1/2" in length. Upon reflection of the scalp, there is a moderate to large amount of associated scalp hemorrhage, and the largest laceration travels through the full thickness of the scalp, but there is no associated skull fracture.

GUNSHOT WOUND:

A gunshot entrance wound is present of the right superior frontal scalp, located 2" down from the top of the head and 3/4" to the right of the anterior midline. This wound measures approximately 3/8" in diameter with a circumferential abrasion collar, with a 3/8" long laceration extending from the wound at the 5 o'clock position. No powder residue is present on the skin around the wound or in the proximal wound track. There are 3 punctate abrasions of the left upper cheek, which may represent stippling. There is a discrete left scleral hemorrhage. There are multiple abrasions of the posterior medial right forearm, consistent with stippling, that extend for a distance of 3" vertically x 1 1/2" horizontally. There is marked purple discoloration of the upper and lower eyelids of the left eye, and there are small apparent contusions of the inner aspects of the upper and lower eyelids of the right eye. The left eye is flattened in its socket. Blood is present in both external auditory canals (ears), and abundant red froth is present in the nose.

Internally, the wound track enters the skull through the mid superior anterior frontal bone, causing multiple fractures and completely destroying the bones of the left anterior fossa, including causing massive destruction of the left orbit, with protrusion of the globe into the cranial cavity. Multiple fractures of the left anterior fossa, as well as multiple linear fractures of the bilateral middle fossae are present in association with the gunshot wound track. It perforates the dura adjacent to the entrance hole, and there are lacerations of the bilateral superior medial frontal lobes of the brain. It travels through the left frontal lobe of the brain, exiting the inferior left frontal lobe, and exits the skull through the

left sphenoid bone. In addition to the skull fractures, there is diffuse moderate subarachnoid hemorrhage over the brain, lacerations and hemorrhage along the wound track, and gray matter contusions of the inferior left temporal lobe of the brain. A medium caliber, copper-jacketed projectile is recovered adjacent to the left exterior sphenoid bone, just posterior to the left zygomatic bone.

In summary, this is a gunshot wound of the mid right frontal scalp that travels in a front to back, downwards, and right to left direction.

DISPOSITION OF CLOTHING AND PERSONAL EFFECTS

The following items are released with the body

Clothing.

The following items are preserved as evidence

Blood stain on paper and projectile and fragments from head received by Det. Jeff Locklear of the Fayetteville Police Department on November 9, 2009.

PROCEDURES

Radiographs

Postmortem radiographs of the head display a radiodensity consistent with the recovered projectile.

INTERNAL EXAMINATION

Body Cavities

There are no adhesions or unusual fluid accumulations in the pleural, pericardial, or peritoneal cavities.

Cardiovascular System

Heart Weight 210 grams

The epicardial aspect is unremarkable. The valves are normally formed with delicate leaflets. The chambers are not dilated and the walls are not hypertrophied. There are no myocardial scars or other focal lesions. There is a right dominant coronary artery system with no atherosclerosis of the main branches of the coronary arteries. The aorta and its major branches are intact and unremarkable.

Respiratory System

Right Lung Weight 410 grams

Left Lung Weight 460 grams

The hyoid bone is intact. No strap muscle hemorrhages are present. There are no obstructing materials or lesions in the larynx. The pleural surfaces of both lungs are smooth and glistening. The parenchyma of both lungs is pink, but shows a marked aspirated blood pattern, with coalescence to severe hemorrhage in the bilateral lower lobes. There is no consolidation. The tracheobronchial tree is filled with bloody red froth.

Gastrointestinal System

The appendix is present. The esophagus is unremarkable and the stomach contains 2 cups of thick, light brown, well-digested food. The small intestine is unremarkable and the colon contains a moderate amount of brown-yellow stool.

Liver

Liver Weight 830 grams

The capsule is intact and the parenchyma is unremarkable. The gallbladder contains a small amount of green-yellow bile and the extrahepatic biliary tree is patent.

Spleen

Spleen Weight 100 grams

The capsule is intact and the parenchyma is unremarkable.

Pancreas

Normal anatomic location and configuration.

Urinary

Right Kidney Weight 90 grams

Left Kidney Weight 90 grams

Both kidneys are similar. The cortical surfaces are smooth and the capsules strip with ease. The renal architecture is intact without focal lesions. The ureters are patent and not dilated. The renal arteries and veins are unremarkable. The bladder contains a moderate to large amount of clear yellow urine. The wall and mucosa are grossly unremarkable.

Reproductive

Normal female. A corpus hemorrhagicum is present in the left ovary and there is a simple cyst of the left fallopian tube.

Endocrine

The thyroid gland is bilobed, non-nodular, and pale.
Both adrenal glands are grossly unremarkable.

Neurologic

Brain Weight 1400 grams

The meninges are interrupted and blood is present in the meningeal compartments as described. The cerebral gyral pattern is fully developed. There is no evidence of edema or herniation. The vessels at the base of the brain are thin and delicate. Multiple coronal sections reveal no gross abnormalities other than the injuries in the gunshot wound track.

Skin

Scalp lacerations and contusions are present as described.

Immunologic System

The lymph nodes are grossly unremarkable.

Musculoskeletal System

Skull fractures are present as described. There are no rib or long bone fractures.

MICROSCOPIC EXAMINATION

Cardiovascular

A section of myocardium shows no inflammation or fibrosis.

Respiratory

A section from a central area of lung shows moderate intra-alveolar hemorrhage. The peripheral area show a focus of moderate intra-alveolar hemorrhage.

Liver

There is no fatty change of the hepatocytes, and the portal tracts are unremarkable.

Genitourinary

A section of kidney shows congestion with no pathologic abnormality.

Neurologic

Sections of cortex, including hippocampus, show acute slight to moderate subarachnoid and intraparenchymal hemorrhages.

SUMMARY AND INTERPRETATION

The decedent was a 17-year-old young woman who was shot in her home. Due to the violent nature of death, Mr. Damon Arrington, Cumberland County Medical Examiner, assumed jurisdiction of the body and authorized autopsy.

Autopsy examination showed a gunshot wound of the right mid upper frontal scalp that traveled in a right to left, front to back, and downwards direction, through the left frontal lobe of the brain, leading to lacerations and hemorrhage along the wound track, contusions of the inferior left temporal lobe of the brain, and diffuse moderate subarachnoid hemorrhage over the brain. A medium caliber, moderately distorted, copper-jacketed lead projectile was recovered just exterior to the left sphenoid bone of the skull. A large amount of aspirated blood was present in the lungs in association with this gunshot wound track. Apparent stippling was present on the posterior right forearm. There were 7 irregular or crescentic lacerations of the right and left sides of the scalp, a few of which traveled through the entire thickness of the scalp, with slight associated hemorrhage of the scalp, but without underlying associated skull fractures. An ethanol (alcohol) concentration of blood obtained at the time of autopsy was negative. In my opinion, the cause of death in this case was due to a gunshot wound of the head.

DIAGRAMS

1. 1. Adult (front/back)
2. 2. Head (left/right)

State of North Carolina

Name of Decedent: _____

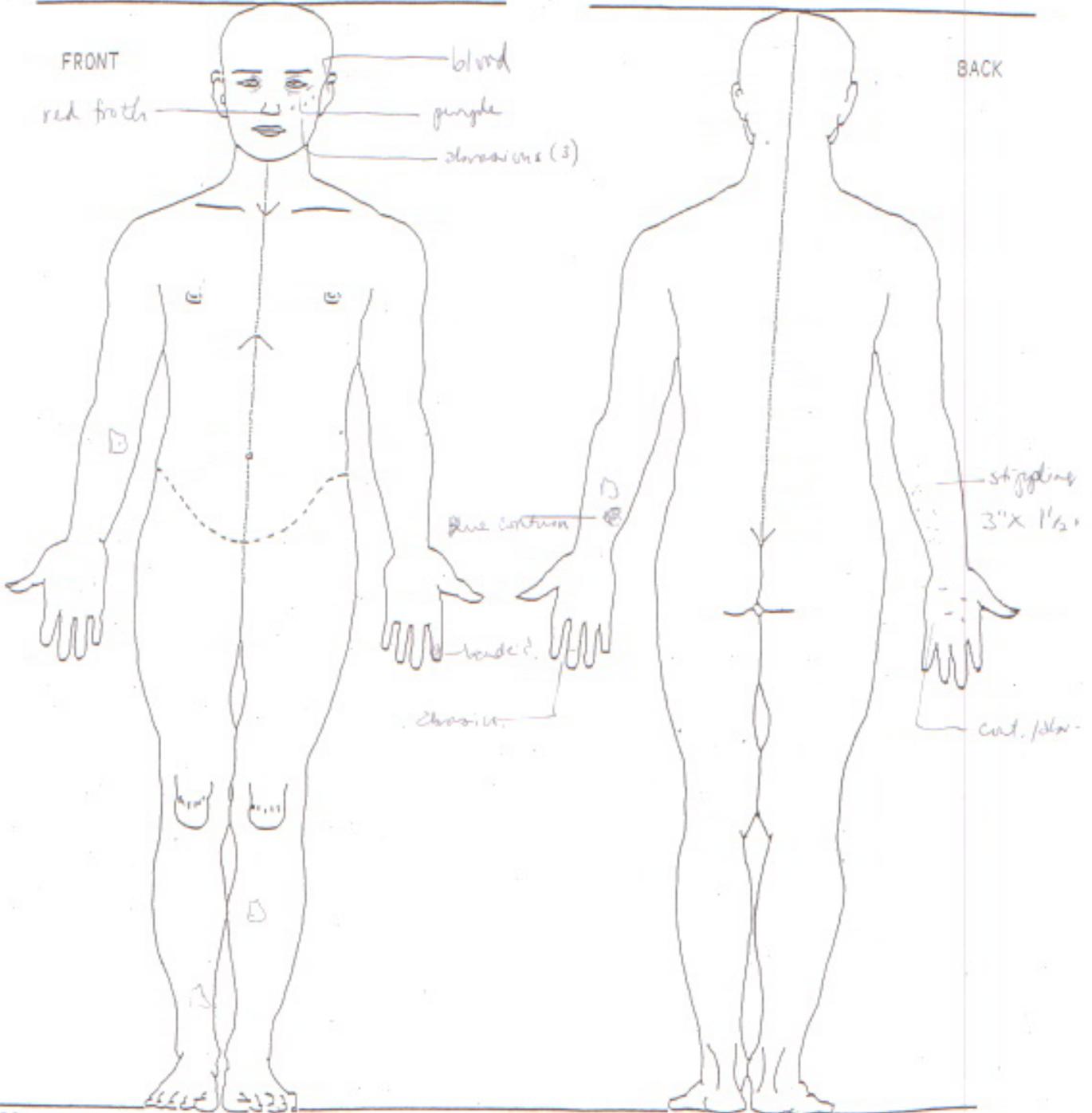
Office of the Chief Medical Examiner

Autopsy # 809-4968

Chapel Hill, North Carolina 27599-7580

Examined By: [Signature] Date: 11/31/09

BODY DIAGRAM: ADULT (Front/Back)



DEMR 1917 (4/97)
Medical Examiner

This form may be photocopied.

PAGE ___ OF ___

BODY DIAGRAM: HEAD (left/right)

