

12**AUTOPSY REPORT**

No.

2018-00941

SALLING, MARK WAYNE

I performed an autopsy on the body of →

at the DEPARTMENT OF MEDICAL EXAMINER-CORONER

Los Angeles, California

on FEBRUARY 1, 2018 @ 0800 HOURS

(Date)

(Time)

From the anatomic findings and pertinent history I ascribe the death to:

(A) ASPHYXIA

DUE TO OR AS A CONSEQUENCE OF

(B) HANGING

DUE TO OR AS A CONSEQUENCE OF

(C)

DUE TO OR AS A CONSEQUENCE OF

(D)

OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

Anatomic Summary:

- I. The decedent is a 35-year-old Caucasian male who is 71 inches tall and weighs 169 pounds. The decedent was found hanging by a rope from a tree on January 30, 2018 and was officially pronounced dead on January 30, 2018 at 1017 hours. The above information is taken from the Coroner's Investigations report.
- II. Asphyxia due to hanging.
- A. 5/16 inch wide yellow/black rope around neck situated 9-1/2 inches from the top of the head at the midline; an associated 7/16 to 1/4 inch wide ligature mark is situated on the neck anteriorly; the ligature mark curves upwards bilaterally on both sides of the neck and is seen continuing on the lateral posterior sides of the neck bilaterally.
- B. Scant petechial hemorrhages involving the conjunctivae of both the upper and lower eyelids bilaterally are present (no bulbar conjunctival petechial hemorrhage is identified; no purpuric hemorrhagic involving the eyes is identified).
- C. No buccal mucosa petechiae are identified; no facial petechial hemorrhage is identified.
- D. The tongue is protuberant.

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E. No hemorrhage involving the platysmas muscle is identified; no tongue hemorrhage is identified; the posterior neck musculature shows no evidence of hemorrhage; no fractures of the superior horns of the thyroid cartilage or hyoid bone are identified; no antemortem trauma involving the laryngeal prominence or cricothyroid cartilage is identified.

III. A 5/16-inch x ¼ inch cut abrasion is situated on the right forehead.

IV. The distal left upper extremity has a 6-inch x 6/16-inch scar; the distal right upper extremity has a 2-1/2 x 6/16 inch scar.

V. No other autopsy evidence of trauma is identified.

VI. No tattoos are identified.

VII. Please see separate toxicology report.

SUMMARY OF EVENTS:

The decedent is a 35-year-old Caucasian male who was officially pronounced dead on January 30, 2018 at 1017 hours. The reader is referred to the Coroner's Investigations report for further information regarding the circumstances.

EVIDENCE OF INJURY:

The injuries are arbitrarily sequenced for the convenience of the Examiner, and do not indicate the sequence of injuries. The reader is referred to the Anatomical Summary for a detailed description of the injuries.

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Note: For the remainder of the autopsy report, the following observations are limited to findings other than injuries, if described above. In particular, the descriptions of the skin, soft tissue, bones, organs, and other structures specifically refer only to the non-injured portions of those parts of the body.

EXTERNAL EXAMINATION:

The body is identified by toe tags and is that of an unembalmed, refrigerated adult Caucasian male who appears about the reported age of 35 years. The body weighs 169 pounds, measures 71 inches in height, and is well-nourished. Scars are present on both distal upper extremities. No tattoos are identified. Livor mortis is present. Rigor mortis has presumably been altered/abolished.

The head is normocephalic and has short straight black hair on the scalp; no balding is identified; mustache hair and beard hair are present. Examination of the eyes reveals irides that are brown and sclerae that are white. Petechial hemorrhage involving the eyelids bilaterally has been previously described. The oronasal passages are unobstructed. Upper and lower teeth are present. The neck has a ligature mark. There is no chest deformity. There is no increased anterior-posterior diameter. The abdomen is not unusual. The genitalia are those of an adult male. The external genitalia are without trauma or lesions. The extremities show no edema.

CLOTHING:

The clothing consists of as follows: Black elastic pants, long sleeved black shirt, brown brief, and brown slippers.

INITIAL INCISION:

The body cavities are entered through the standard coronal incision and the standard Y-shaped incision. Additionally, the Y-shaped incision is extended on the lateral sides of the neck bilaterally behind the ears.

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NECK:

No foreign material is present in the mouth, upper airway, or trachea. The neck organs are removed en bloc with the tongue. No lesions are present nor is trauma of the gingiva, lips, or oral mucosa demonstrated. There is no edema of the larynx. The hyoid bone is intact. No antemortem trauma involving the larynx or cricothyroid cartilage is identified. No hemorrhage is present in the adjacent throat organs investing fascia, strap muscles, thyroid, or visceral fascia. There are no prevertebral fascial hemorrhages. The tongue when sectioned shows no trauma.

CHEST/ABDOMINAL CAVITY:

Both pleural cavities contain no fluid, blood, or adhesions. The lungs are partly collapsed. Soft tissues of the thoracic and abdominal walls are well-preserved. The subcutaneous fat of the chest wall measures $\frac{3}{4}$ inches. The subcutaneous fat of the abdominal wall measures 1-1/4 inches. The breasts are examined and sectioned in the usual manner and show no abnormalities. The organs of the abdominal cavity have a normal arrangement and none are absent. There is no fluid collection. The peritoneal cavity is without evidence of peritonitis. There are no adhesions.

MUSCULOSKELETAL SYSTEM:

No abnormalities of the bony framework or muscles are identified.

CARDIOVASCULAR SYSTEM:

The aorta is elastic and of even caliber throughout with vessels distributed normally from it. The aorta has no atherosclerosis. There is no tortuosity or widening of the thoracic segment. There is no dilation of the lower abdominal segment. No aneurysm is present. The major branches of the aorta show no abnormality.

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Within the pericardial sac there is a minimal amount of serous fluid. The heart weighs 475 grams. The heart shows hypertrophy. The right ventricular myocardial thickness is 0.4 cm, the left ventricular myocardial thickness is 1.5 cm, and the interventricular septal myocardial thickness is 2.0 cm. The chambers are normally developed and are without mural thrombosis. The valves are thin, leafy, and competent. The circumferences of the valve rings are: Tricuspid valve 12.0 cm, pulmonic valve 6.8 cm, mitral valve 10.8 cm, and aortic valve 6.8 cm. There is no endocardial discoloration. There are no infarcts of the myocardium. There is no abnormality of the apices of the papillary musculature. There are no defects of the septum. The great vessels enter and leave in a normal fashion. The ductus arteriosus cannot be probed. The coronary ostia are widely patent. There is no atherosclerosis of the major coronary arteries. No focal endocardial, valvular, or myocardial lesions are seen. The blood within the heart and large blood vessels is liquid.

RESPIRATORY SYSTEM:

No blood is found in the lower bronchial or upper respiratory passages. The lungs are subcrepitant and congestion is present. The left lung weighs 500 grams. The right lung weighs 600 grams. The lungs bilaterally show no gross focal lesions upon cut sectioning. The pulmonary vasculature is without thromboembolism.

GASTROINTESTINAL SYSTEM:

The esophagus is intact throughout. The stomach is not distended. It contains 60 cc of brown fluid. The gastric mucosa is grossly unremarkable. Portions of tablets and capsules cannot be discerned in the stomach. The small intestine and colon are opened along the anti-mesenteric border and are grossly unremarkable. The appendix is present. The pancreas occupies a normal position. There is no trauma. The parenchyma is lobular and firm. The pancreatic ducts are not ectatic and there is no parenchymal calcification.

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Page 6**HEPATOBIILIARY SYSTEM:**

The liver weighs 1975 grams, is enlarged, and has soft brown parenchyma with no gross evidence of fibrosis. The gallbladder is present. The wall is thin and pliable. It contains a couple of cc of bile and no calculi. There is no obstruction or dilation of the extrahepatic ducts. The periportal lymph nodes are not enlarged.

URINARY SYSTEM:

The left kidney weighs 175 grams. The right kidney weighs 175 grams. The kidneys are normally situated and the capsules strip easily, revealing a surface that is unremarkable. The corticomedullary demarcation is preserved. The pyramids are not remarkable. The ureters are without dilation or obstruction and pursue their normal course. The urinary bladder is unremarkable. It contains a couple cc of yellow urine.

GENITAL SYSTEM (MALE):

The prostate is without enlargement or nodularity. Both testes are in the scrotum and are unremarkable and without trauma.

HEMOLYMPHATIC SYSTEM:

The spleen weighs 150 grams and is of average size. The capsule is intact. The parenchyma is dark red. There is no increased follicular pattern. Lymph nodes throughout the body are small and inconspicuous. The bone is not remarkable. The bone marrow of the ribs is unremarkable.

ENDOCRINE SYSTEM:

The thyroid is unremarkable. The parathyroid glands are not identified. The adrenal glands are unremarkable. The thymus is not identified. The pituitary gland is unremarkable.

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Page 7**SPECIAL SENSES:**

The eyes are not dissected. Scant petechial hemorrhage involving the eyelids bilaterally has been previously described. The middle and inner ears are not dissected.

HEAD AND CENTRAL NERVOUS SYSTEM:

There is no subcutaneous or subgaleal hemorrhage in the scalp. The external periosteum and dura mater are stripped showing no fractures of the calvarium or base of the skull. There are no tears of the dura mater. There is no epidural, subdural, or subarachnoid hemorrhage. The brain weighs 1725 grams. The leptomeninges are thin and transparent. A normal convolutionary pattern is observed. Coronal sectioning demonstrates a uniformity of cortical gray thickness. The cerebral hemispheres are symmetrical. There is no softening, discoloration, or hemorrhage of the white matter. The basal ganglia are intact. Anatomic landmarks are preserved. Cerebral contusions are not identified. The ventricular system is unremarkable without dilation or distortion. The pons, medulla, and cerebellum are unremarkable. There is no evidence of uncal or cerebellar herniation. Vessels at the base of the brain have a normal pattern of distribution. There are no aneurysms. The cranial nerves are intact, symmetrical, normal in size, location, and course. The cerebral arteries show no atherosclerosis.

SPINAL CORD:

The spinal cord is not dissected. The neck has a normal range of motion. No prevertebral fascial hemorrhage is identified. No sign of vertebral column trauma is identified.

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Page 8**HISTOLOGIC SECTIONS:**

Representative sections from various organs are preserved in one storage jar in 10% formalin. A second regular sized storage jar containing 10% formalin is used to store the neck organs. A third regular sized storage jar containing 10% formalin is used to store a portion of the stomach contents.

TOXICOLOGY:

Heart blood, femoral blood, bile, liver, urine, stomach contents, and vitreous humor have been submitted to the laboratory. A comprehensive screen was requested.

PHOTOGRAPHY:

Autopsy photographs are taken.

RADIOLOGY:

Five x-rays are obtained.

WITNESSES:

None.

DIAGRAMS USED:

Diagram Forms 20 and 22 were used during the performance of the autopsy. The diagrams are not intended to be facsimiles.

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OPINION:

The cause of death of this 35-year-old Caucasian male is asphyxia due to hanging. The manner of death is deemed suicide.

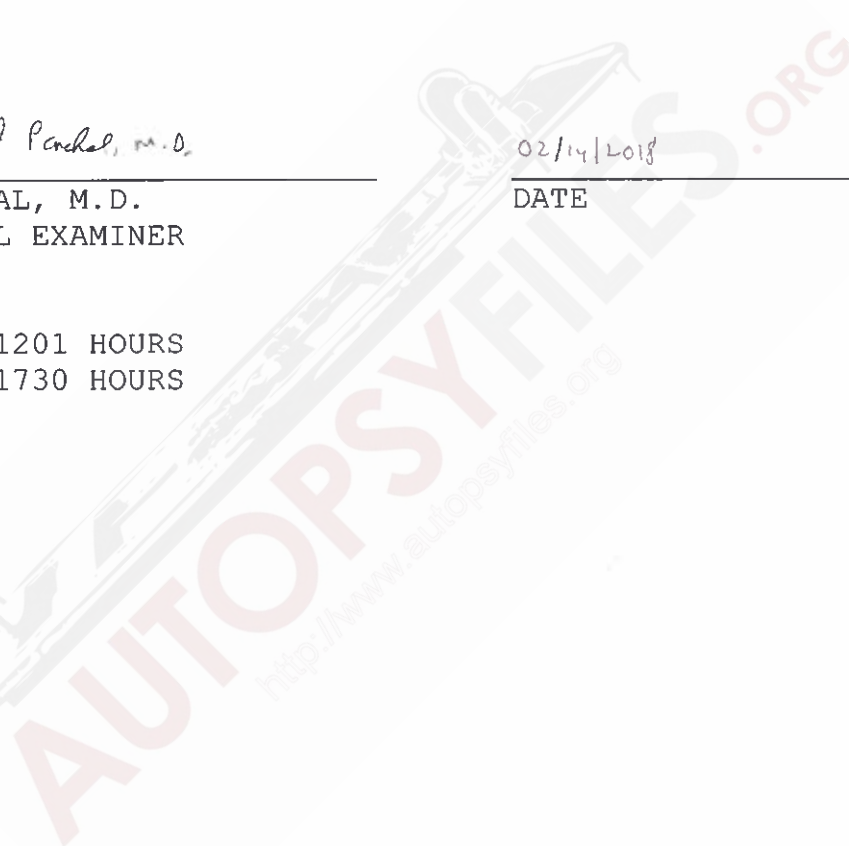
Ajay J Panchal, M.D.

02/14/2018

AJAY J. PANCHAL, M.D.
DEPUTY MEDICAL EXAMINER

DATE

AJP:bbtt/sp
D:02/01/18 @ 1201 HOURS
T:02/05/18 @ 1730 HOURS



MEDICAL REPORT

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AUTOPSY CLASS: A B C Examination Only D

FAMILY OBJECTION TO AUTOPSY

Date: 02/01/2018 Time: 0800 Dr. Panchal (Print)

FINAL ON: 02/01/2018 By: Panchal (Print)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2018-00941

SALLING, MARK WAYNE SUI

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DEATH WAS CAUSED BY: (Enter only one cause per line for A, B, C, and D)

IMMEDIATE CAUSE:

(A) Asphyxia

rapid

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hanging

rapid

DUE TO, OR AS A CONSEQUENCE OF:

DUE TO, OR AS A CONSEQUENCE OF:

(D)

OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH:

Age: 35 Gender: Male Female

PRIOR EXAMINATION REVIEW BY DME

- BODY TAG CLOTHING
 X-RAY (No. 5 AS) FLUORO
 SPECIAL PROCESSING TAG MED. RECORDS
 AT SCENE PHOTOS (No. reviewed) P

CASE CIRCUMSTANCES

- EMBALMED
 DECOMPOSED
 >24 HRS IN HOSPITAL
 OTHER: (Reason)

TYPING SPECIMEN

TYPING SPECIMEN TAKEN BY: AP
SOURCE: Heart blood

TOXICOLOGY SPECIMEN

- COLLECTED BY: AP
 HEART BLOOD STOMACH CONTENTS
 FEMORAL BLOOD VITREOUS
TECHNIQUE: internal collection
 BLOOD SPLEEN
 BLOOD KIDNEY
 BILE
 LIVER
 URINE

URINE GLUCOSE DIPSTICK RESULT: 4+ 3+ 2+ 1+ 0
TOX SPECIMEN RECONCILIATION BY: AS

HISTOLOGY

Regular (No. 3) Oversize (No.)
Histopath Cut: Autopsy Lab

TOXICOLOGY REQUESTS

- FORM 3A: YES NO
 NO TOXICOLOGY REQUESTED
SCREEN C H T S D
 ALCOHOL ONLY
 CARBON MONOXIDE
 OTHER (Specify drug and tissue)

REQUESTED MATERIAL ON PENDING CASES

- POLICE REPORT MED HISTORY
 TOX FOR COD HISTOLOGY
 TOX FOR R/O INVESTIGATIONS
 MICROBIOLOGY EYE PATH. CONS.
 RADIOLOGY CONS.
 CONSULT ON:
 BRAIN SUBMITTED
 NEURO CONSULT DME TO CUT
 CRIMINALISTICS
 GSR SEXUAL ASSAULT OTHER

NATURAL SUICIDE HOMICIDE

ACCIDENT COULD NOT BE DETERMINED

If other than natural causes, HOW DID INJURY OCCUR?

hanged self with ligature

WAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE: YES NO

TYPE OF SURGERY: DATE:

ORGAN PROCUREMENT TECHNICIAN: Mr. Estada
PREGNANCY IN LAST YEAR YES NO UNK NOT APPLICABLE

WITNESS TO AUTOPSY EVIDENCE RECOVERED AT AUTOPSY
Item Description:

ligature around neck

neck organs }
Stomach contents in formalin }

IDENT

DME

Garj. Panchal, MD