



County of San Diego

GLENN N. WAGNER, D.O.
CHIEF MEDICAL EXAMINER

OFFICE OF THE MEDICAL EXAMINER

5570 OVERLAND AVE., SUITE 101, SAN DIEGO, CALIFORNIA 92123-1206
TEL: (858) 694-2895 FAX: (858) 495-5956

INVESTIGATIVE REPORT

8/20/2012

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE) SEAU, Tiaina Baul			AKA Junior Tiaina Seu		HIO <input type="checkbox"/>	CASE NUMBER 12-00960	
	INVESTIGATOR Mark R. Malamatos		REPORTED BY Dispatch		REPORTING AGENCY Oceanside Police			PREVIOUS WAIVE #
	CALL DATE AND TIME 05/02/2012 1041		ARRIVAL DATE AND TIME 05/02/2012 1145			RETURN DATE AND TIME 05/02/2012 1410		
DECEDENT	DATE AND TIME OF DEATH 05/02/2012 0936		DATE OF BIRTH 01/19/1969	AGE 43 Years		GENDER Male	RACE Samoan	
	RESIDENCE (STREET, CITY, STATE, ZIP) 604 South The Strand Oceanside, CA 92054				COUNTY San Diego		LAST SEEN ALIVE 05/02/2012 0745	
	SOCIAL SECURITY NO.	CITIZENSHIP USA		OCCUPATION Professional Football Player			PAID AUTOPSY <input type="checkbox"/>	
DEATH	LOCATION OF DEATH Found, home				TYPE OF PLACE Decedent's Home			
	ADDRESS (STREET, CITY, STATE, ZIP) 604 South The Strand Oceanside, CA 92054							
	SUMMARY The decedent was a divorced 43 year-old Samoan male who resided alone at his home in Oceanside, California. On Wednesday, May 2, 2012, the decedent's girlfriend who periodically stayed with him, called 911 after she found him in bed with an apparent self-inflicted gunshot wound to his chest. When paramedics arrived, they confirmed his death without medical intervention due to the absence of vital signs. Medical Examiner's jurisdiction invoked according to the California Government Code 27491: Death due to known or suspected suicide.							
INCIDENT	LOCATION OF INCIDENT Home				INCIDENT PLACE TYPE AT WORK <input type="checkbox"/> AT RESIDENCE <input type="checkbox"/>			
	ADDRESS (STREET, CITY, STATE, ZIP) 604 South The Strand Oceanside, CA 92054				COUNTY San Diego			
	DATE AND TIME OF INCIDENT 05/02/2012 Unk		INVESTIGATING AGENCY Oceanside Police		OFFICER Officer M. Mulroy		BADGE # 658	REPORT # 12005711
	DECEDENT WAS		BELTED	HELMETED <input type="checkbox"/> Yes <input type="checkbox"/> No		POSITION		ON PRIVATE PROPERTY <input type="checkbox"/> Yes <input type="checkbox"/> No
	VEHICLE				LICENSE NUMBER			STATE
NOTIFICATION	IDENTIFIED BY Tyler Seu			METHOD Visual		DATE AND TIME 05/02/2012 1000		
	FUNERAL HOME Eternal Hills Mem			PROPERTY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		PUBLIC ADMINISTRATOR <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TYPE OF EXAM Autopsy	
	NAME OF NOK OR OTHER Tyler Seu		RELATIONSHIP Son		DATE NOTIFIED 5/2/2012 10:00:00 AM		NOTIFIED BY Law Informant	
	NAME OF NOK OR OTHER Bette Hoffman		RELATIONSHIP Durable Power of Att		DATE NOTIFIED		NOTIFIED BY	

San Diego Medical Examiner
5570 Overland Avenue, Suite#101
San Diego, CA 92123-1206
(858) 694-2895

Case Number : 12-00960
Investigator : Mark R. Malamatos
Date of Death : 05/02/2012
Date Today : 08/20/2012

INVESTIGATIVE NARRATIVE

Decedent: Tiaina Baul Seau

Antemortem Events:

I obtained the following information during an interview at the scene on Wednesday, May 2, 2012 at 1200 hours with Officer M. Mulroy of the Oceanside Police Department. On Wednesday, May 2, 2012, the decedent and his girlfriend of seven months, Megan P. Noderer, awoke at approximately 0700 hours. When Ms. Noderer left for the gym, at approximately 0745 hours, the decedent was still in bed in the master bedroom, and he gave no indication that anything was wrong. At approximately 0915 hours, Ms. Noderer left her gym and attempted to telephone the decedent approximately four or five times. When he did not answer his cellular telephone, she decided to drive by the gym where he worked out, but did not see his car parked at the gym or the decedent inside. She then went back to the house, and when she entered through the garage, she had a feeling that it was unusually quiet. She then entered the house, and when she walked up the steps to the living room/kitchen area, she saw the decedent's dog in the living room, and knew it was unusual for him to be in there. She then walked down the hallway to the master bedroom, walking past the two spare bedrooms, and did not see the decedent in bed. She turned around and walked down the hallway when she noticed that one of the spare bedroom doors was shut, which again she thought was very unusual. As she walked into the spare bedroom, she saw the decedent lying on the bed. Ms. Noderer immediately called 911, which the Oceanside Police Department received at 0936 hours. Per instruction of the Oceanside Police/Fire dispatcher, she pulled the decedent off the bed and onto the floor. She then attempted bystander cardiopulmonary resuscitation efforts. Ms. Noderer left the spare bedroom to let Officer Mulroy into the house through the garage. Oceanside Fire Department lifeguards, Engine 2112, and Medic Unit 2196 also arrived at the home and proceeded up to the spare bedroom. Paramedics confirmed the decedent's death when they found him absent of vital signs. Officer Mulroy secured the scene, and notified his dispatch to inform the Medical Examiner's Office. During his investigation, Officer Mulroy did not discover any suicide note in the home or documents that were suicidal in nature.

Past Medical, Surgical, and Social History:

The decedent was under the care of David Chao, M.D. who called the Medical Examiner's Office and spoke with Deputy Medical Examiner Craig Nelson, M.D. Dr. Chao stated that he treated the decedent for orthopaedic problems. The decedent's current prescription medications collected from the scene were 10 mg Zolpidem, 500-125 mg Amoxicillin, 500 mg naproxen, and 50 mg propylthiouracil. The decedent was a retired football player from the National Football League. He drank socially, did not smoke, and there was no history of illicit drug use.

Scene Description:

The scene address was 604 South The Strand in Oceanside, California. On Wednesday, May 2, 2012 at 1145 hours, I viewed the scene address. It was a two-story oceanfront home located on the east side of the street, in average condition on the outside, and in a residential area. The weather was overcast, warm, dry, and there was a moderate breeze. The inside of the home was in average to above average condition. It consisted of three bedrooms on the upper level, and a separate living area on the lower level that was complete with a bedroom, living area, kitchen and bathroom. There was football memorabilia throughout the home, and photographs of the decedent and his family.

The decedent was located in a spare bedroom on the upper level of the home. Furniture in the bedroom consisted of a queen size bed, nightstands on each side of the bed, and a four-drawer dresser. A flat screen television was mounted on the wall opposite of the bed and was turned off.

There was bedding lying on the floor on the left side of the bed as I faced it. On top of the bed were pillows stained with blood. The fitted sheet on the bed was blood stained. A gray stocking cap and a Smith & Wesson Model 19-5 .357 magnum revolver with a serial number of AYU6806 that lay on its left side with five live rounds in the cylinder and one spent round, near the right-sided head of the bed as I faced it, and next to a pillow. The decedent's cellular telephone was lying on the bed near the footboard, and the SIM card (cellular telephone memory chip) was missing from it. Officer Mulroy stated that conducted a weapons check through his department, and that the weapon was not registered. He impounded the weapon and ammunition.

The master bedroom was located at the end of the hallway. The furnishings in the bedroom consisted of a king size bed, one nightstands on each side of the bed, a dresser, and a flat screen television. The television was on. The Oceanside Police Department found the decedent's empty medication bottle for 10 mg Zolpidem in the bathroom trashcan, and his medications bottles for 500-125 mg Amoxicillin, 500 mg naproxen, 50 mg propylthiouracil and 10 mg Zolpidem in the linen cabinet. They placed the medication bottles on top of the bathroom sink countertop.

There was no indication of forced entry, foul play, alcohol abuse, or prescription medication or illicit drug abuse. No other weapons were located in the home.

Body Description:

Refer to the report of Deputy Medical Examiner Craig Nelson, M.D.

C. Healey, S. Scott and J. Allan of the Healey, Scott and Bradt Transportation Service were present at the scene. I wrapped a yellow identification band around the decedent's right ankle. Paper bags were placed over the decedent's hands and feet for evidentiary purposes. The transportation service placed the decedent in a new white vinyl body pouch that I sealed at 1235 hours with blue tamper evident seal number 1177309.

Special Requests:

There were no special requests.

Identification:

Tyler Seau identified the decedent as his father, Tiaina Baul Seau.

Tissue Donation:

Not pursued.

Antemortem Specimens:

Not applicable.

Public Administrator:

I did not refer this case to the San Diego County Public Administrator's Office as the decedent's next-of-kin resided in San Diego County.

Other Important Factors:

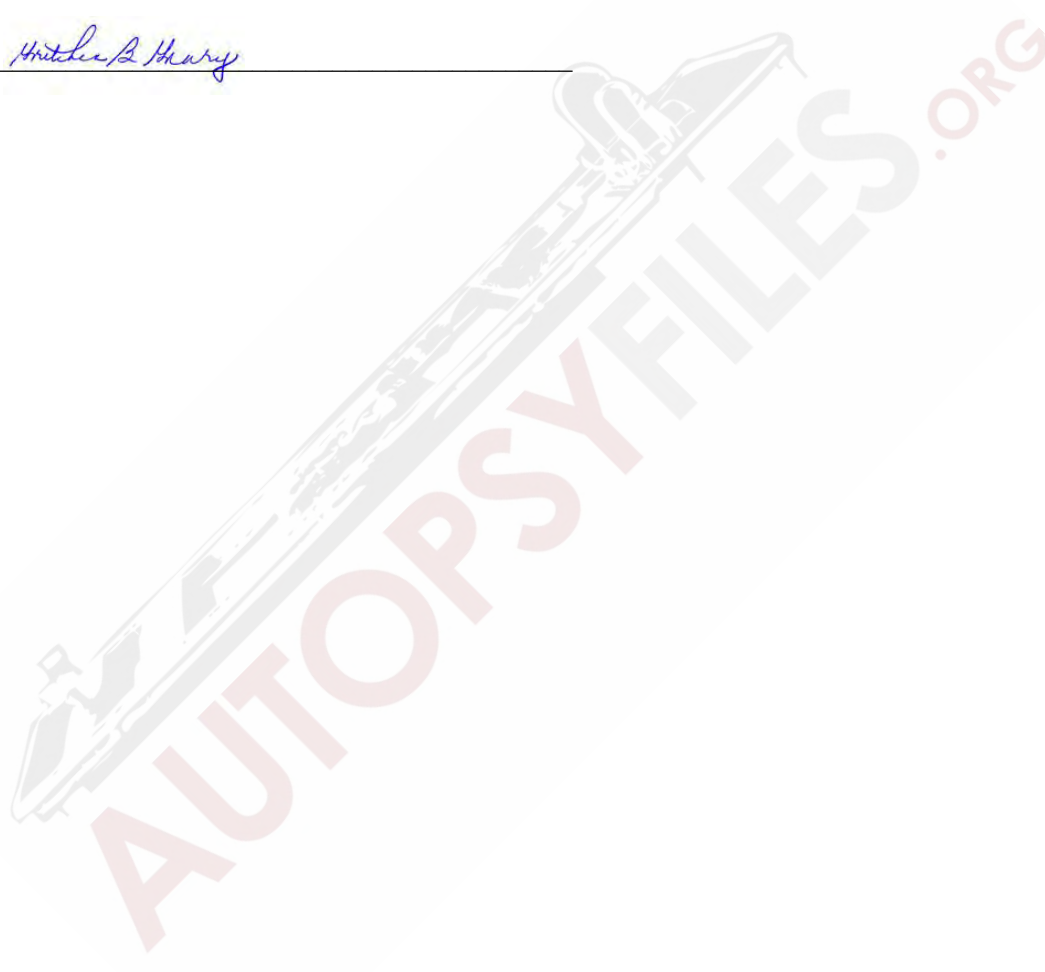
There were no other important factors.

Signed: 

Mark R. Malamatos
Medical Examiner Investigator

Date Signed: 05/23/2012

Approved by: 





County of San Diego

GLENN N. WAGNER, D.O.
CHIEF MEDICAL EXAMINER

JONATHAN R. LUCAS, M.D.
CHIEF DEPUTY MEDICAL EXAMINER

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TEL: (858) 694-2895 FAX: (858) 495-5956

AUTOPSY REPORT

Name: TIAINA BAUL SEAU **ME#:** 12-0960

Place of death: 604 South The Strand **Age:** 43 Years
Oceanside, CA 92054 **Sex:** Male

Date of death: Found,
May 2, 2012; 0936 Hours

Date of autopsy: May 3, 2012; 0906 Hours

CAUSE OF DEATH: PENETRATING GUNSHOT WOUND OF CHEST

MANNER OF DEATH: SUICIDE

AUTOPSY SUMMARY:

- I. Penetrating gunshot wound of chest.
 - A. Entrance: left side of chest with muzzle abrasion and soot deposition.
 - B. Bullet lodgment: musculature of left side of back.
 - C. Bullet recovered and turned over to Oceanside Police Department.
 - D. Direction: backward, downward, and leftward.
 - E. Path: sequential perforation of left 4th intercostal space and left 5th rib, pericardial sac, heart, diaphragm, spleen, diaphragm, left lung, and left posterior 10th rib.
 1. Left hemothorax, 2225 ml.
 2. Thick film of blood in pericardium.
 3. Thick film of blood in peritoneal cavity.

- II. No significant pre-existing natural disease.

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OPINION: According to the Investigator's Report and scene investigation, this 43-year-old man had an unremarkable medical history. While he had no known suicidal ideation or confirmed attempt, there had been speculation of attempted suicide following an incident in which his vehicle drove off of a cliff. He was last known alive at approximately 0745 hours on the morning of 5/2/12, when his girlfriend, who lived with him part time, left for the gym. She tried calling multiple times in the ensuing hours, but his phone went directly to voice mail. She returned to the home and began searching for him, subsequently finding him unresponsive in a bed with a handgun nearby and a large amount of blood. She called 911 at 0936 hours. Emergency responders attempted resuscitative efforts, but death was pronounced at the scene. With the decedent was a .357 caliber revolver with one expended cartridge and five unexpended hollow-point cartridges. No suicide note was found.

The autopsy documented a penetrating gunshot wound of the chest. The entrance wound, on the left side of the chest, had soot deposition and a muzzle imprint abrasion that matched the appearance of the revolver found at the scene. The bullet sequentially perforated the left 4th intercostal space and left 5th rib, pericardial sac, heart, diaphragm (anterior), spleen, diaphragm (posterior), left lung, and left posterior 10th rib. It lodged in the musculature of the left side of the back, from where it was recovered and then turned over to OPD personnel. The direction of the bullet's travel was backward, downward, and leftward. He had no significant pre-existing natural disease. Brain tissue was sent to the National Institutes of Health at the request of the next-of-kin. Toxicological testing detected zolpidem and naproxen consistent with therapeutic use. No alcohol, common drugs of abuse, or other medications (base and acid/neutral screens) were detected.

Based on the autopsy findings and the circumstances surrounding the death, as currently understood, the cause of death is perforating gunshot wound of chest, and the manner of death is suicide.

CRAIG NELSON, M.D.
Deputy Medical Examiner

Date signed:

SCENE NOTE

I arrived at 604 S. The Strand, Oceanside, at 1146 hours on 5/2/12 with Investigator M. Malamatos. At the scene, we met with members of the Oceanside Police Department and were briefed by Sgt. Christiansen. Preliminary investigation indicated that this 43-year-old man was last known alive at approximately 0745 when his girlfriend, who lived with him part time, left to go to her gym. In the ensuing period, she tried calling him, but his phone rang directly to voice mail. She returned to his residence and looked for him, subsequently finding him unresponsive on a bed in a guest room; she called 9-1-1 at 0936 hours. Emergency responders found him with a revolver and a chest wound. Despite resuscitative efforts, death was pronounced at the scene.

The scene was a well-appointed, clean, two-story, 3 bedroom (plus a small guest suite) beach boardwalk house in a residential neighborhood of similar houses. Having been moved from a bed where he was found, the decedent's body was on the floor of a small (guest) bedroom. The bed was made, but the bedclothes and pillows were somewhat displaced. Thick blood staining was on the bed, bedclothes, and pillows. Also on the bed were a gray stocking cap and a black .357 caliber revolver. Its cylinder contained 5 unspent hollow-point cartridges and one expended cartridge casing. No suicide note was found.

The decedent's body was examined at 1210 hours. He lay supine with his legs straight and his arms straight and at his sides. The body was that of a normally developed, muscular, medium-complexioned male appearing consistent with the age of 43. He was clad only in blue shorts with empty pockets.

EKG pads and defibrillator pads were on the torso. Rigidity was minimal at most, notable only in the hands. Lividity was blanching and in a posterior distribution. His body was slightly warm to my touch. His corneas were clear and the sclerae without drying. No petechiae were seen. On the left side of the chest was a gunshot entrance wound with a muzzle abrasion of the same shape as the muzzle of the revolver on the bed. A small amount of soot was around the wound. No exit wound was on the back, but a bullet could be palpated under the skin of the left side of the back.

The hands had dried and smeared blood. On the right hand were some small gray areas that may have been soot. I assisted OPD Forensic Evidence Technician J. Luecht with collection for testing of gunshot residue.

The body was wrapped with a white plastic sheet. A yellow medical examiner's identification band bearing the decedent's name and the case number was placed on the right ankle. Paper evidence bags were placed on the hands and feet. The body was placed in a body bag, then moved to the garage of the home and placed on a gurney with

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his face exposed to allow the decedent's family to have a brief viewing. The bag was then sealed with a blue seal for transportation. We departed the scene at 1334 hours.

AUTOPSY

IDENTIFICATION: The body is identified by two Medical Examiner's identification bands on the right ankle bearing the decedent's name and case number.

WITNESSES: Present are Oceanside Police Department Detective M. Johnson and Forensic Evidence Technician J. Luecht. Assisting is Forensic Autopsy Specialist Fabian King, Sr. Also present at his own request is Dr. Bennet Omalu to provide guidance on preservation of brain tissue for possible future study. (Brain tissue was later sent to the National Institutes of Health at the request of the next-of-kin.)

CLOTHING AND BODY COVERINGS: Paper evidence bags are on the hands and feet. The body is clad in a pair of blue athletic shorts with no underwear.

EVIDENCE OF MEDICAL THERAPY:

1. On the chest, left shoulder, and left side of the abdomen are EKG pads.
2. On the chest are defibrillator pads.

EXTERNAL EXAMINATION

Injuries are described in a separate section below.

GENERAL: The body is that of a normally developed, muscular, medium-complexioned male appearing consistent with the listed age of 43 years. The length is 75 inches, and the weight is 275 pounds as received. The body is well preserved, cold, and has not been embalmed. Rigidity is fully developed in the jaw and extremities. Lividity is pink-purple, blanching, and in a posterior distribution. Smear and caked blood is on the chest. No puncture sites of any type are identified following careful examination of the entire body, including, but not limited to, the axillae, genitalia, and between the fingers and toes.

HEAD: The scalp is covered with wavy, black hair (with a few gray hairs) measuring up to 3 inches on the top of the head. There is 1/16 inch stubble on the cheeks and chin. The ears are normally formed and without drainage. No piercings are apparent. The eyes were examined at the scene and no petechial hemorrhages were seen. In the interim, corneal procurement for donation took place; eyecaps are now in place. The nose is intact, and the nares are clean and unobstructed. The lips are normally formed. The teeth are natural and in good condition. The superior and inferior frenula are intact. No buccal mucosal injuries are seen.

NECK: The neck is symmetrical and without injury.

CHEST AND ABDOMEN: The chest is normally formed, symmetrical, and without palpable masses.

The abdomen is flat and soft. No masses are palpable.

EXTERNAL GENITALIA: The external genitalia are those of a circumcised adult male with both testes palpable in the scrotum.

BACK: The back is straight and symmetrical. The anus is atraumatic.

ARMS: The hands are examined prior to washing. No stippling is seen. The right hand has focal gray material as noted at the scene. The arms are normally formed. No track marks or ventral wrist scars are seen. The fingernails are trimmed short and have a small amount of brown dirt underneath. The right second metacarpal has an irregular, bony prominence. Additionally, there are bony prominences of the proximal interphalangeal joints consistent with osteoarthritis.

LEGS: The legs are normally formed and without edema, amputations, or deformity. The toenails are short, somewhat ragged, and clean. The great toes have irregular, bony prominences consistent with osteoarthritis.

BODY MARKINGS (SCARS AND TATTOOS): No tattoos are seen.

Scars:

1. On the right anterior axillary fold is a 2-3/4 inch, linear, vertically oriented, hyper- and hypopigmented, well-healed scar.
2. On the right base of the thumb are two obliquely oriented, hypopigmented, well-healed scars measuring 1/2 inch and 3/4 inch in length.
3. On the medial aspect of the left lower leg is a 2 inch, linear, slightly depressed, hyper- and hypopigmented, well-healed scar with a surrounding 3-1/4 x 2-1/2 inch, irregular area of hyperpigmentation.
4. There are additional scattered areas of hyperpigmentation measuring up to 1-1/2 inch on each lower leg.
5. The right knee has irregular, poorly defined scarring measuring up to 2 inches in greatest dimension.
6. On the medial aspect of the right forearm is a 4 inch, linear, hypopigmented, well-healed scar.

INJURIES, EXTERNAL AND INTERNAL

All directions are in reference to standard anatomical position.

GUNSHOT WOUND OF CHEST:

ENTRANCE: A gunshot entrance wound of the left side of the chest is centered approximately 20 inches below the top of the head and 2-1/4 inch left of midline. It is a 7/16 inch diameter, round defect with a circumferential, 1/16 inch margin of abrasion with black soot deposition. Surrounding this abrasion rim is an approximately 1/8 inch rim of spared skin. Outside of this rim is an approximately 1/4 inch ring-shaped span of minute, scattered, irregular, discontinuous and confluent, superficial, dried, red-brown abrasions within which are small black particles. Additionally, there is a muzzle sight mark situated at the 11 o'clock position, consisting of intersecting, curvilinear and linear, superficial, red-orange abrasions and measuring approximately 5/8 x 1/2 inch.

BULLET LODGMENT (NO EXIT): The bullet lodged in the subcutaneous tissues of the left side of the back approximately 22 inches below the top of the head and 3-1/4 inches left of midline, where it is palpable. It is overlain by an approximately 1 x 1/2 inch, poorly defined, blue-purple ecchymosis.

BULLET: Recovered is a deformed, hollow-point bullet. The jacket is yellow metal and has six reflected leaflets and a round, intact base measuring approximately 3/8 inch in diameter. From the deformed tip to the base, it measures approximately 3/8 inch. On its deformed axes, it measures approximately 9/16 x 9/16 inch. It is labeled as "bullet from back" and turned over to OPD personnel.

PATH: There is bright pink discoloration of the chest musculature surrounding the gunshot wound. The bullet perforated the left 4th intercostal space and fractured the left 5th rib anteriorly. The anterior pericardial sac has an approximately 4 x 2-1/4 inch laceration; the posterior/lateral aspect has an approximately 4 x 2 inch laceration. The bullet perforated ventricles and interventricular septum of the heart, leaving an approximately 3 x 2 inch, gaping defect with pulpified borders. It perforated the left dome of the diaphragm, leaving an approximately 3/4 inch diameter defect, then struck the spleen, leaving a 1-1/2 x 3/4 inch, irregular defect. The bullet then perforated the posterior left dome of the diaphragm, leaving an approximately 3/4 inch diameter defect. The bullet then perforated the posterior aspect of the lower lobe of the left lung, leaving an approximately 3/4 inch defect, and perforated and transected the posterior left 10th rib, lodging in the musculature of the left side of the back.

In association with the gunshot wound, there are 2225 ml of liquid and clotted blood in the left pleural cavity and the left lung is atelectatic. A thick film of blood is within the pericardial sac, which is extensively lacerated as described. In association with the perforation of the left hemidiaphragm and spleen, there is a film of blood in the left upper peritoneal cavity and settled in the paracolic gutters.

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DIRECTION: The direction of the bullet's travel was backward, downward, and leftward.

OTHER INJURIES:

1. On the forehead is a 3/8 x 1/8 inch, irregular, very superficial, dried, brown abrasion.
2. On the medial aspect of the right upper arm is a 5/8 x 3/8 inch, elliptical, blue contusion.
3. On the dorsum of the right third proximal interphalangeal joint is a 1/4 inch, curvilinear, superficial, red abrasion.
4. On the left shin is a 1/2 x 1/8 inch, irregular, scabbed, healing, brown abrasion.

INTERNAL EXAMINATION

All injuries are previously described, and not further characterized below.

BODY CAVITIES: As noted, in association with the gunshot wound, blood is within the lacerated pericardial sac, the left pleural cavity contains 2225 ml of liquid and clotted blood, and a film of blood is in the peritoneal cavity. The right pleural cavity has no hemorrhage or abnormal fluid. Other than a few focal, scattered, fibrous adhesions of the pleural cavities, the serosal surfaces are smooth, glistening and without adhesions. The organs are normally located. The diaphragm is normally formed.

CARDIOVASCULAR SYSTEM: The heart weighs 510 grams. It appears to have a normal shape, although evaluation is somewhat limited by the extensive trauma from the gunshot wound. Intact portions of the epicardium are smooth and glistening. The coronary arteries have a normal origin and distribution with right dominance. They have no atherosclerotic stenosis and are widely patent, although evaluation of the distal left anterior descending coronary artery is limited by trauma.

Intact portions of the myocardium are red-brown and firm. The ventricles do not appear dilated or hypertrophied. The right ventricle, left ventricle, and interventricular septum measure 0.2 cm, 1.4 cm, and 1.4 cm, respectively.

Intact portions of the endocardium are smooth, and glistening. The cardiac valve leaflets are of normal number, pliable, intact, and free of vegetations. The atrial septum has a probe-patent foramen ovale.

The aorta follows its usual course and has mild atherosclerotic changes. There are no vascular anomalies or aneurysms. The vena cavae and pulmonary arteries are without

thrombus or embolus.

RESPIRATORY SYSTEM: The right and left lungs weigh 850 and 400 grams, respectively, and have the usual lobation. The pleura are smooth and glistening; the lungs have minimal anthracotic pigment. The right lung is well expanded and crepitant, whereas the left, in association with the aforementioned hemothorax, is atelectatic. The parenchyma of both is dark red and exudes mild amounts of fluid. The lungs have no consolidation, infarct, tumor, gross fibrosis, or enlargement of air spaces. The bronchi contain no foreign material and have smooth, tan mucosa.

HEPATOBIILIARY SYSTEM: The liver weighs 2140 grams. The intact capsule is smooth and glistening. The parenchyma is red-brown and uniform without mass, hemorrhage, and yellow discoloration.

The gallbladder contains 40 ml of bile and no stones. Its mucosa is uniform and the wall is not thickened.

The pancreas has a normal size, shape, and lobulated structure. The parenchyma is pink-tan, firm, and uniform.

HEMOLYMPHATIC SYSTEM: The spleen weighs 170 grams. Intact portions of the capsule are smooth. The parenchyma is maroon, firm, and uniform.

There is no enlargement of the lymph nodes in the neck, chest, or abdomen.

ENDOCRINE SYSTEM: The thyroid gland is not enlarged, and the lobes are symmetrical. The parenchyma is uniform, firm, and red-brown.

The adrenal glands have the usual size and shape. The cortices are thin, uniform, and yellow and there is no hemorrhage or tumor. The pituitary gland is not enlarged.

GASTROINTESTINAL SYSTEM: The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 25 ml of thick, homogeneous, pink fluid without recognizable food, pills, or pill residue. The gastric and duodenal mucosae are intact and unremarkable. The small and large intestines and appendix are unremarkable to inspection and palpation.

GENITOURINARY SYSTEM: The right and left kidneys weigh 200 grams each, and have a normal shape and position. The cortical surfaces are smooth with persistent fetal lobulations. The kidneys have the usual corticomedullary structure without tumors or cysts. The pelves and ureters are not dilated or thickened. The bladder contains 25 ml of clear yellow urine. The mucosa is intact, and the bladder wall is not hypertrophied.

The prostate gland is of average size and grossly unremarkable.

NECK: The tongue, strap muscles, and other anterior neck soft tissues have no hemorrhage. The hyoid bone and the cartilaginous structures of the larynx and trachea are normally formed and without fracture. The airway is unobstructed, lined by smooth, pink-tan mucosa, and contains no foreign material. The cervical vertebrae have no displacement, hypermobility, or crepitus.

MUSCULOSKELETAL SYSTEM: The musculoskeletal system is well developed and free of deformity. There are no fractures of the clavicles, sternum, ribs, vertebrae, or pelvis. The ribs are not brittle. The skeletal muscle is dark red and firm. The spinal column has mild osteophytosis, most notable in the thoracic region.

HEAD: The scalp is free of hemorrhage. The calvarium and base of the skull are normally configured and have no fractures. The dura is intact, and there is no epidural or subdural hemorrhage.

CENTRAL NERVOUS SYSTEM: The unfixed brain weighs 1580 grams. The leptomeninges are glistening and transparent without underlying hemorrhage, exudate, or cortical contusions. The hemispheres are symmetrical and have a normal gyral pattern. There is no flattening of the gyri, narrowing of the sulci, midline shift, or evidence of herniation. The arteries at the base of brain have no atherosclerotic changes or aneurysms.

The brain is sectioned coronally, with alternate sections being frozen -80° Centigrade or fixed in formalin. Sections through the cerebral hemispheres have a uniform, intact cortical ribbon and uniform white matter. The basal ganglia, thalami, hippocampi and other internal structures are symmetrical and without focal change. The ventricles are not enlarged, and the linings are smooth and glistening. Sections of the brainstem and cerebellum show an intact structure without focal lesions. The spinal cord is resected in entirety. No gross lesions are noted.

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SPECIMENS RETAINED

TOXICOLOGY: Samples of central and peripheral blood, vitreous humor, gastric contents, urine, liver, and bile are retained for toxicology.

HISTOLOGY: Representative sections of organs and tissues are retained. Sections of the heart (1), lung (1), liver (1), and kidney (1) are submitted for histology.

PHOTOGRAPHS: Digital identification photographs, overall external body photographs, and photographs of the gunshot wound, bullet lodgment site, recovered bullet, heart, and brain are taken.

RADIOGRAPHS: Postmortem radiographs of the torso show the bullet lodged in the left side.

MICROSCOPIC EXAMINATION

HEART: One section shows orderly cardiomyocytes without inflammation or necrosis. Some nuclei are mildly enlarged and boxy. There is minimal interstitial fibrosis. The epicardium has a few small collections of mononuclear inflammatory cells.

LUNG: One section is somewhat atelectatic, but shows normal alveoli without inflammation. Larger airways are unremarkable. Anthracotic pigment is mild and contains minute spicules of crystalline material that is refractile under polarized light.

LIVER: One section shows unremarkable hepatocytes with occasional macrovesicles, but no inflammation or necrosis. Portal areas have slight fibrosis, but no bridging and no inflammation.

KIDNEY: One section shows normocellular glomeruli without inflammation. Tubules are unremarkable. The interstitium is without inflammation or fibrosis. Vessels are unremarkable.

CN:clb

D: 5/3/12 T: 5/3/12

Rev. 8/16/12 clb



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TOXICOLOGY REPORT

Name: **SEAU, Tiaina Baul**
 Medical Examiner Number: **12-00960**
 Date of Death: **05/02/2012**
 Time of Death: **09:36**
 Pathologist: **Craig Nelson, M.D.**
 Specimens Received: **Bile, Chest Blood, Gastric, Liver, Peripheral Blood, Peripheral Blood 1, Peripheral Blood 2, Urine, Vitreous**
 Date Specimens Received: **05/04/2012**

<u>Test Name (Method of Analysis)</u>	<u>Specimen Tested</u>	<u>Result</u>
<u>Alcohol Analysis (GC/FID-Headspace)</u>	Peripheral Blood 2	
Alcohol (Ethanol)		Not Detected
Acetone, Methanol, Isopropanol		Not Detected
<u>Drugs of Abuse Screen (ELISA)</u>	Chest Blood	
Cocaine metabolites		Not Detected
Amphetamines		Not Detected
Opiates		Not Detected
Benzodiazepines		Not Detected
Fentanyl		Not Detected
Cannabinoids		Not Detected
<u>Base Screen (GC/MS)</u>	Peripheral Blood 1	
Zolpidem		0.14 mg/L
<u>Acid/Neutral Screen (HPLC/DAD)</u>	Peripheral Blood 1	
Naproxen		Trace Detected (<5.0 mg/L)

Vitreous Chem Panel (Cobas c111)

Vitreous

Glucose	12 mg/dL
Chloride	129 mmol/L
Creatinine	0.3 mg/dL
Potassium	7.8 mmol/L
Sodium	145 mmol/L
VUN	29 mg/dL

End Results



Approved and Signed: _____
08/06/2012 Iain M. McIntyre, Ph.D.
Forensic Toxicology Laboratory Manager
(All Inquiries/Correspondence)

Reviewed: _____
Catherine E. Hamm
FTLS