

OFFICE OF THE DISTRICT MEDICAL EXAMINER DISTRICT 15 – STATE OF FLORIDA PALM BEACH COUNTY 3126 GUN CLUB ROAD WEST PALM BEACH, FLORIDA 33406-3005 (561) 688-4575 (561) 688-4592 FAX

NAME: KONWISER, STACEY

CASE NUMBER: 2016-0610

(Cross Reference Case: 2016-0765)

DATE OF DEATH: April 15, 2016

AGE: 37

SEX: F

RACE: W

DATE OF AUTOPSY: April 16, 2016 / 1035 hours

AUTOPSY FINDINGS:

- 1. Penetrating puncture wounds, abrasions, contusions and crush injuries of neck, consistent with transfixing of spine due to tiger canines (lethal).
- 2. Multiple abrasions, contusions and puncture wounds, consistent with claw injuries (not lethal).
- 3. Left forehead and left periorbital area with irregular abrasions and contusions.
- 4. Contusions of knees.

CAUSE OF DEATH: NECK INJURIES.

DUE TO: MAULING.

MANNER OF DEATH: ACCIDENT.

HOW INJURY OCCURRED: ZOOKEEPER ATTACKED BY MALAYAN TIGER.

Reinhard Motte, M.D.

Associate Medical Examiner

Date Signed: 19/9/9/2016

RM:df

CASE NUMBER: 16-0610

EXTERNAL EXAMINATION:

Crime Scene Investigator Lipinski of the West Palm Beach Police Department is present during the autopsy.

The body is that of a 5 foot 2 inch, 111 pound, normally-developed, lean, white female who appears the reported age of 37. The body mass index is 20.3.

She is in a good state of preservation, without evidence of decomposition. The refrigerated body is cold. Rigor mortis is mild in the extremities. Livor mortis is unfixed.

Muscular development in the extremities is average.

The scalp is covered by brown, wavy, above-shoulder-length hair. The external ears are normally developed. The irides are blue, pupils equal, and the conjunctivae are free of hemorrhages and petechiae. No facial, nasal or mandibular fractures are palpated. The nasal septum is intact. No froth or fluid emanate from the nose or mouth. The teeth are natural and in average condition. The gums and frenulum have no acute trauma.

The neck, thorax, breasts and abdomen appear normally developed.

The external genitalia and anus have no trauma.

The upper and lower extremities have no needle track marks or hesitation marks. The fingernails and toenails are short and well manicured. The ankles have no edema.

The back and buttock are normally developed.

The skin shows no rashes.

IDENTIFICATION:

She was identified at the hospital and by her husband, Jeremy Konwiser. The right naris is pierced and has a white metal nose stud. A tattoo of a skull wearing a crown is on the distal inside right leg. A green, vine-like plant tattoo encircles the distal right leg. Tiger paw prints are tattooed on the dorsal surface of the left foot. A pair of tiger paws is tattooed on the lower back. On the upper back is a large tattoo of a plant. Please see images of tattoos for details.

MEDICAL INTERVENTION:

A Thomas endotracheal tube holder is over the mouth. The endotracheal tube enters the mouth, and its distal end is in the left mainstem bronchus. An appropriately placed orogastric tube enters the mouth. Encircling the neck is a stiff cervical collar. In the right upper chest is an appropriately placed right subclavian vein line. Four EKG pads are on the abdomen. An intraosseous needle is in the right anterior leg. An intravenous line is in the right forearm. A hospital identification band encircles the right wrist and is inscribed "Golf, Trauma D". The

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medical record number is 001132920. The account number is 064556814. She has bilateral groin femoral saphenous vein cutdowns. She has bilateral chest tube incisions. She has CPR-related soft tissue contusions, CPR-related pericardial contusions and CPR-related fractures of right ribs 1 through 5 anteriorly, without associated extravasated blood. The blood is dilute and watery.

PENETRATING PUNCTURE WOUNDS, ABRASIONS, CONTUSIONS AND CRUSH INJURIES OF NECK, CONSISTENT WITH TRANSFIXING OF SPINE DUE TO TIGER CANINES (LETHAL):

On the left posterior neck are a 5 centimeter deep and a 2.5 centimeter deep puncture wound with a 2.2 centimeter separation. The wounds are 1.8 and 2 centimeters long on the skin surface, respectively. These wounds have a surrounding 5 x 5 centimeter, purple-blue-red contusion. On the posterior neck is an irregular, 4 x 1.3 centimeter area of abrasion, mostly on the left side. On the right posterior neck is an obliquely situated, 2 x 0.9 centimeter abrasion. On the right side of the neck are two puncture wounds, each 2 centimeters long on the surface, with 3 centimeter spacing. The puncture wounds on the right side of the neck have a surrounding 15 x 9 centimeter area of abrasions and contusions. These paired puncture wounds are 3 centimeters deep and 2 centimeters, respectively. The four puncture wounds over the nape of the neck are in pairs. The underlying soft tissues have abundant extravasated blood. Associated with these puncture wounds are C1 fracture with associated spinal cord transection, atlanto-occipital separation, C6 and C7 fractures with associated epidural hemorrhage, bloody cerebrospinal fluid, collapsed large blood vessels, lacerated vertebral arteries, lacerated right jugular vein and peri-midbrain hemorrhage.

MULTIPLE ABRASIONS, CONTUSIONS AND PUNCTURE WOUNDS, CONSISTENT WITH CLAW INJURIES (NOT LETHAL):

Over the anterior chest is a 20 x 15 centimeter area of linear abrasions, puncture wounds and purple-red-blue contusions. Two puncture wounds are on the left breast are 2 centimeters deep. These injuries range from superficial, involving the skin only to deeper into the underlying soft tissues. Over the right knee is a purple-blue-red contusion covering a 5 x 4 centimeter area. On the left shoulder is a 2 centimeter long abrasion and purple-blue contusion, consistent with claw injury. Four abrasions ranging from 2 to 20 millimeters long and associated contusions are on the posterior left forearm. A 2.4 centimeter, vertical abrasion with a rectangular-shaped, 9 x 7 millimeter abrasion inferior is on the left hip area. A 9 x 4.5 centimeter area of purple-blue-red contusions is below and medial to the left knee. An 8 millimeter abrasion is on the posterior left hand.

On the back is a 25×20 centimeter area of linear abrasions, puncture wounds and purple-red-blue contusions involving skin and subcutaneous tissues only. The linear abrasions are from 2 millimeters to 13 centimeters long. Some are paired, and others are more haphazard.

The fingernail beds are bloody. A 4 millimeter, 6 millimeter and 11 millimeter claw abrasions run obliquely along the posterior right hand.

On the right side of the neck is a 10 x 9 centimeter area of contusions with paired abrasions, consistent with claw injuries.

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Small abrasions are on the bridge of the nose, below the right eye and on the lower lip. On the left posterior scalp is a horizontal, 3.3 centimeter laceration, covered by scalp hair, approximately 4 centimeters deep, consistent with claw injury. A 3.5 centimeter laceration that is 1 centimeter deep is on the top of the scalp, just left of midline, consistent with a claw injury. A 5 centimeter, linear abrasion, consistent with claw injury, is on the left side of the scalp, covered by hair.

On the left forehead and left periorbital area is an 8×7 centimeter, red contusion surrounding an irregular, 8×4 centimeter abrasion on the left forehead area. Just left and lateral, on the left forehead, is a 2.5×0.7 centimeter, rectangular laceration.

INTERNAL EXAMINATION:

Note: The internal examination describes the organ systems in their native state, without reference to trauma described above.

BODY CAVITIES:

The sternum is not fractured. The chest and abdominal cavities have a smooth mesothelial lining, without excess fluids or unusual odors. The blood is dilute and watery, status post resuscitation.

HEAD AND CENTRAL NERVOUS SYSTEM:

The skull has no fractures. The 1162 gram brain has symmetric hemispheres with thin leptomeninges. The cortical ribbons and subcortical white matter have no focal lesions. The lateral ventricles are symmetric and filled with clear, watery fluid. The basal ganglia have no infarcts. The mammillary bodies are pea-sized and symmetric. The substantia nigra is normally pigmented. The cerebellum, pons and medulla oblongata have no focal lesions. The anterior, middle and posterior cranial fossae are intact.

NECK:

The neck was described above. The strap muscles are symmetric. The epiglottis is pliable. The hyoid bone and thyroid cartilage are not crushed.

CARDIOVASCULAR:

The 205 gram heart has uniform, red-brown myocardium. The coronary arteries are thin walled, elastic and patent. The endocardium is smooth. The valve leaflets are thin, pliable and free of vegetations or fenestrations. The chordae tendineae and papillary muscles are intact. The aorta has a normal course and caliber with focal yellow streaks.

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RESPIRATORY:

The 236 gram right lung and 214 gram left lung have smooth pleural surfaces without anthracosis. The parenchyma is pink and fairly well aerated. No tumors, thromboemboli, infectious infiltrates or mucous plugs are seen. The hilar lymph nodes are normal, without anthracosis. The tracheobronchial tree is patent.

HEPATOBILIARY SYSTEM:

The 1152 gram liver has an intact thin capsule and uniform red-brown parenchyma without fatty change or fibrosis. The gallbladder has a velvety mucosa and is filled with thick, green, viscous bile.

HEMOLYMPHATIC SYSTEM:

The 76 gram spleen has an intact, slate gray capsule and dark red splenic pulp without prominent follicles.

ENDOCRINE SYSTEM:

The thyroid gland has symmetric, red-tan lobes without nodules or cysts. The adrenal glands have a pale cortex and well-demarcated, darker medulla. The pancreas has uniform, lobulated, fatty, tan parenchyma without fatty infiltrate, calcifications, cysts or hemorrhage.

GASTROINTESTINAL SYSTEM:

The esophagus, stomach and intestines have no adhesions. The stomach contains 7 cubic centimeters of brown fluid and rice. There are no unusual odors. Pill residue is not seen. The gastric mucosa has normal rugal folds. The esophagus has a smooth, tan lining and well-demarcated gastroesophageal junction.

UROGENITAL SYSTEM:

The 108 gram right kidney and 116 gram left kidney have smooth cortical surfaces and well-demarcated corticomedullary junctions. The pyramids are normal, without papillary necrosis. The calyces and pelves have a smooth, tan lining without stones or tumors. The urinary bladder has a smooth mucosa and contains a few cubic centimeters of watery, yellow, clear urine. The uterus, fallopian tubes and ovaries are normal for age. She is not pregnant.



Autopsyfiles.org - Stacey Konwiser Autopsy Report

Wuesthoff Reference Laboratory

6800 Spyglass Court Melbourne, Florida 32940 Julie Bell, M.D., Laboratory Director

Patient: KONWISER, STACEY

MOTTE, REINHARD

Age: 37 Sex: F

Client Patient ID:

15-16-0610

Account#: VX80469 Client: DIST 15 MEDICAL EXAMINER

Specimen Collected: 04/16/2016

Lab Order No: 641801309

Reg Date: 04/18/16

Test Name

Physician:

Result

Units

Cutoff/Reporting Limits

VOLATILE PANEL - VOLP

SPECIMEN TYPE

HEART BLOOD

ETHANOL	NONE DETECTED	g/dL	0.010
ACETONE	NONE DETECTED	mg/dL	7.5
METHANOL	NONE DETECTED	mg/dL	15.0
TSOPROPANOL	NONE DETECTED	mg/dL	15.0

Analysis by Gas Chromatography (GC) Headspace Injection

BLOOD DRUG SCREEN - BDSME

SPECIMEN TYPE

HEART BLOOD

GC/MS

TOPIRAMATE, CAFFEINE

LC/MS/MS

CAFFEINE, CAFFEINE METABOLITE

BLOOD IMMUNOASSAY SCREEN

AMPHETAMINES	NEGATIVE	mg/L	0.100
BARBITURATES	NEGATIVE	mg/L	0.100
BENZODIAZEPINES	NEGATIVE	mg/L	0.050
BUPRENORPHINE	NEGATIVE	mg/L	0.001
CANNABINOIDS	NEGATIVE	mg/L	0.050
COCAINE METABOLITE	NEGATIVE	mg/L	0.100
FENTANYL	NEGATIVE	mg/L	0.001
OPIATES	NEGATIVE	mg/L	0.050
SALICYLATES	NEGATIVE	mg/L	50.0

TOPIRAMATE - TONMS

SPECIMEN TYPE

HEART BLOOD

TOXICOLOGY REPORT

Form: MM Single RL1T

KONWISER, STACEY

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6800 Spyglass Court Melbourne, Florida 32940 Julie Bell, M.D., Laboratory Director

Patient: KONWISER, STACEY Client Patient ID:

15-16-0610

Age: **37** Sex: F

VX80469 Account#:

Physician:

MOTTE, REINHARD

Client: DIST 15 MEDICAL EXAMINER

			201	

Specimen Collected :04/16/2016

Lab Order No: 641801309

Reg Date: 04/18/16

Test Name

Result

Units

Cutoff/Reporting Limits

TOPIRAMATE

2700

ng/mL

The majority of epileptic patients taking 200 to 400 mg topiramate daily had mean trough serum topiramate concentrations between 2400 and 8000 ng/mL.

The blood to plasma ratio of topiramate varies depending on the concentration, but is typically greater than 2.

Testing performed by NMS Labs, 3701 Welsh Rd, Willow Grove, PA 19090-2910

URINE DRUG SCREEN COMPREHENSIVE - UDSME

SPECIMEN TYPE

URINE

URINE IMMUNOASSAY SCREEN

NEGATIVE	mg/L	0.500
NEGATIVE	mg/L	0.200
NEGATIVE	mg/L	0.200
NEGATIVE	mg/L	0.150
NEGATIVE	mg/L	0.300
NEGATIVE	mg/L	0.100
NEGATIVE	mg/L	0.025
NEGATIVE	mg/L	0.300
NEGATIVE	mg/L	0.050
NEGATIVE	mg/L	0.300
	NEGATIVE	NEGATIVE mg/L NEGATIVE mg/L

Specimens were intact upon receipt. Chain of custody, specimen security and integrity has been mantained. Testing has been performed as requested

Reviewed by:

Date: FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

TOXICOLOGY REPORT

KONWISER, STACEY

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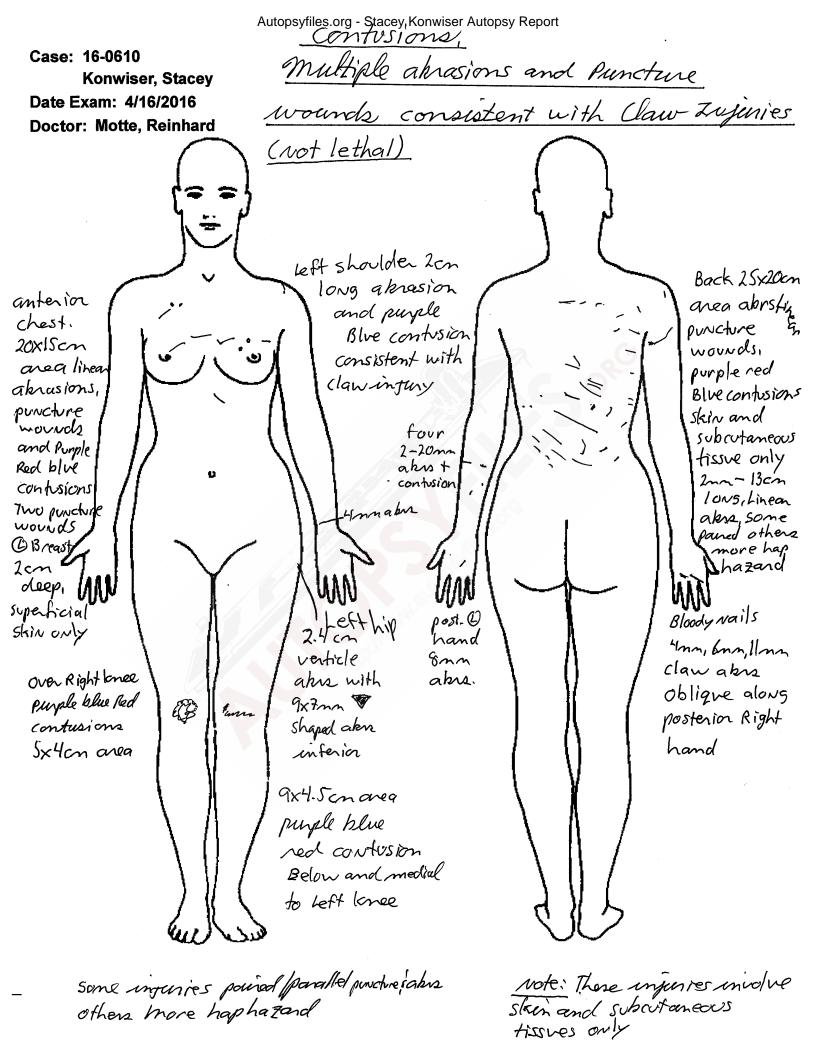
Konwiser, Stacey
White Female 37 Y

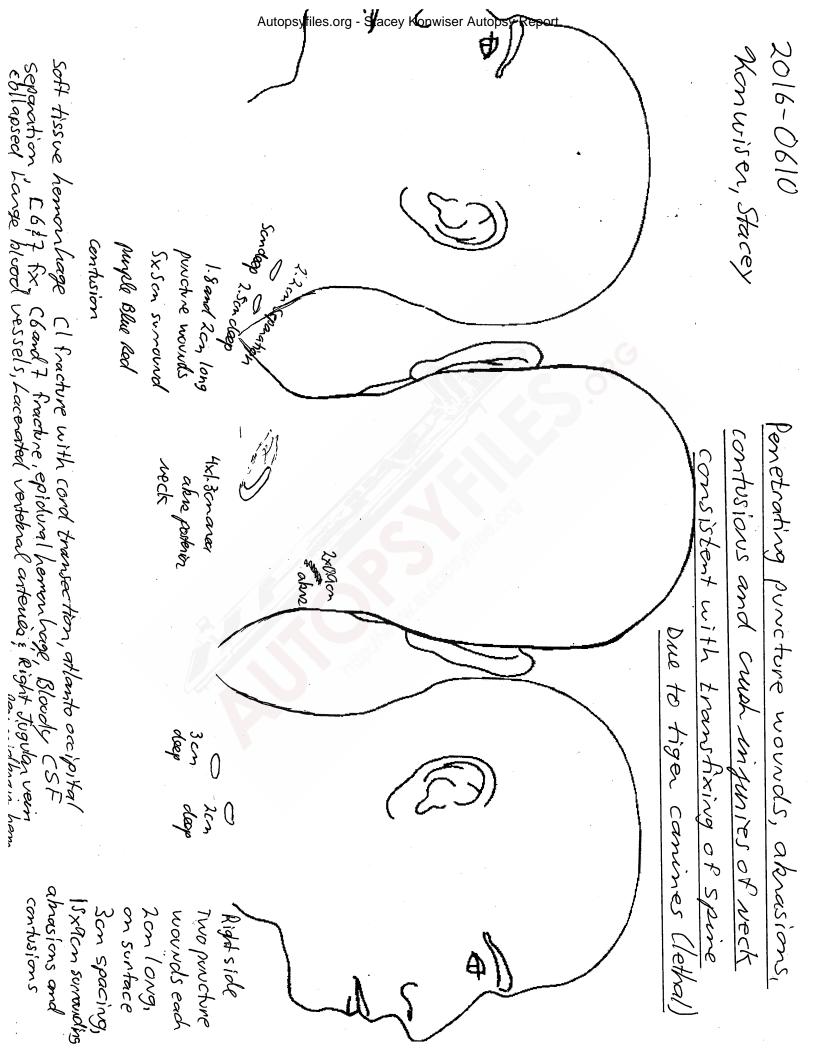
Dr. R M Apr/16/2016

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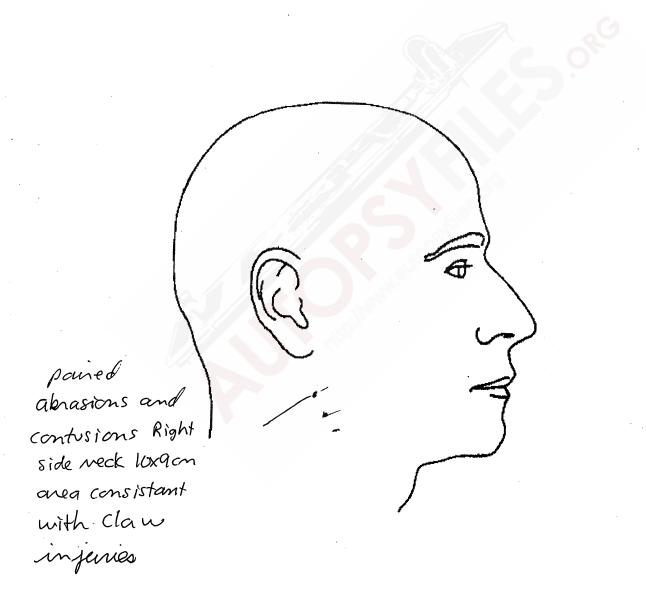
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2016-0610

Konwiser, Stacey



2016-0610 Konwiser,

Stacey

3.5cm Lac, lon deep top of scalp Ofmidline

small abrasions on knidge of Nose, below (B) eye and on lower lip

Left forchead and left periorbetal area 8x7cm Red contision Surounds 8x4cm area megalan ahraston and 9 2.5x0.7cm Rectargular laceration Som linear akrasion left scalp covered by hair consistent with

Claw injury

3.3 cm Oposteria Scalp laceration horizontal covered by scalp hour

Iom deep, Claw injury