HISTORY

Investigator: **COURTNEY BOUCHIE, D-ABMDI**

At 1151 hours on Saturday, September 27, 2014, medical staff at Hospice House in Poland, Ohio, reported the death of James Traficant, a 73-year-old white male, who was involved in a tractor rollover accident on September 23rd. Nurses reported that the Traficant family wished to honor James' wishes as a registered organ and tissue donor. I spoke with the decedent's wife, Patricia Traficant, and advised her that we would coordinate with LifeBanc of Cleveland, Ohio. The body and medical records were transported to the Mahoning County Coroner's Office and first responder reports were obtained.

According to their records, the Goshen Township Police Department responded to the Traficant family farm at 165 South Range Road at 2000 hours on Tuesday, September 23, 2014, where they found James Traficant underneath an over-turned 1943 Ford Tractor (see Traffic Crash Report # 18-14-6904.) Officers documented that Mr. Traficant was backing up the tractor into a barn and traveled 141.6 feet in reverse when the tractor's rear end struck a steel three point blade resting on the ground and caused the tractor to overturn. Mr. Traficant was entrapped for an estimated five minutes upon the arrival of the Green Township Emergency Medical Services at 2002 hours. According to Medic David Blevins, Mr. Traficant was found supine on the ground under the tractor with his legs bent and his knees nearly touching his chest; the tractor rested on the lower extremities and did not appear to touch the head, neck, chest, or abdomen. The tractor was manually rolled upright, resuscitative efforts were initiated, and Mr. Traficant had a return of pulses en route to the hospital.

James Traficant was in respiratory arrest upon his admission to Salem Community Hospital at 2034 hours on September 23, 2014. An EKG demonstrated wide complex tachycardia with ST elevation. Physicians noted swelling and a 2 centimeter laceration near the left eye. No other traumatic injuries were noted. Mr. Traficant was stabilized and transferred by Stat MedEvac helicopter to the Trauma Center at St. Elizabeth's for further treatment. His condition was listed as "critical."

James Traficant was admitted to St. Elizabeth Hospital in Youngstown at 2129 hours on September 23, 2014, for respiratory failure, cerebral anoxia, mild hypotension, and hypothermia. His medical history was significant for diabetes mellitus, hypertension, and coronary artery disease. An EKG demonstrated no ST elevations and physicians noted "no clear evidence of a myocardial infarction or acute coronary occlusion." Blood screens were negative for alcohol. X-rays demonstrated fractures of the left ribs and CT scan reports suggested a fracture of the left zygomatic and/or nasal bone; no intracranial or pelvic injuries were noted. James Traficant was admitted to the intensive care unit for further treatment.

On September 25, 2014, Mr. Traficant began to exhibit developing sepsis and seizure-like activity. Neurology consultations identified minimal brainstem functions with no evidence of higher cortical function. His prognosis for a meaningful neurological recovery was listed as both "extremely guarded" and "very poor." On September 26th, family members advised medical staff that James would not want to be in a persistent vegetative state and expressed their wishes to withdraw aggressive care. James Traficant was transferred to Hospice House in Poland for palliative care and was pronounced deceased at 1117 hours on September 27, 2014.

In accordance with the decedent's wishes, on September 27, 2014, LifeBanc recovered multiple tissues for the purposes of donation.

On September 29, 2014, the case was reviewed and an autopsy was conducted by forensic pathologist Joseph S. Ohr, M.D. Photographs were taken of the body and a DNA blood standard was made. Blood, vitreous, and urine specimens were collected and submitted with ante-mortem hospital specimens for toxicological analysis. At the request of Patricia Traficant, the body and personal effects were released to Rossi and Lellio Funeral Home upon completion of the examination. Scene photographs were obtained from the Goshen Township Police Department and were reviewed by Dr. Ohr.

I, THE UNDERSIGNED, do hereby certify that the foregoing is the investigative information of the above investigator and myself over the deceased body of **JAMES A. TRAFICANT, JR.** ***pronounced dead within Mahoning County, Ohio and whose death was the result of criminal or other violent means, or by casualty, or by suicide or suddenly when in apparent health, or in any suspicious or unusual manner.***

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Youngstown, Ohio this **13th** ***day of*** **FEBRUARY** ***, 20*** **15**

(Seal)

Coroner, Mahoning County, State of Ohio

(Cor.8 Rev. 2-86)

CORONER'S FINDINGS

(O.R.C.313.12,17)

IN THE INQUEST OVER THE DEAD BODY OF JAMES A. TRAFICANT, JR.
INQUEST NO. 22330 *, BEFORE* DAVID M. KENNEDY, M.D. *, CORONER*
THE STATE OF OHIO, MAHONING COUNTY.
BE IT REMEMBERED, That on the 27th *day of* SEPTEMBER *20* 14
information was given me, DAVID M. KENNEDY, M.D. *, Coroner of Mahoning County, Ohio, that the dead body of* JAMES A. TRAFICANT, JR. *a person whose death was the result of criminal or other violent means; or by casualty; or by suicide; or suddenly when in apparent health; or in any suspicious or unusual manner, had been found within said County. Whereupon I appeared forthwith at* MAHONING COUNTY MORGUE
where body was viewed, or caused to be viewed.

POST MORTEM FINDINGS

Est. Ht. 70 INCHES *Est. Wt.* 225 LBS *Race* WHITE *Eyes* BLUE *Hair* BROWN
Pre-death Identification Findings SEE AUTOPSY REPORT
Photography: No _____ *Yes* XX *By Whom* INVESTIGATOR COURTNEY BOUCHIE, D-ABMDI & GOSHEN TOWNSHIP POLICE DEPARTMENT

AUTOPSY FINDINGS

1. Laceration and abrasions of the left face:
   a. Lacerated left eyelid
   b. No injuries of the eye
   c. No facial fractures
2. Left forehead subgaleal contusion:
   a. No skull fractures
   b. No brain trauma
3. Multiple rib fractures:
   a. History of cardiopulmonary resuscitation
   b. No cardiac trauma
   c. No pulmonary injuries
   d. No hemothorax
   e. No pneumothorax
4. Dilated cardiomyopathy
5. Mitral valve prolapse
6. Coronary artery disease
7. Atherosclerotic vascular disease
8. Bilateral pneumonia
9. Fatty liver
10. Nephrosclerosis
11. Benign prostatic hypertrophy
12. Status post tissue donation

TOXICOLOGY - AIT Laboratories

Comprehensive Drug Panel
Hospital specimens; collected 09/23/2014

	Concentration
Blood	
Betamethasone	Positive
Caffeine	Positive

Date of death: SEPTEMBER 27, 2014 *Time of death:* 1117 HOURS
Cause of death: POSITIONAL AND COMPRESSION ASPHYXIA; due to or as a consequence of:
TRAFFIC ROLLOVER
The deceased came to HIS *death by reason of:* ACCIDENT

No. 22330
Before DAVID M. KENNEDY, M.D. *Coroner*
MAHONING COUNTY, YOUNGSTOWN, OHIO
Inquest over the dead body of JAMES A. TRAFICANT, JR.
Age: 73 *Date of Birth:* 05-08-1941
Address: 429 NORTH MAIN STREET POLAND, OHIO 44514
Nativity: YOUNGSTOWN, OHIO
FINDING OF FACTS
Filed _____ *, 20* _____
Clerk of Common Pleas Court
By _____ *Deputy*

MAHONING COUNTY CORONER'S OFFICE
DAVID M. KENNEDY, M.D.
345 Oak Hill Avenue, Suite 320
Youngstown, Ohio 44502

Case	**22330**
Autopsy:	**M14-78**
Name:	**James A. Traficant Jr.**, 73 years old; male
Date of Pronounced Death:	September 27, 2014 at 1117 hours
Date of Autopsy:	September 29, 2014 at 1200 hours
Staff:	Joseph S. Ohr, M.D., R.Ph. Forensic Pathologist, Deputy Coroner

CAUSE OF DEATH: **Positional and Compression Asphyxia**

DUE TO: **Tractor Rollover**

MANNER: **Accident**

AUTOPSY FINDINGS:

1. Laceration and abrasions of the left face.
    a. Lacerated left eyelid.
    b. No injuries of the eye.
    c. No facial fractures.
2. Left forehead subgaleal contusion.
    a. No skull fractures.
    b. No brain trauma.
3. Multiple rib fractures.
    a. History of cardiopulmonary resuscitation.
    b. No cardiac trauma.
    c. No pulmonary injuries.
    d. No hemothorax
    e. No pneumothorax.
4. Dilated cardiomyopathy.
5. Mitral valve prolapse.
6. Coronary artery disease.
7. Atherosclerotic vascular disease.
8. Bilateral pneumonia.

AUTOPSY FINDINGS (continued):

9. Fatty Liver.
10. Nephrosclerosis.
11. Benign prostatic hypertrophy.
12. Status post tissue donation.

EXTERNAL EXAMINATION:

The body is that have a well-developed 5-foot, 10-inch, 225-pound, white male who appears consistent with the recorded age of 73 years.

The body is cool to the touch. Rigor mortis cannot be evaluated. Diffuse fixed violaceous post-mortem lividity is over the posterior surfaces of the body with the exception of pressure points.

The scalp is covered by brown-gray wavy hair averaging 1 cm in length and receding frontally beyond the vertex. Brown gray artificial hair is centrally over the scalp held in place by adhesive. The skin of the scalp, face, neck, and upper chest has a pink-purple dusky discoloration.

The eyes have been removed for tissue donation as is described below. The left eyelid is injured as is described below.

The external auditory canals are free of blood. The ears are unremarkable. The nares are patent and the nasal septum is not deviated, perforated, or fractured.

The lips are atraumatic; the gums buccal mucosa and tongue are pink-purple, dry and filmy. The mouth is in good dental repair.

The neck is straight and the trachea is midline and mobile. The chest symmetric and has no significant scars. A "Lady of Mount Carmel" devotional scapular is on the chest and back. The breasts are those of an adult male and have no masses or scars.

The abdomen is flat, soft and has no masses or scars. The genitalia are those of an adult male and the testes descended bilaterally no masses. Pubic hair is present the normal distribution. The buttocks and anus are unremarkable.

The back is straight and the vertebral column is midline and flexible. The scapulae are well-formed and have no palpable fractures.

The upper and lower extremities are symmetric and have no significant scars, tattoos or edema. A yellow identification tag is on the great toe of the right foot and has the name Jim Traficant inscribed.

MEDICAL INTERVENTION:

A laceration of the left upper eyelid has been closed by multiple blue sutures.

A Foley catheter protrudes from the urethra and has an associated collection device. Five-hundred cubic centimeters of clear, amber urine is in the device.

A white plastic hospital bracelet encircles the right wrist and has the name Jim Traficant inscribed. Multiple puncture incisions are on the radial aspect of the right wrist.

MEDICAL INTERVENTION (tissue donation):

The anterior portions of the eyes have been removed for tissue donation. The removed portions have been replaced by plastic prostheses.

A 19-inch, curvilinear, surgical incision is on the posterior-lateral aspect of the right upper extremity, from the shoulder to the midpoint of the forearm. The incision has neat sharp edges and no associated tissue reaction. The incision has been closed by multiple loops of white suture. The bones of the right upper extremity have been removed for tissue donation.

A similar-appearing, 21 cm, surgical incision is on the posterior-lateral left upper extremity from the shoulder to the forearm. The incision has neat sharp edges and no associated tissue reaction. The incision has been closed by multiple loops of white suture. The bones of the left upper arm have been removed for tissue donation.

A 41 inch, curvilinear, surgical incision is on the right lateral hip, coursing over the anterior thigh and knee to terminate on the dorsum of the right foot. The incision has neat sharp edges and no associated tissue reaction. The incision has been closed by multiple loops of white suture. The bony structures of the right lower extremity have been removed for tissue donation. The removed tissues have been replaced by wooden prostheses.

A similar-appearing, 48 inch, curvilinear incision is on the left lower extremity from the hip to the dorsum of the foot. The incision has neat sharp edges and no associated tissue reaction. The incision has been closed by multiple loops of white suture. The bones of the left lower extremity have been removed for tissue donation.

A 16 inch x 17 inch portion of skin from the back has been removed for tissue donation. The underlying soft tissues and muscles are red-brown firm and healthy appearing. A 13 inch by 10 inch portion of skin has been removed from the posterior right thigh. The underlying soft tissue is pink, firm, and healthy appearing.

A similar-appearing 14 inch by 11 inch portion of skin has been removed from the posterior left thigh. The muscle and soft tissue is pink, firm, and healthy appearing.

EVIDENCE OF INJURY:

A 2 cm curvilinear laceration is obliquely on the lateral left upper eyelid. The laceration extends briefly into the underlying muscle of the lid. The injury has been closed by multiple blue sutures. The surrounding skin is slightly edematous with purple contusion.

A 9 cm x 1.5 cm area of pink-red and brown dry abrasions is obliquely on the left side of the face, which course superiorly and laterally from the cheek to the hairline. Pink-purple subcutaneous hemorrhage is in the surrounding skin. A 2 cm x 1 cm linear abrasion is obliquely on the left cheek parallel to the previously described injury. The bony structures of the face are palpably intact. The eye maintains its usual globoid shape and has no visible injury.

A 10 cm x 10 cm area of purple subgaleal contusion is within the scalp, above the left eyebrow, extending along the left side of the skull and involving the temporalis muscle. The associated calvarium has no fracture. The remaining subgaleal tissues have no injury.

The dura mater is intact. No blood is in the subdural space. No subarachnoid hemorrhages are on the surface of the brain. No lacerations or contusions are within the substance of the brain. The skull base has no fractures.

A 2 cm x 1 cm blue-purple geometrically-shaped contusion is on the dorsum of the vase of the right tongue. A 1.5 cm x 1.5 cm blue purple contusion is on the right tip of the tongue.

A 6 cm x 2 cm vague pink-purple contusion is on the left anterior chest below the left breast. A 17 cm x 9 cm area of vague pink-purple contusions is on the left upper quadrant of the abdomen below the costal margin. The underlying soft tissues have patchy red hemorrhages.

The second through the seventh anterior left ribs have been transversely fractured. The second through the eighth anterior right ribs have been transversely fractured. The surrounding intercostal muscles have mild hemorrhages. The underlying parietal pleura is intact. The lungs have no contusions. The pericardial sac is intact. The heart has no contusions or lacerations. No excess fluid is in the thoracic cavity.

An 8 cm x 9 cm pink superficial abrasion is on the right lower back extending to the superior aspect of the right buttock. The bony structures of the pelvis are visibly and palpably intact. No injuries are within the pelvic bowl. The bony structures of the posterior thoracic cavity and the posterior abdominal cavity have no injuries.

A 3 cm x 3 cm red-brown dry abrasion is on the skin of the right knee. The surrounding skin is soft and supple.

INTERNAL EXAMINATION:

The subgaleal tissues are injured as is described above. The calvarium is intact as is the dura mater. Clear cerebrospinal fluid surrounds the 1320 gram (g) brain which has well-formed and distributed gyri and sulci. The cerebral vasculature is evenly distributed but congested.

The gyral crests are flattened and the sulci are narrow. The brain has a soft edematous consistency. Sharp demarcations are between the white and gray matter and has no laceration or contusion. The lateral ventricles are narrowed but filled with clear spinal fluid. The basal ganglia, brainstem, cerebellum and arterial systems are free of injury or other abnormalities. The skull has no fractures.

The anterior strap muscles of the neck are homogenous, red-brown and have no visible injury. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact pink-white mucosa. The thyroid gland is symmetric, red brown and has no cystic or nodular changes. The tongue has no bite marks, hemorrhages or other injuries.

The ribs are injured as is described above. The sternum and vertebral column are intact. No excess fluid is in the pleural, pericardial or peritoneal cavities. The organs occupy their usual anatomic positions.

The right and left lungs are 740 g and 710 g respectively. The external surfaces are deep purple smooth and glistening. The parenchymal surfaces are deep red congested and edematous. Patchy areas of tan firm discoloration are through the midfield of the left lower lobe and right lower lobe. No exudates are appreciated on deep palpation of the tissue. No masses are in the parenchyma. The pulmonary arteries and veins are patent and intact. The mucosa of the main stem bronchi and trachea are patent, soft, and slightly injected.

The 550 g heart is contained in an intact pericardial sac. The epicardial surface is smooth and has mild fat investment. The coronary vessels are present in the normal distribution and have a right dominant pattern. The walls of the left anterior descending artery have yellow-white atherosclerotic plaques that you eccentrically narrow the lumen by 20 to 30% of its expected diameter. Similarly, the circumflex artery has yellow white plaques that narrow lumen by 20% of its expected diameter.

The right coronary artery arises in its normal fashion from the lateral wall of the root of the aorta. The vessel courses over the base of the heart to the posterior wall to become the intra-septal branch. The walls of the right coronary artery contain yellow-white atherosclerotic plaques that eccentrically narrow the lumen of the midpoint by 30% of its expected diameter. No occlusive lesions are in the lumens of the coronary system.

The myocardium is homogenous, red brown and has a flabby consistency. The left and right ventricular walls are 1.5 cm and 0.3 cm in thickness respectively. The diameter of the left ventricle is 4.8 cm. The endocardium is smooth but contains areas of diffuse fibrosis notably along the aortic outflow track of the left ventricle. The right ventricle has normally formed and distributed trabeculae. The mitral valve and aortic valve are slightly thickened but close neatly and firmly upon one another. The tricuspid and pulmonic valves are unremarkable.

The aorta arches to the left and gives rise to three intact and patent arch vessels. Calcified complex atherosclerotic plaques are in the walls of the thoracic and abdominal aorta extending into the proximal lengths of the iliac arteries. The origins of the celiac trunk and renal arteries contain yellow-white plaques but are unobstructed. The renal arteries are slightly thickened but have no occlusive lesions. The distal mesenteric vessels are unremarkable.

The 1790 g liver has a smooth intact capsular surface and sharp anterior border. The parenchyma is red-brown and has the usual lobular architecture. Areas of yellow discoloration are through the parenchyma giving it a greasy consistency.

The gallbladder contains 100 cubic centimeters (cc) of green-brown bile. Irregularly-shaped, smoothly-contoured, brown stones are within the lumen of the gallbladder. The stones range in size from 0.2 cm up to 0.4 cm in greatest dimension and are easily crushed on palpation. No stones are in the cystic duct or neck of the bladder. The mucosa is green-brown and velvety. The wall of gallbladder is not thickened. The external surfaces are pink smooth and glistening.

The 240 g spleen has a smooth, intact, purple capsule. The parenchyma is maroon, soft and has distinct malpighian corpuscles. The pancreas is pink-tan and has the usual lobular architecture.

The adrenal glands are symmetric and have a bright yellow cortices and gray medullae. No mass lesions or areas of hemorrhage are in the parenchyma.

The right and left kidneys are 180 g and 200 g respectively. The external surfaces are intact and granular. The parenchymal surfaces are red-tan and have uniformly thick cortices and sharp corticomedullary junction. The pelves are unremarkable. The ureters are normal in course and caliber.

The urinary bladder contains 10 cc of amber colored clear urine. White bladder mucosa overlies and intact bladder wall. The prostate is slightly enlarged but has the usual tan-white lobular parenchyma. The seminal vesicles are unremarkable. The testes are normal in size and free of mass lesions or other palpable abnormalities.

The esophagus is intact and lined by gray-white mucosa. The stomach contains 100 cc of opaque yellow-brown fluid. The underlying gastric mucosa is pink-tan soft and normally rugated. The duodenum, loops of small bowel and colon are unremarkable. The appendix is not identified.

MICROSCOPIC EXAMINATION:

Heart: Patchy areas of collagenous fibrosis invest hypertrophic cardiomyocytes with boxcar-like nuclei. No evidence of acute infarction.

MICROSCOPIC EXAMINATION (continued):

Lungs: Septal and intra-alveolar edema contains predominately mononuclear but mixed inflammatory infiltrates, activated type II pneumocytes and hemorrhage. No membranes are appreciated. Septal vasculature is congested but contains no thrombi. Larger airways contain sloughed, normal-appearing pseudo-columnar epithelium.

Liver: Hepatocytes contain macro and microsteatosis. No fibrosis, inflammation or cirrhosis is evident.

Kidney: Large and small vessel hypertrophy has associated collagenous glomerular sclerosis. Well-formed tubules contain no debris.

Joseph S. Ohr MD, RPh.

Joseph S. Ohr, M.D., R. Ph.
Forensic Pathologist