



DISTRICT NINE

MEDICAL EXAMINER'S OFFICE

1401 Lucerne Terrace ■ Orlando, Florida 32806-2014

Phone (407) 836-9400 ■ FAX (407) 836-9450

Investigator's Narrative for Austin Wuennenberg ME 2009-000733
| ME 2009-000733 | CR 2009-002792 |

Investigator's Narrative

Investigator	Kevin Smith
Source of Information	Dave Clark, and Brian Villella of the OCSO.

Case Summary

21, Y/W/M, Positive ID, death at scene, Crash victim while employed at WDW.

Circumstances

The victim was the driver-operator of a Monorail tram that crashed into a separate Monorail tram. The crash occurred at 0200 hours at 1200 Seven Seas Dr at the transportation ticket center. It was stated that the victims tram (Purple) was northbound at a speed no greater than 15mph. Another Tram (Pink) was given the OK to back into the ticket center also at a speed no greater than 15mph. The purple tram impacted the back of the pink tram, at a impact of 30mph or less. This victim was entrapped and suffered crushing injuries at impact. The call went into rescue at 0202 hours, the Reedy Creek fire and rescue responded to the scene and pronounced the victim deceased at 0304 after the units had been able to establish contact with the victim. The at fault person may be the person who flipped a switch putting the same two trams on the same track or a computer error that did the same.

Medical History

Unknown at present.

Physician Name	Physician Phone	Physician Address
unknown		

Social History

Unknown at present.

Observations

The victim was entrapped in the wreckage of the purple tram. Each tram is 203 1/2 feet long. The purple tram was facing north, the pink tram was also facing north and had impacted the purple tram with its rear section. The driver of the pink tram was not injured, he was not at fault in the crash. The location was well illuminated. Each driver has control to go in forward, reverse and control of speed.

Disposition

Positive identification was made at the scene, the victim was transported back to the OCME. WDW personnel will notify the NOK.

Scene Information

Scene Temp		Rigor	Absent
Weather	Clear	Livor	
Body Temp		Decomp	No
Water Temp			

Author Information

Creation Date	07/05/2009
Creator Name	Kevin Smith
Last Modification Date	07/05/2009
Last Modifier	Kevin Smith

Narrative Addendum Case Summary

Allison with the eye bank called at 0930 and advised they are not pursuing on this decedent.

Addendum Creator	Carol Crosby
Addendum Creation Date	07/05/2009
Addendum Time	11:37 AM



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Case Synopsis

ME#:ME 2009-000733

Office of the District Nine Medical Examiner

Date: 07/06/2009

Decedent: Wuennenberg, Austin		Age: 21 Years and 2 Months		Sex: Male Race: White	
Law Enforcement:					
Agency:		Orange County Sheriff's Office			
LEA Number:		09-63768		LEA Investigator: Dave Phalen	
Autopsy Information:					
Date of Autopsy:		05-JUL-09		Medical Examiner, M.D.: Sara Irrgang M.D.	
Cause of Death:					
Cause A:		Multiple traumatic injuries			
Cause B:					
Cause C:					
Cause D:					
Manner of Death:		Accident			



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Report of Investigations for Austin Wuennenberg
| ME 2009-000733 | CR 2009-002792 |

Decedent Information			
Name	Austin Wuennenberg	AKA	
Age	21 Years and 2 Months	DOB	
Gender	Male	Race	White
Address		City	Kissimmee
State	FL	Zip	34741
County	Osceola	Phone	
Marital Status		Height	68 Inches
Weight	157 Pounds	DL #	
Other ID Type		Other ID #	
Next of Kin Information			
Next of Kin	Chris Wuennenberg	Relationship	Mother
Address		City	Kissimmee
State	FL	Zip	34741
County	Osceola	Phone	
Last Seen Alive			
Date	Jul 5, 2009	Time	
Seen by		Relationship	
Address		City	
State		Zip	
Phone			
Incident Information			
Date of Onset of Illness or Injury	Jul 5, 2009	Time of Onset of Illness or Injury	0200
Location	Attraction Park	Injury at work?	Yes
Death Status	Pronounced	Date of Death	Jul 5, 2009
Time of Death	0304	Location	Attraction Park
Death Status	Pronounced	Found By	
Address		City	
State		Zip	
County	Orange	Phone	
Pronounced by	Reedy Creek	Agency	Reedy Creek
Patient Status		MR# / EMS#	Not Assigned / Not Assigned

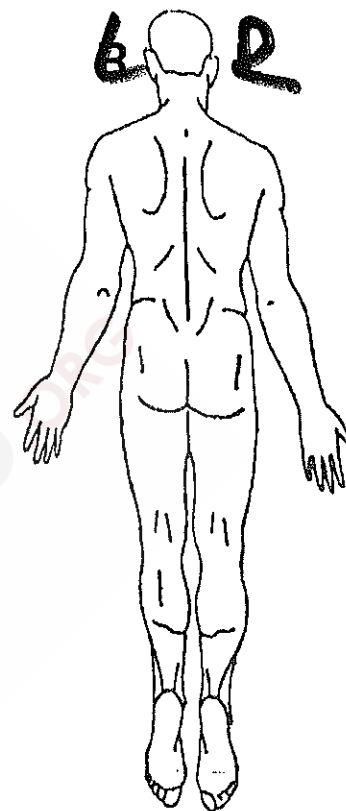
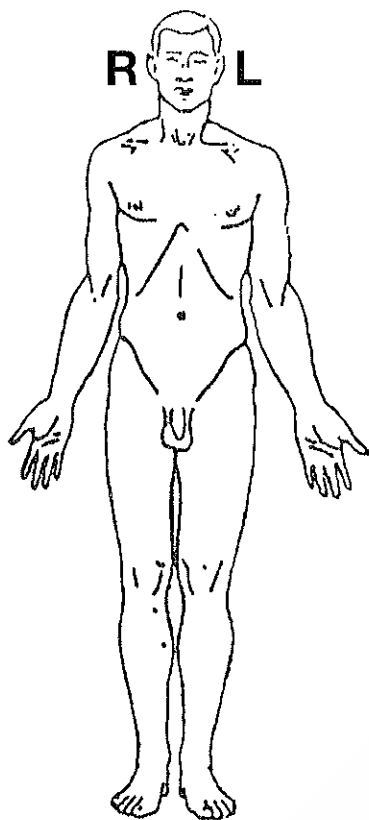
Report of Investigations for Austin Wuennenberg

OCME Information			
Date ME Notified	Jul 5, 2009	Time ME Notified	
ME On Call	Sara Irrgang M.D.	ME to Scene	No
Notified By Name	Dave Clark	Agency	OCSO
View of Body by ME Investigator Information			
Date ME Inv. Viewed	Jul 5, 2009	Time ME Inv. Viewed	0600
Date Body to Morgue	Jul 5, 2009	Time Body to Morgue	0810
Identification Information			
Method	Photo ID	Identification Status	Positive
Identified by	Det. Dave Clarke	Relationship	LEA
Address		City	
State		Zip	
Location	scene	Phone	
Identification Date	Jul 5, 2009	Identification Time	0645
Identified To	ID made to Inv Smith		
Law Enforcement Agency (LEA) Information			
LEA Contact Name	Dave Phalen	Agency	Orange County Sheriff's Office
LEA Case #	09-63768	LEA Tech	
Funeral Home Information			
Funeral Home	Grissom Funeral Home (Cox-Parker Assoc)		

DATE: 7-5-09
 TIME: 0810

WUENNENBERG, AUSTIN
 ORANGE ME 2009-000733
 21 YEARS WH/M 07/05/09

INVESTIGATOR'S BODY EXAM SHEET

CLOTHED ☐UNCLOTHED ☐

Hair _____

Beard ☐ Mustache ☐ Goatee ☐

EYES Color _____ Pupils _____

 TEETH Natural ☐ None ☐
 DENTURES Upper ☐ Lower ☐
Weight 150 Length _____

Body Temperature _____

I.V. _____

RIGOR

LIVOR

None ☐Early ☐Complete ☐Passing ☐Putrefy ☐Skeleton ☐

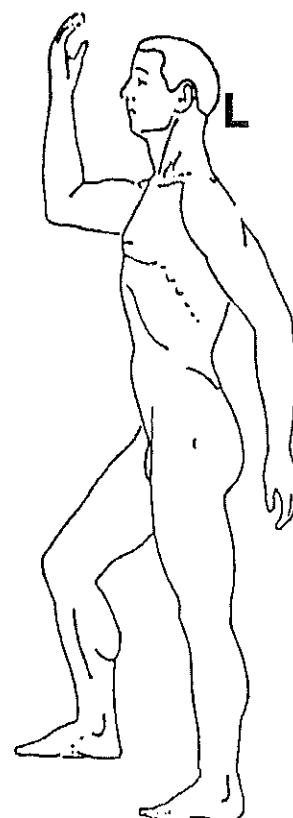
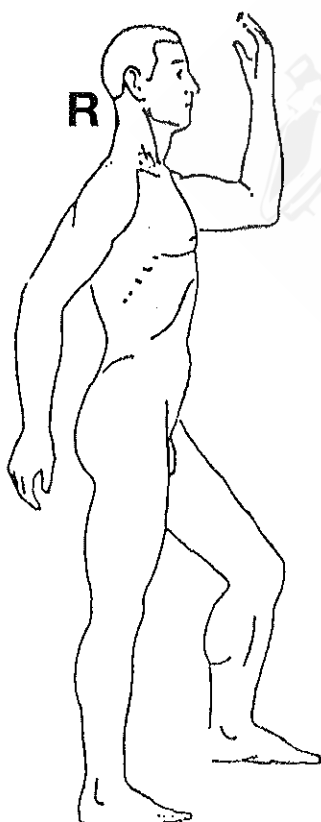
Other Features _____

Color _____

Anterior ☐Posterior ☐Lateral ☐Rt. ☐ Lt. ☐Tattoos - Yes ☐ No ☐

Describe _____

INV. _____



**OFFICE OF THE MEDICAL EXAMINER
DISTRICT NINE
1401 Lucerne Terrace
Orlando, Florida 32806-2014**

REPORT OF AUTOPSY

DECEDENT: AUSTIN WUENNENBERG **CASE NUMBER:** ME 2009-000733

MANNER OF DEATH: ACCIDENT **IDENTIFIED BY:** PHOTO ID

AGE: 21 YEARS

SEX: MALE

RACE: WHITE

DATE OF DEATH: 7/05/09

DATE/TIME OF AUTOPSY: July 5, 2009 at 2:00 pm

PERFORMED BY:


Sara H. Irrgang, M.D., Associate Medical Examiner

CAUSE OF DEATH: MULTIPLE TRAUMATIC INJURIES

AUTOPSY FINDINGS

- I. 21-year-old white male, tram operator in two-tram collision (monorail)
- II. Blunt trauma to head:
 - A. Contusion posterior head
 - B. Bilateral subdural hemorrhage
 - C. Cerebral edema

Continued...

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ME 2009-000733
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III. Blunt trauma to torso:

- A. Contusion and compression of chest
- B. Contused lungs with pulmonary edema and froth
- C. Abdominal contusions:
 - 1. Lacerations of liver
 - 2. Lacerations of spleen
 - 3. Retroperitoneal hemorrhage
 - 4. Peritoneal hemorrhage 400+ ml
 - 5. Pelvic fractures
 - a. Fracture of symphysis pubis with 1.5 cm separation
 - b. Bilateral fractures, sacroiliac junctions

IV. Abrasions and contusions of legs, arms, and fingers

V. Toxicology negative for volatiles and drugs of abuse

CONCLUSION: In consideration of the circumstances surrounding the death, and after examination of the body and the available medical records, it is my opinion that the death of Austin Wuennenberg, a 21-year-old white male, is the result of multiple traumatic injuries received when he, the operator of a tram on the monorail, was in a two-tram collision. The abdominal and chest injuries are consistent with the traumatic compression of the body as noted in the scene photos.

This is an accidental death.

TOXICOLOGY ANALYSIS

See Laboratory Report

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The autopsy of the body of Austin Wuennenberg is performed Sara H. Irrgang, M.D., Associate Medical Examiner, Florida District Nine, at the Orange County Medical Examiner Facility, Orlando, Florida on 7/05/09 at 2:00 pm, pursuant to Florida Statutes.

IDENTIFICATION: The body of Austin Wuennenberg is identified by his Florida Driver's License [REDACTED]. The photo comparison identification is made by Detective Dave Clarke of the Orange County Sheriff's Office to Medical Examiner Investigator Kevin P. Smith on 7/05/09 at 6:45 am at the scene.

CLOTHING AND VALUABLES: The body has arrived in the morgue clad in maroon slacks with areas of torn fabric, a black belt with a brass-type buckle, short-sleeved uniform shirt – pink with maroon trim, with a wing pin. White Jockey under wear is on the body and two black socks with one black tie shoe (right). Other valuables include a billfold, an ID card, keys, personal papers, a key clip, a cell phone, a Disney ID card, and a total of \$16.02. The "wing" pin for monorail pilot is among the personal effects. These are released as indicated on the Personal Effects List. A driver's license has been copied and returned to the state.

SCARS, TATTOOS AND SPECIAL FEATURES: There are no scars of significance, and no tattoos. No needle track marks are present. Multiple injuries are present and are described below.

GENERAL STATEMENT: The body for autopsy is that of a 68 12 inch, 157 lb., normally developed, well nourished young white male, appearing consistent with the given age of 21 years. Full rigor is present and posterior lividity.

EXTERNAL EXAMINATION

The head is covered by brown medium length curly hair to collar length. The facial features show light brown eyes with 4 mm equal pupils, with rare tiny petechiae of the lower inner lid. The nose is unremarkable. The mouth shows natural teeth in good condition. There is a white froth from the nose and mouth. The face is clean shaven.

The neck is normally formed and shows no evidence of traumatic injury or other abnormality.

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The chest, back and abdomen show traumatic injuries involving the upper chest, especially on the right, and the mid abdomen. These are as described in "Evidence Of Injury". The chest and abdomen otherwise are symmetric and unremarkable.

The extremities are symmetric and normally formed and have multiple superficial injuries involving the arms and legs, as well as imprints on the anterior thigh. The injuries are described below. The fingers show chewed fingernails. The hands are otherwise not remarkable except as described in "Evidence Of Injury". The feet are normally formed with no abnormality other than contusion.

SPECIAL PROCEDURES: Toxicologic analysis: Body fluids and tissues consisting of peripheral blood, bile, urine, ocular fluid, and liver tissue are obtained for toxicology studies. Forensic analysis: DNA cards.

EVIDENCE OF MEDICAL INTERVENTION: Except for the two Medical Examiner ID bands on the right wrist, no evidence of medical intervention is present.

EVIDENCE OF INJURY

HEAD:

The face has essentially no injuries, though there are contusions beneath the right chin up to 1.5 cm in greatest dimension (two total), and beneath the left chin there is a 1.2 cm superficial laceration.

When the skull is exposed, there is a 1.5 cm subgaleal hemorrhage over the mid posterior head. Within the cranial vault there is marked cerebral edema, and there is subdural hemorrhage, bilaterally, over the parieto occipital portions of the brain, more on the right than the left, with a total of only 4 to 5 ml. A small amount of subarachnoid hemorrhage is present. Cerebral edema is present with the brain weighing 1525 grams, but no internal trauma to the brain is otherwise noted.

TORSO:

The chest and abdomen show multiple injuries, with the external surfaces of the anterior chest showing a rounded patterned imprint, 4 cm in diameter, over the

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right edge of the sternum with small abrasions beneath it. There is a small abrasion on the posterior right axillary area, and there is a 15 x 7 cm area of contusion with multiple small abrasions over the epigastric area, with abrasions extending over the right side of the abdomen along the waist.

On the back there are small contusions, slightly to the left of midline, with the largest at the bottom, and with the largest measuring 2.5 x 1 cm.

INTERNAL INJURIES TO THE TRUNK:

The internal injuries include bilateral contused lungs, right more than left, with a small amount of blood in the chest, 60 ml on the right and 30 ml on the left. The abdomen shows a large liver laceration on the right, extending between the right and left lobes and into the right lobe. The left lobe has inferior lacerations which are only 0.5 cm in depth. There is approximately 400 ml of blood in the abdomen. The spleen is split in the hilar area. There is perirenal hemorrhage around the right kidney.

The pelvis shows a 1.5 cm separation of the fracture of the symphysis pubis, and there are bilateral sacroiliac fracture dislocations.

Though the right anterior chest wall is contused, no rib fractures are noted.

EXTREMITIES:

INJURIES TO THE ARMS AND HANDS

A small abrasion is present on the right upper arm measuring 2 x 0.3 cm, with the right posterior arm showing small contusions above and below the elbow. The left arm shows similar contusions on the dorsal aspect of the left upper arm, elbow, and lower arm, as well as abrasions over the dorsum of the hand, and multiple abrasions of the fingers. The anterior surface of the left upper arm shows an abrasion 2.5 x 3 cm, below which is a crescent-shaped abrasion 2 x 1.2 cm, and laterally a contusion 4 x 1.5 cm. The left hand shows more injuries with lacerations on the inner fourth finger and at the base of the thumb as well as contusions of all the fingers on both dorsal and ventral surfaces.

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INJURIES TO THE LEGS AND FEET

Injuries to the legs include a large rectangular imprint in the area of the right front pocket, measuring 12.5 x 5.5 cm, which fits exactly his cell phone. Below this imprint on the upper right thigh is a 1 cm abrasion. Irregular imprints over the upper and mid left thigh are also noted with an abrasion above the knee. A large crescent-shaped abrasion over the right knee measures 4 x 1.0 cm, and there are multiple irregular abrasions with contusions of the anterior surface of the right and left lower legs, with the largest on the right anterior leg measuring 8 x 6 cm with a crescent-shaped abrasion 3 x 1 cm. An area of contusion is on the medial aspect of the left foot on the dorsal side at the base of the great toe is noted.

On the dorsal aspect of the legs there are multiple areas of abrasion and contusion, especially on the right leg over the calf.

INTERNAL EXAMINATION

BODY CAVITIES: The body cavities are exposed with the usual Y-shaped incision, revealing a 3.0 cm thickness of abdominal adipose tissue. The diaphragms are intact and there is the blood in the abdomen, as described in "Evidence Of Injury". The organs are in their normal anatomic location.

In the right chest is 60 ml of blood, and in the left chest is 30 ml of blood, with the pericardial sac containing only small quantities of serous fluid.

HEART: The heart weighs 330 grams and has a moderate amount of epicardial adipose tissue with the coronary vessels following a normal distribution and widely patent and flexible.

The myocardium on sectioning shows a uniform red-brown color with the left ventricular free wall measuring 1.1 cm and the septum 1.1 cm. The endocardial surfaces are smooth and glistening and the coronary ostia are patent.

The cardiac valves are normally formed and have the following circumferences: Aortic valve 7.0 cm, pulmonary valve 7.3 cm, mitral valve 11.0 cm and tricuspid valve 12.5 cm.

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PERIPHERAL VASCULAR SYSTEM: The aorta arises in a normal fashion and follows the usual path with the usual branching. No stenosis or aneurysm formation is present, and the endothelial surface is smooth and glistening.

NECK ORGANS: The larynx, trachea and main stem bronchi contain froth, which is pink-white, with no foreign material present. The neck muscles and cervical spine are intact. The hyoid bone and thyroid cartilage are intact. The thyroid gland is of normal size and texture.

LUNGS: The lungs are edematous and contused, with the right more severely involved than the left lung. The right lung weighs 675 grams, and the left 575 grams, with intact pleural surfaces, though the portions adjacent to the spine appear more contused than elsewhere. Sectioning through the lung tissue reveals the areas of contusion, and no evidence of mass lesions or any other abnormality other than the traumatic injuries. The vessels show no evidence of thromboemboli.

GASTROINTESTINAL SYSTEM: The esophagus is unremarkable. The stomach contains less than 15 ml of creamy liquid with no pill residue, foreign bodies, or other abnormality. The small and large intestines are intact and unremarkable, as is the appendix.

PANCREAS: The pancreas weighs 200 grams and is normally formed, with sections through the organ showing the usual glandular pattern. No hemorrhage, stones, or other abnormalities are present.

LIVER: The liver weighs 1500 grams and has a smooth, glistening capsular surface except in the areas of laceration, as described in "Evidence Of Injury". The lacerations nearly separate the right and left lobes of the liver, and there is extensive hemorrhage from this injury. Sectioning through the parenchyma reveals a uniform red-brown color with no mass lesions. The biliary duct system is normally formed. The gallbladder contains small quantities of dark green bile.

SPLEEN/LYMPH NODES: The spleen weighs 375 and has a capsular tear in the hilar area. Sectioning through the spleen elsewhere reveals a maroon cut surfaces with no fibrosis or prominence of lymphoid tissue.

KIDNEYS/URINARY SYSTEM: The right and left kidneys weigh 125 and 150 grams respectively. The kidneys show evidence of perirenal hemorrhage on the right side, posterior to the area with the liver tear. The capsules are stripped

WUENNENBERG, AUSTIN
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from the kidneys revealing smooth, glistening cortical surfaces, and sections through the kidneys reveal a well-defined corticomedullary demarcation with no stones, hemorrhage or other abnormality. The collecting system and ureters are unremarkable. The ureters are intact and the bladder contains 7.5 ml of blood-tinged urine, though the mucosa is intact and smooth.

ADRENAL GLANDS: The adrenal glands are normally formed and have the usual thickness of yellow cortex with no abnormality.

REPRODUCTIVE SYSTEM: The genitalia are normal circumcised adult male. The testes are of normal size and texture with no mass lesions or traumatic injury. The prostate is of normal size and texture, consistent with the age of the deceased.

MUSCULOSKELETAL SYSTEM: (See "Evidence Of Injury").

BRAIN: (See "Evidence Of Injury"). The scalp is reflected, revealing the subgaleal hemorrhage as described. The skull is intact. The brain is edematous, weighing 1525 grams, and there are the small subdural hemorrhages as described in "Evidence Of Injury". The meninges otherwise are unremarkable. Sectioning through the brain reveals a sharp grey-white delineation, with some narrowing of the lateral ventricles. No mass lesions are present and no white matter petechiae are noted. The substantia nigra is normally pigmented, and the vessels at the base of the brain are thin, delicate, and widely patent.

Stripping the dura from the skull shows no evidence of traumatic injury or other abnormalities.

SHI/crg
attachment

RUN DATE: 07/10/09
 RUN TIME: 1258

WUESTHOFF REFERENCE LABORATORY
 6800 Spyglass Court
 Melbourne, Fl 32940

PAGE 1

PATIENT: MEO09-733 WUENNENBERG, AUSTIN ACCT #: Q01355367 LOC: MEO U #: 0001334282
 SSN #: AGE/SX: 21/M STATUS: REG REF REG: 07/06/09
 REG DR: IRRGANG, SARA, M.D. DISCHARGE DATE:

Test	Result	Cutoff Conc mg/L
<u>BLOOD DRUG SCREEN</u>		
SPECIMEN TYPE	PERIPHERAL BLOOD	
GC/MS	CAFFEINE	
LC/MS/MS	CAFFEINE, CAFFEINE METABOLITE	
<u>IMMUNOASSAY SCREEN</u>		
AMPHETAMINES	NEGATIVE	0.100
BARBITURATES	NEGATIVE	0.100
BENZODIAZEPINES	NEGATIVE	0.100
CANNABINOIDS	NEGATIVE	0.050
COCAINE METAB	NEGATIVE	0.100
FENTANYL	NEGATIVE	0.001
METHADONE	NEGATIVE	0.050
OPIATES	NEGATIVE	0.050
TRICYCLICS	NEGATIVE	0.100
SALICYLATE	NEGATIVE	10.0
<u>VOLATILES</u>		
SPECIMEN TYPE	PERIPHERAL BLOOD	
VOLATILES	NONE DETECTED	

** CONTINUED ON NEXT PAGE **

RUN DATE: 07/10/09
RUN TIME: 1258

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6800 Spyglass Court
Melbourne, Fl 32940

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PATIENT: MEO09-733 WUENNENBERG, AUSTIN ACCT #: Q01355367 LOC: MEO U #: 0001334282
SSN #: AGE/SX: 21/M STATUS: REG REF REG: 07/06/09
REG DR: IRRGANG, SARA, M.D. DISCHARGE DATE:

Test	Result	Cutoff Conc mg/L
------	--------	---------------------

VOLATILES

SPECIMEN TYPE

VITREOUS

VOLATILES

NONE DETECTED

ELECTROLYTE PANEL

SPECIMEN TYPE

VITREOUS

UREA NITROGEN

9.7

mg/dL

CREATININE

0.29

mg/dL

SODIUM

143.4

mEq/L

POTASSIUM

9.6

mEq/L

CHLORIDE

125.9

mEq/L

GLUCOSE

<10.0

mg/dL

Glucose results from patients with gammopathies, in particular Waldenstrom's Macroglobulinemia may result in an abnormal reaction profile. Although the incidence of this occurrence is rare, glucose results from these patients should be interpreted with caution.

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

Reviewed by: Ausan R Adams Date: 7-13-09

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE.

** END OF REPORT **