



# County of San Diego

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

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CHRISTINA STANLEY, M.D.  
CHIEF DEPUTY MEDICAL EXAMINER

## INVESTIGATIVE REPORT

8/25/2011

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE) <b>ZAHAU, Rebecca Mawii</b>		AKA		HIO <input type="checkbox"/>	CASE NUMBER <b>11-01517</b>	
	INVESTIGATOR <b>Dana Gary</b>	REPORTED BY <b>Sgt. Nemeth</b>	REPORTING AGENCY <b>San Diego Sheriff</b>			PREVIOUS WAIVE #	
	CALL DATE AND TIME <b>07/13/2011 0809</b>		ARRIVAL DATE AND TIME <b>07/13/2011 1914</b>		RETURN DATE AND TIME <b>07/13/2011 2120</b>		
DECEDENT	DATE AND TIME OF DEATH <b>07/13/2011 0648</b>	DATE OF BIRTH <b>03/15/1979</b>	AGE <b>32 Years</b>	GENDER <b>Female</b>	RACE <b>Other</b>		
	RESIDENCE (STREET, CITY, STATE, ZIP) <b>1043 Ocean Boulevard Coronado, CA 92118</b>			COUNTY <b>San Diego</b>	LAST SEEN ALIVE <b>07/13/11 2150</b>		
	SOCIAL SECURITY NO. <b>062-92-7758</b>	CITIZENSHIP	OCCUPATION <b>Surgical technician</b>		PAID AUTOPSY <input type="checkbox"/>		
DEATH	LOCATION OF DEATH <b>Found, home</b>			TYPE OF PLACE <b>Decedent's Home</b>			
	ADDRESS (STREET, CITY, STATE, ZIP) <b>1043 Ocean Boulevard Coronado, CA 92118</b>						
	SUMMARY The decedent was a 32 year old divorced Asian female who resided in a home in Coronado with her boyfriend. On 07/13/11, her body was discovered hanging in a courtyard of her home. Due to suspicious circumstances a homicide investigation was initiated.  Medical Examiner's jurisdiction invoked according to the California Government Code 27491: Death due to known or suspected homicide.						
INCIDENT	LOCATION OF INCIDENT <b>Home (courtyard)</b>			INCIDENT PLACE TYPE AT WORK <input type="checkbox"/> AT RESIDENCE <input type="checkbox"/>			
	ADDRESS (STREET, CITY, STATE, ZIP) <b>1043 Ocean Boulevard Coronado, CA 92118</b>			COUNTY <b>San Diego</b>			
	DATE AND TIME OF INCIDENT <b>07/--/2011 Unk</b>	INVESTIGATING AGENCY <b>San Diego Sheriff</b>	OFFICER <b>Det. Tsuida</b>	BADGE # <b>2099</b>	REPORT # <b>11-133835</b>		
	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 <b>SDSO</b>		METHOD <b>Personal Effects</b>		DATE AND TIME <b>07/13/2011 1200</b>		
	FUNERAL HOME <b>Legacy Funeral &amp; Cremation Care</b>		PROPERTY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PUBLIC ADMINISTRATOR <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TYPE OF EXAM <b>Autopsy</b>		
	NAME OF NOK OR OTHER <b>Robert and Pabri Vahau</b>	RELATIONSHIP <b>Parents</b>	DATE NOTIFIED <b>7/13/2011 12:00:00 PM</b>	NOTIFIED BY <b>Other</b>			
	NAME OF NOK OR OTHER <b>Doug Loehner</b>	RELATIONSHIP <b>Brother</b>	DATE NOTIFIED <b>7/13/2011 12:00:00 PM</b>	NOTIFIED BY <b>Law Informant</b>			

Case Number	11-01517
Investigator	Rebecca Zahau
Official Death	07/13/2011
Date Today	11/13/2011

## INVESTIGATIVE NARRATIVE

**Decedent:** Rebecca Mawii Zahau

### Antemortem Events:

The following information was obtained during a joint personal interview with me, San Diego Sheriff Homicide Detective Tsuida, ID 2099, Deputy Medical Examiner Lucas and multiple Coronado Police detectives: The decedent resided in the home at 1043 Ocean Boulevard in Coronado with her boyfriend of two years, Jonah Shaknai, during the months between Memorial Day and Labor Day. During the rest of the year, they resided in Arizona. On 07/11/11, the decedent was at the home with her 14 year old sister who was visiting from out of town and Jonah's 6 year old son. Reportedly, the 6 year old fell in the entry way stairwell and was transported to Rady Children's Hospital with life threatening injuries. Jonah and the boy's biological mother had been by his bedside since the incident. On 07/12/11, the decedent drove her sister to the airport to return to her home. While at the airport, she picked up Jonah's brother, Adam Shaknai, who flew in from out of town to be with his brother. They went to the hospital to meet Jonah and then the three went out to dinner. Jonah returned to the hospital and the decedent and Adam returned to the home. The decedent was last seen by Adam at approximately 2000 hours. She was in the main house and Adam retired to the guest house, behind the main residence. On 07/13/11, at approximately 0630 hours, Adam exited the guest house into the courtyard area between the guest house and the main house. He immediately saw the decedent hanged by the neck with a rope attached to a second story balcony. Adam ran into the main house to get a knife, pulled a nearby wooden table to the decedent's body, stood on top, cut the rope and laid the decedent's naked body on the grass. He removed a blue cloth which had been in her mouth in an effort to perform CPR and at 0648 hours, placed a 9-1-1 call to request assistance. Coronado Fire Department arrived at 0653 hours and confirmed the death without intervention. Coronado Police officers also responded. Due to the unusual circumstances, San Diego Sheriff Homicide detectives were contacted and initiated an investigation.

### Past Medical, Surgical, and Social History:

According to the decedent's sister Mary Loehner, the decedent had no known medical history. She was described as a "health nut" who was very conscientious about what she ate and exercised regularly. She had no known psychiatric issues and had no previous suicidal ideations or attempts. She was not prescribed any medications. She was upset about the recent injury of her boyfriend's son, but did not seem to blame herself or take an excessive amount of responsibility for the accident. Her sister last talked with her on 07/12/11, at 2150 hours, and she was in normal spirits and stated she would call her the next day. She had also recently made tentative plans to visit her family in Missouri in September or October.

### Scene Description:

On 07/13/11, at 1914 hours, I arrived at the scene located at 1043 Ocean Boulevard in Coronado. The area was sectioned off with yellow crime scene tape and had multiple police vehicles, media presence and large crowds of on lookers. Dr. Lucas and I were escorted to the back of the residence to a courtyard area between the main house and a guest house. I noted a naked female body lying on a grassy area, beneath a balcony. A rope was hanging from the second story balcony. The main house was a multi room, multi bathroom dwelling which appeared clean and organized. The guest house consisted of two bedrooms. One of the rooms had a suitcase and the other room had an unmade bed, a few pieces of women's clothing on the floor, make up wipes on the dresser and a glass with a clear liquid on the night stand. We were escorted upstairs and I noted black painted writings on the bedroom door that led into the room with the balcony. A paintbrush with black paint was lying

on the floor of the bedroom. For a more complete scene description, please refer to Deputy Medical Examiner Lucas' autopsy report.

**Body Description:**

During the above mentioned scene investigation, I also viewed the body of a naked female as she lie supine on the grass. The decedent hand and feet were bound with an orange colored rope. A similar rope was also around her neck with a piece of cloth on top, also wrapped around her neck. For a more complete body description, please refer to Deputy Medical Examiner Lucas' autopsy report.

At 2017 hours, HS&B personnel D. Shinsky and E. Scott placed the decedent in a clean, white sheet and her head, hands and feet were wrapped in paper bags. She was then placed in a new white vinyl pouch which was sealed with a red tamper evident seal #0107950. The body was then transported to the Medical Examiner's Office for examination.

**Special Requests:**

Detective Tsuida would like to attend the autopsy. Please call with the scheduled time.

**Identification:**

The decedent was identified to me by San Diego Sheriff Homicide Detectives.

**Tissue Donation:**

Not pursued

**Antemortem Specimens:**

Not applicable

**Public Administrator:**


No referral necessary

**Other Important Factors:**

None

Signed:  08/21/11

Dana Gary  
Medical Examiner Investigator

Approved by: 



# County of San Diego

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## AUTOPSY REPORT

**Name:** REBECCA MAWII ZAHAU **ME#:** 11-1517  
**Place of death:** 1043 Ocean Boulevard **Age:** 32 Years  
Coronado, CA 92118 **Sex:** Female  
**Date of death:** Found,  
July 13, 2011; 0648 Hours  
**Date of autopsy:** July 14, 2011; 1018 Hours

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CAUSE OF DEATH: HANGING

MANNER OF DEATH: SUICIDE

### AUTOPSY SUMMARY:

- I. Hanging.
  - A. "Long drop" (9 feet) hanging from small second floor balcony.
  - B. Corresponding ligature furrow around neck.
  - C. Bilateral periorbital, conjunctival, and oral petechiae.
  - D. Fractures of left arm of hyoid bone, left superior horn of thyroid cartilage, and left side of cricoid cartilage.
  - E. Hemorrhage of left strap muscles and bilateral sternocleidomastoid muscles.
- II. Scattered abrasions and contusions of back, arms, and legs.
- III. Bindings of hands and feet.
- IV. Polypoid intrauterine leiomyoma, benign incidental finding.
- V. See. M.E. Case 11-1542.

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OPINION: According to the Investigator's Report, an investigation by the San Diego Sheriff's Office, and a scene visit by me, this 32-year-old woman was the girlfriend of the owner of a large beach home in Coronado (the "Spreckels Mansion"). On the evening of July 12, 2011, she stayed at the home with her boyfriend's brother, who had just flown into town. Also that evening, her boyfriend was at Rady Children's Hospital with his 6-year-old son, who had fallen in the home under the decedent's care the previous morning and suffered life-threatening injuries (he eventually died on July 16, M.E. Case 11-1542). On the morning of July 13, the decedent's boyfriend's brother emerged from the guest house into the courtyard and found the decedent hanging by her neck, nude, fully suspended from a small balcony on the second floor, with her hands and feet bound. He cut her down using a kitchen knife and a nearby table, removed a portion of a blue shirt that was in her mouth, and called 911 at 0648 hours. Coronado Police Department personnel responded and began cardiopulmonary resuscitation (CPR). Coronado Fire Department personnel responded, felt rigor mortis in her jaw (no other areas were checked), and advised that CPR be stopped.

The decedent had no known history of being diagnosed with depression and no medical history.

The balcony from which she was hanging was attached to a small bedroom, and the end of the rope was fastened in a slip loop to one of the legs and frame of the bed. The rope was attached to the bed in such a way that both ends of the rope were required to secure it.

The floor of the balcony was very dirty, and two bare footprints consistent with the decedent's dirty bare feet were visible in the dirt just outside the doorframe, with the heels together and the toes out in the shape of a "V". Toe prints, apparently from the right foot, were close to the balcony railing and in line with an area of dirt clearing on the top of the balcony railing and with the point at which the rope hung over the balcony. Other than a clearly visible matched police officer's fresh boot print, no other foot or shoe prints were seen on the balcony. In other words, only footprints consistent with the decedent's bound feet were found on the balcony, and there were no other footprints (other than the officer's) or evidence of a struggle.

The autopsy documented an atypical ligature furrow consistent with the ligature around the neck, which was fashioned from a water sport towing rope. Inside the neck there was a fracture of the left arm of the hyoid bone, the left superior horn of the thyroid cartilage, and the left side of the cricoid cartilage. There were no cervical spine fractures. There were also hemorrhages of the sternocleidomastoid muscles and some of the strap muscles on the left side. The sternocleidomastoid muscles appeared to be torn and hemorrhagic, consistent with the drop from height. There were petechiae on the face, eyes, and in the mouth.

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The decedent's wrists and feet were bound with similar rope, which had apparently been cut into three separate pieces. The decedent's right hand could be removed fairly easily from the binding simply by slipping the hand from the rope. A recreation demonstrated that the wrist bindings could have been assembled by the decedent in front of her body, one of her hands removed, and then placed back in the binding with her hands behind her back.

Scattered superficial abrasions on her back and legs appeared consistent with impact with large plants under the balcony. There were no other internal injuries. Toxicological testing detected no alcohol, medications, or illicit drugs.

The circumstances of this death are unusual and were initially considered suspicious. However, unusual circumstances do not automatically make a death a homicide, and homicides and suicides can often have similar features. Most people that commit suicide do not leave suicide notes, and many people do not have a history of documented depression. Suicidal hangings in which bindings are used are rare, but well described, and it was demonstrated in this case that the decedent could have set up the bindings by herself. Despite no history of depression, the decedent was found the morning after she apparently learned that her boyfriend's son – who was under her care when his fall occurred two days prior – would likely not survive.

The distance from the balcony railing to the knot on the neck ligature (the minimum distance of the drop), with tension applied, was 110 inches (9 feet, 2 inches), which would have placed her feet approximately just over 2 feet (26-1/2 inches) above the ground. The distribution and number of injuries on and within the neck and the atypical nature of the furrow are consistent with a drop from that height, especially if she reached the full extent of the rope at somewhat of an angle. The relatively well-preserved bare footprints on the balcony and the *lack* of signs of a struggle or other footprints on the balcony indicate that she went over the balcony on her own. Also, there was no evidence that the decedent was bound against her will as 1) there was no sign of a physical struggle at the scene or on her body and 2) there was no toxicological evidence that she was sedated. Finally, in addition to the factors just outlined, a complete and thorough investigation by the San Diego Sheriff's Office found no clear evidence to support that the death was a homicide.

Therefore, based on these findings and the history and circumstances of the death as currently known, the cause of death is certified as **hanging**, and the manner of death is certified as **suicide**

  
JONATHAN R. LUCAS, M.D.  
Deputy Medical Examiner

Date signed: 9-2-11

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**SCENE NOTE**

I arrived at the scene at 1915 hours and departed at 2100 hours. I arrived at the scene with Medical Investigator Dana Gary. Numerous personnel from the San Diego Sheriff's Office and the Coronado Police Department were present. The scene was a large home in Coronado on Ocean Boulevard, also known as the "Spreckels Mansion". The decedent was viewed in a courtyard bounded by the main home in the front, and a caretaker living quarters and a guest home in the rear. On one side of the courtyard was a small balcony with a set of double doors. Extending from the double doors was a reddish-orange rope which the cut end hung below the bottom of the balcony. Below the balcony was a round apparent teak wood table with a broken leg. On the thick grass in the same area was the decedent. She was nude. She had a reddish-orange rope ligature around her neck and a blue piece of fabric, possibly a shirt, around the neck outside of the ligature. A portion of this shirt was reportedly originally in the decedent's mouth. The decedent's long hair passed between the skin of her neck and the rope ligature. There were multiple-wrap bindings around the wrists and ankles with the hands bound behind the back.

Many petechiae were noted on the eyelids and the lower palpebral conjunctivae. There were a few petechiae noted on the inner, upper, and lower lip mucosa. There was a 3/4 inch blue contusion on the distal anterior right thigh. There were black marks, apparently paint, on the left breast and on the right nipple. A small amount of dried blood was on the inner left thigh. There was a 3/8 inch abrasion on the left lower quadrant of the abdomen. The soles of the feet were dirty. There was also a small amount of dirt on the left hip. *(Comment: the scene examination was performed under suboptimal lighting and examination conditions.)*

At 2000 hours rigor mortis was marked in the upper and lower extremities, neck, and jaw. Livor mortis was posterior, red and fixed. Both rigor and livor mortis were appropriate for the decedent's position. There was cutis anserina of the legs. There was skin slip with pressure on the lower left eyelid.

The bedroom within which the ligature was fastened was examined from outside the inside door due to the fact that it had not yet been processed by San Diego Sheriff's Office and Carlsbad Police Department. However, the writing "She Saved Him Can You Save Her" in black paint was on the hallway side of the bedroom door. The end of the rope was attached to the left foot of the bed (as viewed as if standing at the foot of the bed facing the bed) through a simple slip loop.

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## AUTOPSY

**IDENTIFICATION:** When initially viewed, the body is in a body bag sealed with red tag number "0107950", cut at 1018 hours. There is a blue Medical Examiner's tag bearing the decedent's name and case number looped around the fabric loop at the end of the bag and a second tag taped to the outside. The latter tag is subsequently placed around the decedent's right ankle. Upon opening the bag, there is a yellow Medical Examiner's tag around the right ankle bearing the same information.

**WITNESSES:** Detective Mark Palmer, Forensic Evidence Technician John Farrell, and Forensic Evidence Technician Brande Silverthorne from the San Diego Sheriff's Office are present. Deputy District Attorney William La Fond from the District Attorney's Office is present. Detective Keith James from the Coronado Police Department is present. The Forensic Autopsy Specialist is Steve Hannum.

**CLOTHING AND BODY COVERINGS:** On the left wrist are a black "Bionic Band" and a yellow "Livestrong" band. A "Power Balance" band is on the right wrist. Otherwise, the body is unclad. No clothing accompanies the body.

**EVIDENCE OF MEDICAL INTERVENTION:** None.

## EXTERNAL DESCRIPTION

The body is of a well-developed, well-nourished, small framed, physically fit, 63-1/2 inch, 100 pound Asian woman whose appearance is consistent with the given age of 32 years.

The thick, straight, well-groomed, dark brown scalp hair measures up to approximately 18 inches. The hair is within/underneath the ligature around the neck. The nose and facial bones are palpably intact. There is an area of dried skin slip under the left eye and on the lateral left upper eyelid (note: artifact created at scene by my examination). The eyebrows are well-groomed, trimmed, and appear to be also colored by a lightly colored tattoo. Blue eyeliner also appears tattooed on the upper eyelids. The eyes have cloudy corneae, brown irides, and conjunctivae without yellow discoloration. There are facial and ocular petechiae (see below). The nose is normally formed. The nares are unobstructed. The oral cavity has natural teeth in good condition. The mouth is slightly open and the tongue is not protruding. The oral mucosa is atraumatic. The frenulae are intact. There is light acne on the left side of the face between the eye and the ear. The ears are normally formed without drainage. Both earlobes are pierced.

The face is generally congested. There are dense, innumerable, focally confluent, fine red petechiae in the periorbital regions limited by the orbital ridges superiorly and extending just below the lower orbital ridges inferiorly. The petechiae become sparser as they move onto the skin lateral to the eyes. There are rare petechiae on the left side of



the face between the eye and the ear. There are many petechiae on the upper and lower palpebral conjunctivae, bilaterally. They are dense on the left upper palpebral conjunctiva, and there are larger petechiae on the right lower palpebral conjunctiva. There are fine petechiae inferior and lateral to the mouth. There are a few pinpoint petechiae in both the upper and lower oral mucosa in the anterior portion of the mouth. There are numerous fine and coarse petechiae above the ligature furrow, extending from the chin to the angles of the mandible.

The neck, other than the injuries described below, is symmetrical and unremarkable. The torso is unremarkable. The breasts are symmetrical with clear implants and otherwise unremarkable. The abdomen is flat and muscular. The back is symmetrical and unremarkable. The extremities have no amputations, deformities, edema, or needle track marks. The fingernails are painted with pink polish and extend 1/8 inch beyond the nailbeds, resulting in a mild overhang. All are intact. The toenails are painted with bright orange polish, trimmed, and clean. All are intact.

The genitalia are of a normal adult woman. The pubic hair is trimmed closely as is the perineal hair. The vagina is atraumatic, both externally and internally as viewed with a clear plastic speculum. There is blood within the vagina and around the cervix, but no visible trauma. The anus is unremarkable and without blood and without visible trauma as viewed a clear plastic anal speculum.

**Surface material eventually washed off:**

There is a small amount of grass and other plant material on the back (consistent with the decedent's position when found).

On the anterolateral right upper arm there is an approximately 1/16 inch spot of gray-black material. Over the right clavicle there is a 3 x 1 inch area of black material, consistent with paint. On the superior edge of the right nipple between 12 and 3 o'clock there is a small amount of black material, consistent with paint. On the left breast at approximately the 1 o'clock position, there is a 1-1/4 x 3/8 inch area of black material consistent with paint. On the right ring fingernail there is a smudge of black material measuring 1/8 inch. On the lateral aspect of the base of the right index finger there is a 1/2 inch area of black material. On the posterior right hand at the base of the thumb there is a 2 x 1 inch area of black material. There is similar-shaped area of black material on the right lower back.

There is a moderate amount of gray-brown dirt on the soles of the feet, slightly greater on the right. This dirt extends to the medial aspects of the feet, especially distally around the bases of the great toes. There is a smudge of apparent dirt on the anterior proximal left thigh, just below the anterior-superior iliac spine.

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On the medial aspects of the base of the great toes there is dried and smeared blood. On the medial left great toe there is what appears to be a dried spot of blood with subsequent smear. There is a small amount of blood on the plantar aspect of the left great toe as well as on the plantar aspect of the sole over the base of the right great toe. On the medial aspect of the left foot just anterior to the left medial malleolus there is a small amount of dried blood.

There is a small amount of thin, dried, and smeared blood around the perineal region, extending onto the proximal medial right thigh. There are apparent dried blood flakes on the medial aspect of the proximal left thigh.

There is a small amount of dried blood on the posterior right 3rd finger and on the posterolateral aspect of the mid right 4th finger and distal right 4th finger.

On the anterolateral mid left shin there is a 1 x 5/8 inch gray piece of material and two smaller similar pieces just distal to it, measuring 1/4 inch and 3/8 inch (Comment: appears similar to tape residue). On the lateral distal right lower leg there is a 1-1/4 x 5/8 inch area consisting of three horizontally oriented, parallel, somewhat evenly spaced, areas of sticky, tan-gray apparent tape residue. They are situated between 3/16 and 5/16 inch apart.

SCARS: On the inferior aspect of the each breast there is a 2 inch horizontally oriented scar. On the posteromedial left forearm there is a vertically oriented 4 inch scar (corresponds to the orthopedic hardware noted on x-ray). There are no ventral wrist scars.

TATTOOS: There are no tattoos other than the eyebrow and eyeliner tattoos.

POSTMORTEM CHANGES: Rigor mortis is mild and easily broken in the upper and lower extremities, neck, and jaw. Livor mortis is posterior, red and fixed. There is also red livor mortis on the upper chest. There is green discoloration of each lower quadrant of the abdomen. Skip slips with pressure. The body is cool (refrigerated).

### INJURIES, EXTERNAL AND INTERNAL

#### BINDINGS/LIGATURE:

Note: All the rope referred to in the description of the neck ligature and the bindings of the hands and feet are similar in appearance. Unless otherwise specified, it is reddish-orange, braided, synthetic, and 7/16 in diameter. The knots are described briefly here. For more detailed examination, please see the San Diego Sheriff's Office report.

**Neck:**

There is a rope ligature around the neck and over the decedent's long hair. It is has two free ends extending from it and the knot is a slip knot. The free "slipping" portion of the rope which passes through the knot extends 5 inches from it and has an additional 1-1/4 inch extension of frayed fibers. A 22 inch segment of rope extends from the knot itself and is fixed to the knot. There is a small amount of black apparent paint on this segment. The circumference of the ligature is 10-3/4 inches. The location of the knot on the right lateral neck corresponds to the position of the apex of the ligature furrows (see below).

There is a light blue or turquoise long sleeve T-shirt also around the neck on top of/outside of the rope. It was fashioned by tying the two ends of the long sleeves together near the cuffs in a double knot. The sleeves are wrapped three times around the neck with the abdominal and lower chest portion of the shirt extending from the anterior aspect of the ligature. The end of this has a small amount of what appears to be dried secretions.

Both the ligature and the shirt were marked, labelled, and cut in order to remove them from the neck.

**Wrists:**

The wrists are bound behind the back with the reddish-orange, braided rope described above. This piece is not attached to the neck ligature or the ankle bindings. There are five loops around the right wrist and six around the left. The wrists can be separated a maximum of 2-1/2 inches apart at their narrowest point. There is an 84 inch segment of rope extending from a slip knot on the left wrist. This 84 inch segment pulls through the slip knot. This segment extends from the left wrist into the right hand and exits between the right index and middle fingers. The shorter segment of rope extends from a fixed knot on the right wrist. There is a small amount of black apparent paint on one of the middle loops around the left wrist. The segments of rope are arranged roughly in a figure eight pattern. The right hand can be slipped out and removed from the binding with mild pressure. By taking up slack from the right side, the left hand can be removed.

**Ankles:**

The ankles are bound by rope similar to that on the neck and the wrists. Similar to the wrists, the rope is arranged in a roughly figure eight pattern and the ankles can be separated a maximum of 2 inches at the narrowest point. The right ankle has six loops and the left has eight. There is a knot on the proximal right lower leg exiting anteriorly. There is a second similar knot on the left ankle. Wrapped within

the bindings is a yellow plastic tube which encircles one strand of thicker rope, which appears to be a water sport tow rope handle. There is a warning on the yellow handle stating among other things that it is "...intended only for towing up to a maximum of two people or 340 pounds on an inflatable tube."

### **HEAD AND NECK:**

On the central forehead there is a 1 x 1-3/4 inch group of three vertically oriented, parallel, thin, linear abrasions measuring from inferior to superior, 1/2 inch, 5/8 inch, and 5/8 inch (discontinuous), respectively. The most inferior one is within 1/4 inch of the medial edge of the left eyebrow. On the right upper forehead, just past the hairline, there is a 1/4 inch red abrasion.

On the posterolateral right neck along the curvature of the left side of the trapezoid, there is a 3 x 3/8 inch, discontinuous, red abrasion.

There is a ligature furrow encircling the neck. It is generally horizontally oriented and of a relatively uniform width at 1/2 inch (ranging from 3/8 inch to 3/4 inch), on the left side of the neck and posterior neck. However, on the right posterior neck and right side of the neck, the ligature courses upwards towards an apex between the right earlobe and the right angle of the mandible, although the apex itself is not visible. It is moderately deep, dried, and reddish-brown. Posteriorly, there is a parallel, thin, red line situated 1/8 inch below the dried ligature furrow for a distance of 2-1/2 inches and separated from it by an area of pallor.

The ligature furrow courses around the left anterior neck over the level of the thyroid cartilage. Just left of midline, the ligature furrow reaches its widest at 1 inch, with a somewhat irregular lower edge. The abraded ligature furrow then continues to course at an angle towards the right angle of the mandible where it terminates.

On the posterolateral right neck, the ligature furrow thickens and then diverges with one branch heading towards a point between the right angle of the mandible and the right earlobe (towards the apex). This branch is 1-3/4 inches long and the proximal component measures 1/2 x 3/8 inches and is a dried red abrasion. The more distal component (closer to the apex) is a 1-1/4 inches in length, 5/8 inches in width, and is an area of pallor. The other, lower branch extends anteriorly, roughly horizontally for a distance of 2-3/4 inches from the divergence point and with a width of 5/16 inches. This mark is comprised of superficial, punctate, red injuries with a faint suggestion of a curvilinear vertically oriented pattern throughout.

On the lateral and anterolateral right neck, roughly parallel with the ligature furrow above the thyroid cartilage and the 2-3/4 inch red extension on the right neck, and perpendicular to the pale compression furrow on the posterolateral right neck, there is a pair of thin

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linear marks. They converge from being separated by a distance of 1 inch posteriorly to a distance of 1/2 inch anteriorly, just to the right of midline.

Just inferior to the ligature furrow on the right anterior neck, just below the angle of the mandible and adjacent to the right thyroid cartilage, there is a 1-1/2 x 1-1/4 inch group of apparent petechiae.

### **Internal:**

The left sternocleidomastoid muscle has a 4-3/4 x 1-3/4 inch area of hemorrhage extending from the clavicle with softening and abundant hemorrhage within the muscle. On the right there is similar hemorrhage measuring 2 x 1-1/4 inch at the clavicle. Along the medial edge of the right sternocleidomastoid muscle, there are a 1 x 1/4 inch hemorrhage (inferior, near the clavicle) and a 1/4 inch diameter hemorrhage (more superior). There is a 3/8 inch blush of hemorrhage on the inferior portion of the left thyrohyoid muscle. There is a 1/4 inch diameter hemorrhage of the left cricothyroid muscle and corresponding purple discoloration of the tracheal mucosa. There is a corresponding left cricoid fracture anteriorly. It is curved, nondisplaced, and is situated approximately 1/8 inch from the anterior midline. There is a hemorrhagic fracture of the left arm of the hyoid bone with downward displacement of the distal end. The fracture is 3/8 inches from the tip. There is a small amount of hemorrhage associated with it. There is also a fracture of the base of the left superior horn of the thyroid cartilage, 5/8 inches from its tip. There is a 3/4 x 1/4 inch subcutaneous hemorrhage over a spinous process below the ligature furrow.

There are no fractures of the cervical vertebrae and no epidural, subdural, or subarachnoid hemorrhage of the spinal cord. There is no spinal cord softening. The atlanto-occipital junction is intact.

On the right superior parietal scalp there is a 2 x 1 inch subgaleal hemorrhage. On the right lateral frontal scalp there are two subgaleal hemorrhages measuring 3/4 x 1/2 inch and 1/2 x 1/4 inch. On the right lateral frontotemporal scalp, there is a 3/8 inch diameter subgaleal hemorrhage.

### **TORSO:**

Chest: None.

Abdomen: On the lateral right lower quadrant of the abdomen there is a 1/4 inch pale red abrasion. Just inferior to that is a discontinuous, faint, 1 x 1/8 inch, thin, linear abrasion. On the left lower quadrant of the abdomen along the curvature of the left iliac spine there is a 3/8 x 1/4 inch red abrasion.

**Back:** There are many punctate, linear, and slightly irregular abrasions on the back, extending from the neck to the mid buttocks and from each side of the back to the other. They are slightly more concentrated on the right thoracic back, with other ill-defined groups across the lower lumbar back at the upper buttocks and on the left scapular and lateral mid thoracic back. Some appear to be paired and separated by a distance of 3/8 - 1/2 inch. On the right paraspinal thoracic back, two pairs appear to be discontinuous linear abrasions measuring 3/8 and 5/8 inches in length, separated by 3/8 inches. The larger ovoid abrasions measure up to 3/16 inch in greatest dimension. The linear abrasions measure up to 3/16 inch in length. However, on the posterolateral right upper back along the right posterior axillary line there are two linear abrasions, the longest of which measures 5/16 inch.

On the lateral right thoracolumbar back there is a vertically oriented 3-1/2 x 3/4 inch patterned contusion. There is a vertically oriented linear component. There appear to be three thin linear parallel components situated 1/4 inch apart.

#### **RIGHT UPPER EXTREMITY:**

On the posterior aspect of the radial right hand, there are four red abrasions ranging from punctate to 1/16 inch in diameter. On the medial aspect of the right third finger (the surface between the third and fourth finger), over the distal portion of the middle phalanx, there is a 1/2 x 5/16 inch abrasion with skin tags on the palmar edge. On the medial right elbow there is a 1/8 inch, faint, pale red abrasion.

On the superior-posterior right shoulder there is a sagittally oriented 1-1/2 x 5/8 inch abrasion comprised of horizontally oriented abrasions.

#### **LEFT UPPER EXTREMITY:**

On the posterior mid left forearm there is a 1/8 inch red abrasion. On the posterior aspect of the middle phalanx of the left 3rd finger there is a horizontally oriented, 1/8 inch, linear abrasion.

#### **RIGHT LOWER EXTREMITY:**

There are contusions in the area subjacent to the ligatures around the lower legs. On the posterior distal right lower leg there is an obliquely oriented, 2 x 1/4 inch, red contusion. Just distal to this is a 3-1/2 x 1/2 inch red contusion. Both angle upwards as they move medially. There are also gray parallel compression marks distal to this but no red discoloration. On the posterior distal right lower leg, just lateral to where the contour of the Achilles tendon merges with the calf, there is a 1 x 1/2 inch red contusion. On the anterior aspect of the proximal right ankle there is a 2 x 1 inch red contusion with a central area of pallor. Just proximal to this there is an ill-defined, 1-3/4 x 1 inch apparent red

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contusion. On the dorsomedial aspect of the mid right foot there is a 2-1/8 x 1/2 inch group of four discrete red abrasions ranging from punctate to 1/4 inch.

On the anterior mid right shin there is a 2 x 1 inch subcutaneous hemorrhage without overlying skin changes.

On the posterolateral right thigh there are two blue contusions measuring 3/4 x 3/8 inch and 3/8 x 3/8 inch.

### LEFT LOWER EXTREMITY:

On the posterior mid left calf there is an obliquely oriented, 1-1/8 inch, thin, linear, red abrasion. In the area subjacent to the ligatures around the lower legs there are red contusions. On the anterior left ankle, just left of midline, there is a 1-1/2 x 3/4 inch red contusion. On the medial left ankle, just proximal to the left medial malleolus, there is a 3/4 inch diameter red contusion. On the posterior distal left calf there is a 3/8 inch diameter red contusion. Subjacent to it there is a corresponding subcutaneous hemorrhage. Just distal to this and extending onto the lateral side of the distal left lower leg there is a 3/4 x 1/4 inch bluish contusion. Just distal to this is a 1-1/4 x 1/2 inch, horizontally oriented, red contusion. On the anterolateral mid left lower leg there is a 1/2 inch diameter subcutaneous hemorrhage unassociated with a contusion visible on the surface of the skin. There is no other subcutaneous hemorrhage associated with the contusions described.

On the anterolateral and lateral aspect of the left lower leg covering most of this area, there is a 7-1/2 x 4-1/2 inch group of dispersed, variably oriented, linear and small, irregular red abrasions. Many of the thin linear abrasions are angled from posterior and inferior to anterior and superior. They measure up to 1-1/2 inches. There are other perpendicular linear abrasions measuring up to 3/4 inches. The irregular abrasions measure up to 1/4 inch. On the posterolateral left knee and proximal left popliteal fossa there are three linear, nearly vertically oriented, red abrasions measuring up to 1/2 inch and a single 1/8 inch red abrasion.

On the lateral left knee there is a 1/2 inch diameter, healing, focally scarred scab. On the anterolateral left knee there is a similar, 1/2 inch, healing abrasion which is scabbing over. On the anterior left knee there is a similar but somewhat more healed, dark 1/2 inch abrasion.

### INTERNAL EXAMINATION

BODY CAVITIES: The abdominal fat layer measures up to 0.5 cm. The organs are in their normal situs. The diaphragm is intact. There are no abnormal collections of fluid, hemorrhage, or adhesion in any of the body cavities.

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**CARDIOVASCULAR SYSTEM:** The heart weighs 300 grams and has a normal overall shape and smooth, glistening epicardial surface. The coronary arteries pursue a normal right dominant course and are without atherosclerotic stenosis. The myocardium is uniformly dark red and firm without pallor, hemorrhage, softening, or fibrosis. The ventricles are not dilated. The left ventricle, right ventricle and interventricular septum measure 0.3 cm, 0.9 cm and 1.1 cm in thickness, respectively. The endocardial surfaces and four cardiac valves are unremarkable and without vegetations. The coronary ostia are normally placed and widely patent. There are no atrial or ventricular septal defects.

The aorta has no atherosclerosis, and is smooth and moderately elastic. The vena cavae and pulmonary arteries are without thrombus or embolus.

**RESPIRATORY SYSTEM:** The right lung weighs 360 grams, and the left weighs 320 grams. Both lungs have smooth, glistening pleural surfaces and are well expanded. They have crepitant, pink-tan parenchyma with mild congestion, no edema and no masses, hemorrhage, or consolidation. The bronchi are lined by glistening, tan mucosa and are empty.

**HEPATOBIILIARY SYSTEM:** The liver weighs 1180 grams and has a smooth, glistening, intact capsule and moderately firm, slightly mottled, yellow parenchyma without masses or hemorrhage. The gallbladder contains a moderate amount of liquid, yellow-green bile without calculi. The wall is not thickened.

The pancreas has unremarkable, lobulated, reddish-tan parenchyma without fibrosis, hemorrhage, masses, or calcification.

**HEMOLYMPHATIC SYSTEM:** The spleen weighs 130 grams and has a smooth, glistening, intact capsule and dark maroon parenchyma with unremarkable, clearly visible white pulp. There are no enlarged lymph nodes.

**GASTROINTESTINAL SYSTEM:** The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 2 cc of thick, green material. No pills or capsules are noted. The gastric and duodenal mucosae are unremarkable. The small intestine, vermiform appendix, and large intestine are unremarkable to inspection and palpation.

**UROGENITAL SYSTEM:** Each kidney weighs 210 grams. The capsules strip with ease from the smooth, red-brown subcapsular surfaces. The corticomedullary architecture is unremarkable. The pelves are not dilated. The ureters maintain uniform caliber into an unremarkable bladder. The bladder contains 40 cc of yellow urine. The bladder wall is not thickened.



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The uterus, ovaries, and fallopian tubes are unremarkable. The uterine cavity contains a 2.2 x 1.5 x 1.5 cm, pedunculated, reddish-tan polyp. On its surface there is a 1 x 0.6 cm, well-circumscribed, tan area. The cut surface is reddish-tan and blends at the base with the adjacent myometrium. The cervix and vagina are atraumatic. There is an intrauterine device in place. The vagina contains a small amount of blood. The endometrial cavity contains a small amount of blood and the endometrium itself is smooth and red-purple.

ENDOCRINE SYSTEM: The thyroid gland is symmetrical and has dark red parenchyma without masses or cysts. The adrenal glands have the usual golden cortical ribbon and unremarkable medullae. The pituitary gland is unremarkable.

MUSCULOSKELETAL SYSTEM: The vertebrae, clavicles, sternum, ribs and pelvis are without fracture. The ribs are not brittle. The musculature is normally distributed and unremarkable.

HEAD: There are injuries, described above. There is no scalp laceration. The skull has no fractures. There is no epidural or subdural hemorrhage.

CENTRAL NERVOUS SYSTEM: The fresh brain weighs 1240 grams and is normal size and shape. There is no cerebral swelling. There is no evidence of herniation. There are no cortical contusions. The leptomeninges are thin and glistening. There is no subarachnoid hemorrhage. The cerebral vessels are without aneurysms or atherosclerosis. The substantia nigra is normally pigmented.

The cerebral hemispheres are symmetrical with unremarkable sulci and gyri. The white and gray matter, deep nuclei, and ventricles are symmetrical and unremarkable. The brainstem and cerebellum have the usual patterns. There are no focal hemorrhages, masses, infarcts, or other lesions.

NECK: There are injuries, described above. The trachea and larynx are lined by glistening, light tan mucosa. The tongue is atraumatic and unremarkable.

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**SPECIMENS**

**TOXICOLOGY:** The following specimens are submitted for toxicology: central and peripheral blood, vitreous, urine, and liver.

**HISTOLOGY:** Portions of tissues and major organs are retained in formalin. Sections of heart (1), liver (1), and endometrial polyp (1) are submitted for microscopic examination.

**PHOTOGRAPHS:** The usual facial photographs, overall photographs, and photographs of the injuries and ligatures are taken.

**RADIOLOGY:** Postmortem radiographs of the head and torso are made and retained. A 3-D reconstruction of the head and neck are made. A fracture of the left arm of the hyoid is visible, corresponding to that identified during autopsy. No other fractures are identified. A radio-opaque orthopedic plate is screwed into the left ulna.

**EVIDENCE:** Oral cavity; external genitalia, perineum, and anus; rectum; colon; vagina; and cervix swabs are prepared and transferred to San Diego Sheriff's Office personnel.

**MICROSCOPIC EXAMINATION**

**HEART (1 section):** The myocardium is unremarkable and without inflammation, fibrosis, or necrosis.

**LIVER (1 section):** The parenchyma is unremarkable and without inflammation, fibrosis, or steatosis.

**ENDOMETRIAL POLYP (1 section):** The mass is comprised of fascicles and bands of smooth muscle cells with eosinophilic stroma. There are many large vessels with thickened walls, some of which exhibit hyalinization. No atypia is seen. No glands are present.

JRL:CN:lcb

D: 7/14/11 T: 7/15/11

Rev. 9/2/11 clb



# County of San Diego

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## TOXICOLOGY REPORT

Name: **ZAHAU, Rebecca**  
 Medical Examiner Number: **11-01517**  
 Date of Death: **07/13/2011**  
 Pathologist: **Jonathan R. Lucas, M.D.**  
 Specimens Received: **Central Blood, Liver, Peripheral Blood, Urine, Vitreous**

<u>Test Name (Method of Analysis)</u>	<u>Specimen Tested</u>	<u>Result</u>
<u>Alcohol Analysis (GC/FID-Headspace)</u>	Peripheral Blood	
Alcohol (Ethanol)		Not Detected
Acetone, Methanol, Isopropanol		Not Detected
<u>Drugs of Abuse Screen (ELISA)</u>	Central 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	Not Detected

End Results

Approved and Signed:  
07/26/2011

Iain M. McIntyre  
Iain M. McIntyre, Ph.D.  
Forensic Toxicology Laboratory Manager  
(All Inquiries/Correspondence)

Reviewed:

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Toxicologist II