

**BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER**

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By _____
Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials) DAGNEY ELLIS BENEDICT	Age 16	Birth Date 1/11/2008	Race AmINDIAN	Sex F
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██████████
██████████

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) LT. JACK WELLS - OWASSO POLICE DEPARTMENT	DATE 2/8/2024	TIME 17:12
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██████████ ██████████	██████████ ██████████	██████████ ██████████	██████████ ██████████	DATE 2/8/2024	TIME Unknown
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LOCATION OF DEATH ST. FRANCIS HOSPITAL - PEDIATRIC ER	CITY TULSA	COUNTY TULSA	TYPE OF PREMISES HOSPITAL ER	DATE 2/8/2024	TIME 16:33
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BODY VIEWED BY MEDICAL EXAMINER 1627 SOUTHWEST BLVD.	CITY TULSA	COUNTY TULSA	TYPE OF PREMISES AUTOPSY SUITE	DATE 2/9/2024	TIME 10:30
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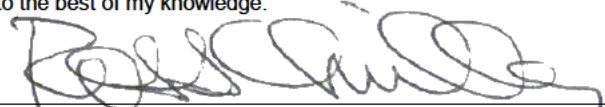
TRANSPORTATION INJURY DRIVER PASSENGER PEDESTRIAN

TYPE OF VEHICLE: AUTOMOBILE LIGHT TRUCK HEAVY TRUCK BICYCLE MOTORCYCLE OTHER: _____

DESCRIPTION OF BODY	RIGOR	LIVOR	EXTERNAL OBSERVATION		NOSE	MOUTH	EARS
					BLOOD	OTHER	
EXTERNAL PHYSICAL EXAMINATION	Jaw <input checked="" type="checkbox"/> Complete <input checked="" type="checkbox"/> Neck <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Arms <input checked="" type="checkbox"/> Passing <input type="checkbox"/> Legs <input checked="" type="checkbox"/> Passed <input type="checkbox"/> Decomposed <input type="checkbox"/>	Color RED/PURPLE Lateral <input type="checkbox"/> Posterior <input checked="" type="checkbox"/> Anterior <input type="checkbox"/> Regional L LAT HEAD	Beard _____ Hair BROWN Eyes: Color BROWN Mustache _____ Opacities MILD TACHE NOIRE Pupils: R _____ L _____ Body Length 61 IN Body Weight 140 LBS		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Significant observations and injury documentations - (Please use space below)
The decedent was 16-year-old with diphenhydramine and fluoxetine combined toxicity.

Probable Cause of Death: DIPHENHYDRAMINE AND FLUOXETINE COMBINED TOXICITY	Manner of Death: Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Unknown <input type="checkbox"/> Pending <input type="checkbox"/> Not Assigned <input type="checkbox"/>	Case disposition: Autopsy YES Authorized by ROSS MILLER MD Pathologist ROSS MILLER MD Not a medical examiner case <input type="checkbox"/>
	Other significant conditions contributing to death (but not resulting in the underlying cause given)	

MEDICAL EXAMINER: Name, and Address: ROSS MILLER MD 1627 Southwest Blvd. TULSA, OK 74107	I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.  Signature of Medical Examiner ROSS MILLER MD Computer generated report	2/8/2024 Date Case Initiated 3/13/2024 Date Case Finalize
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Board of Medicolegal Investigations
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CERTIFICATION
I hereby certify that this document is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.
By _____
Date _____

REPORT OF AUTOPSY

Decedent	Age	Birth Date	Race	Sex	Case No
DAGNEY ELLIS BENEDICT	16	1/11/2008	AM	F	2400956

ID By
VISUAL RECOGNITION

Authority for Autopsy
ROSS MILLER, M.D.

Present at Autopsy
CORY SMITH, JACK WELLS, BRITTANY CRASE, GENA FLOYD, ROSS MILLER, M.D.

PATHOLOGICAL DIAGNOSIS

I. Diphenhydramine and fluoxetine combined toxicity (see circumstances of death, case summary, and toxicology report).

- A. Diphenhydramine: Femoral blood, 25 mcg/mL; hospital blood, 15 mcg/mL
- B. Fluoxetine: Femoral blood, 1.9 mcg/mL; hospital blood, 1.2 mcg/mL
- C. Norfluoxetine: Femoral blood, 1.4 mcg/mL; hospital blood, 0.89 mcg/mL
- D. Toxicological analyses also detect dextromethorphan (trace), norchlorcyclizine (trace), and quetiapine metabolites (positive).

II. No lethal trauma.

- A. Head and neck: Two contusions, right orbital region; right scleral hemorrhage; two lacerations (1/4 inch, each), right cheek and right external ear; two abrasions, right external ear and left cheek.
 - 1. Scalp and subgaleal hemorrhages.
- B. Torso: Abrasion, right upper chest; abraded contusion, central chest
 - 1. The abraded contusion of the central chest and an anterior atrial ecchymosis/contusion are consistent with having occurred during cardiopulmonary resuscitation efforts.
- C. Extremities: Scattered asynchronous abrasions and contusions.
 - 1. Multiple healing linear injuries and scars, posterior left hand.

III. Bilateral lungs (right, 588 grams; left, 630 grams) with marked interstitial congestion.

IV. Contraction band necrosis, left ventricle, heart.

V. Splenomegaly (214 grams).

VI. Urinary retention (350 mL).

VII. Outside/send-out Arrhythmia and Cardiomyopathy Comprehensive Panel (168 genes) performed by Invitae is positive for 6 gene variants of uncertain significance and a benign (psuedodeficiency allele) gene variant (see case summary).

CAUSE OF DEATH: DIPHENHYDRAMINE AND FLUOXETINE COMBINED TOXICITY

MANNER OF DEATH: SUICIDE

The facts stated herein are true and correct to the best of my knowledge and belief.

OCME Eastern Division

2/9/2024 10:30 AM

ROSS MILLER, MD

Pathologist

Location of Autopsy

Date and Time of Autopsy

MEDICOLEGAL INVESTIGATION

- I. Circumstances of Death:** According to Investigator reports, the decedent was 16 years old and was reported to have headaches and seizure-like activity before being found unresponsive. Emergency personnel were notified, cardiopulmonary resuscitation efforts were attempted, and death was pronounced at a hospital. Antemortem history included involvement in a physical altercation. Past medical history included constipation, bipolar disorder, depression, anxiety, self-harm (cutting), chronic tobacco abuse, and chronic marijuana abuse. Handwritten notes that are suggestive of self-harm were found in the decedent's room by family and provided to law enforcement.
- II. Authorization:** The postmortem examination is performed under the authorization of the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma.
- III. Identification:** The body is identified through visual recognition. Digital photographs and radiographs of the deceased are taken.

POSTMORTEM EXAMINATION

- I. Circumstances of Examination:** The postmortem examination of Dagney Benedict is performed at the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma, on 02/09/2024 commencing at 10:30 hours. Assisting in the examination are Brittany Crase and Gena Floyd. Jack Wells and Cory Smith of the Owasso Police Department are present for the examination.
- II. Clothing and Personal Effects:** The body is received clad in black socks and accompanied by: *See Personal Effects List.*

III. External Evidence of Medical Therapy:

1. An endotracheal tube is present in the mouth.
2. Electrocardiogram pads are present on the torso.
3. Defibrillator pads are present on the torso.
4. A needle puncture site is present in the right antecubital fossa.
5. Adhesive residue is present on the anterior right forearm.
6. A peripheral intravenous catheter is secured with an adhesive bandage on the lateral right wrist area.
7. A peripheral intravenous catheter is secured with an adhesive bandage and tape in the left antecubital fossa.
8. Two needle puncture sites associated with ecchymosis are present on the posterior left hand.
9. Intraosseous catheters are secured to the bilateral anterior lower legs.

IV. Collections: Blood samples on filter paper are retained and introduced as evidence.**EXTERNAL EXAMINATION**

General: The unembalmed, well-preserved body is that of an adolescent that appears the reported age of 16 years. The body is 61 inches in length and weighs 140 pounds. Rigor mortis has fully developed and is broken with difficulty. Red and purple livor mortis which blanches upon manual pressure covers the left lateral head and posterior aspects of the body, except in areas exposed to pressure. The body is cool to the touch and has been refrigerated. The body is free of tattoo.

Head and Neck: *See Evidence of Injury.* The scalp is covered by brown hair that is straight to slightly curled and is in a usual distribution. Arcus senilis is absent. The sclerae are anicteric. The irides are brown. The corneas are translucent. Mild tache noire is present. The conjunctivae are pale pink and free of

petechiae. The ears are not unusual. The nares are patent. The oral cavity is free of laceration and contusion. The frenula are intact. The teeth appear natural. The lips demonstrate drying artifact. No fracture is palpable in the zygomatic arches. The neck is appropriately mobile, symmetrical, and free of mass and scar.

Torso: *See Evidence of Injury.* A 1/4 inch scar is present on the right mid back. White residue is present on the inferior chest and abdomen. The chest and abdomen are free of scar. The external genitalia are those of a normal adolescent female and are free of injury.

Arms: *See Evidence of Injury.* No fracture is palpable in the long bones. The arms are free of needle track. Trivial scars are present on the anterior right forearm. Trivial scars are present on the anterior left forearm. Five digits are on each hand.

Legs: *See Evidence of Injury.* No fracture is palpable in the long bones. The legs are free of edema and scar. Five toes are on each foot.

EVIDENCE OF INJURY

Head and Neck: A 1/4 inch purple contusion is present lateral of the right eye. A 1/4 inch laceration is present on the right cheek. A 1/4 inch red abrasion is present on the left cheek. A faint 3/4 x 1/2 inch purple contusion is present medial of the right eye. A 0.3 cm area of right scleral hemorrhage is present. A 1/4 inch red abrasion and a 1/4 inch laceration involve the right external ear. Trace blood is present in the nares and mouth.

Upon reflection of the scalp, a 3.0 x 2.0 cm area of right lateral scalp hemorrhage is present. A 4.0 x 2.0 cm area of left posterior scalp hemorrhage with underlying subgaleal hemorrhage is present. A 4.0 x 4.0 cm

area of posterior subgaleal hemorrhage is present and is approximately centered in the posterior midline plane.

Torso: A 4 x 3 inch red and purple abraded contusion is present on the central chest and is approximately centered in the anterior midline plane. A 1/8 inch yellow abrasion is present on the right upper chest.

Upon internal examination, a 3.0 x 2.0 cm muscular contusion/ecchymosis of the anterior atrial wall is present.

Arms: Two 1/8 inch yellow abrasions are present on the posterior right forearm. A 1/2 inch circular yellow, dry abrasion/wound is present on the posterior right hand. Multiple vertically-oriented healing linear injuries and scars, ranging in measurement from 1/2 – 2 inches in greatest dimension, that are arranged in parallel to each other are present on the posterior left hand.

Legs: A 3/16 inch red abrasion is present on the anterior right thigh. A 1 inch yellow contusion is present on the right thigh. A 2 x 1 1/2 inch yellow contusion is present on the right knee region. A 1/2 inch yellow contusion is present on the anterior right lower leg. A 3/4 inch purple and yellow contusion is present on the anterior left lower leg.

INTERNAL EXAMINATION

Body Cavities: The body is opened with the usual Y-shaped thoracoabdominal incision. Apart from marked right pleural adhesions, the mesothelial surfaces are smooth, glistening, and free of mass and adhesion. The pleural, pericardial, and peritoneal cavities are free of excess fluid. All body organs are present and in their usual anatomic locations.

Cardiovascular System: *See Evidence of Injury.* The pericardial surfaces are smooth and glistening. The anatomy of the heart and associated vasculature is normal. The pulmonary artery is opened in-situ and is free of thrombo-emboli. The coronary arteries arise normally and follow their usual courses. The vessels are free of atheroma. Serial sections of the 218 gram heart reveal maroon myocardium that is free of softening, discoloration, and scar. The left ventricular free wall and interventricular septum are of similar thickness (1.2 – 1.3 cm). The chambers are not dilated. The septae are intact and free of defect. The endocardial surfaces of the heart are thin, smooth, and free of mural thrombi. The valves are thin, pliant, and normal in form. The aorta is free of atheroma.

Pulmonary System: The right lung weighs 588 grams and the left lung weighs 630 grams. Each lung is composed of markedly congested maroon tissue that is free of mass, consolidation, thromboemboli, and emphysema. The trachea and bronchi are patent. The tracheal mucosa is smooth and pink.

Liver and Pancreas: The 1176 gram liver has an intact capsule and is composed of brown tissue free of mass and scar. The gallbladder wall is thin, pliant, and free of mass. The gallbladder contains no stones. The pancreas is composed of lobular tan tissue free of cyst, mass, scar, and hemorrhage.

Reticuloendothelial System: The 214 gram spleen has a smooth, intact capsule. The spleen is composed of red and white pulp free of mass and infarct. The regional lymph nodes are not enlarged. The thyroid is composed of maroon tissue free of cyst, mass, and scar. The adrenal glands are composed of yellow cortices and brown medullae and are free of mass.

Gastrointestinal Tract: The esophageal mucosa is smooth and white. Within the stomach is 25 mL of brown mucoïd liquid. The stomach and duodenum are free of mass and ulcer. No mass is palpable within the small or large intestine. The appendix is present. The colon contains formed stool.

Genitourinary System: The right kidney weighs 90 grams and the left kidney weighs 102 grams. Each kidney is composed of a maroon cortex and maroon pyramids free of cyst, mass, scar, hemorrhage, abscess, and stone. The ureters are not dilated. The bladder mucosa is smooth and cream-colored. The bladder is distended by 350 mL of urine. The cervical mucosa is smooth and cream-colored. The uterus, fallopian tubes, ovaries, and vagina are unremarkable.

Musculoskeletal System: The boney framework, supporting musculature, and soft tissues are not unusual. The cervical spinal column is stable on internal palpation.

Neck Organs: The tongue is free of laceration or contusion. The pharynx is not obstructed. Examination of the soft tissues of the neck, including the strap muscles, is free of contusion and other abnormalities. The large vessels reveal no abnormalities. The thyroid cartilage and hyoid bone are free of fracture. The laryngeal mucosa is smooth and pale pink.

Head and Central Nervous System: *See Evidence of Injury.* The calvarium is free of fracture. No thrombus is in the dural sinuses. The meninges are smooth, glistening, and free of mass. No blood is in the epidural, subdural, or subarachnoid space. The hemispheres are symmetric. The 1454 gram brain is free of tonsillar, uncal, and cingulate gyrus herniation. The vessels at the base of the brain are intact and free of dilatation and atheroma. The cerebral hemispheres, midbrain, pons, cerebellum, and medulla are free of cystic scar, hemorrhage, and mass. The distribution of the grey and white matter is normal. The ventricles are not enlarged and contain no blood. The spinal cord is not examined.

TOXICOLOGY

See attached report.

MICROSCOPIC EXAMINATION

Heart (10 sections, H&E): The myocardium is free of significant inflammatory infiltrate. Contraction band necrosis is identified in sections from the left ventricle. Sections of the sinoatrial nodal region and atrioventricular nodal region demonstrate unremarkable nervous and nodal tissue, including rare ganglion cells.

Lungs (5 sections, H&E): The alveoli of the right (slide 5) and left (slide 4) lungs are normal in form. Marked interstitial congestion is present. Apart from scattered, primarily perivascular lymphoid aggregates, the parenchyma is free of significant inflammatory infiltrate. Scattered bilateral alveolar spaces contain birefringent foreign body material.

Liver (1 section, H&E): Less than 5% of the hepatocytes show fatty change. Sinusoidal congestion is present. The parenchyma is free of inflammatory infiltrate and scar.

Kidney (1 section, H&E): The parenchyma is free of significant histopathologic change.

Brain (5 sections, H&E): Cortical, hippocampal, and cerebellar nuclei are free of significant histopathologic change. The vessels are not inflamed.

CASE SUMMARY

Please note, that it is recognized that the decedent's preferred first name is Nex, however, this document refers to the decedent using the legal first name of Dagney.

In my opinion, based on the circumstances surrounding death and the findings at autopsy, that Dagney Benedict died as a result of diphenhydramine and fluoxetine combined toxicity. The manner of death is suicide.

An outside/send-out Arrhythmia and Cardiomyopathy Comprehensive Panel with add-on Preliminary-evidence Genes for Arrhythmia and Cardiomyopathy and add-on Sudden Unexpected Death in Epilepsy (SUDEP) Genes (168 genes) performed by Invitae did not identify any pathogenic variants. Regarding the 6 gene variants of uncertain significance that were identified, it is concluded that the available evidence is currently insufficient to determine the role of these variants in disease. A benign (psuedodeficiency allele) gene variant was also identified and it is not known to cause disease.

The manner of death is a medical opinion as part of the death certification primarily for the purpose of vital statistics. The manner of death is not a legal determination of culpability or intent as such decisions are outside the scope of the Medical Examiner's role.

The opinion as to the cause and manner of death is based on the information available at the date of this report. If additional objective, probative information becomes available, I reserve the right to consider such information, and if appropriate, amend the report, including the cause and manner of death.



ROSS MILLER, MD

**BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER**

921 N.E. 23rd St
Oklahoma City, OK 73105

REPORT OF LABORATORY ANALYSIS

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Re. _____ Co. _____

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bear im-print by the office seal.

By _____

Date _____

ME CASE NUMBER: 2400956

LABORATORY NUMBER: 240821

DECEDENT'S NAME: DAGNEY ELLIS BENEDICT

DATE RECEIVED: 2/12/2024

MATERIAL SUBMITTED: BLOOD, VITREOUS, URINE, LIVER, BRAIN,
HOSPITAL SPECIMENS X 2

HOLD STATUS: 60 DAYS

SUBMITTED BY: GENA FLOYD

MEDICAL EXAMINER: ROSS MILLER MD

NOTES:

ETHYL ALCOHOL:

Blood: NEGATIVE (Heart)

Vitreous:

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

ALKALINE DRUG SCREEN - (Heart Blood) and (Femoral Blood)

ACID/NEUTRAL DRUG SCREEN - (Heart Blood)

EIA - Amphetamine, Methamphetamine, Fentanyl, Cocaine, Opiates, PCP, Barbiturates, Benzodiazepines
(The EIA panel does not detect Oxycodone, Methadone, or Clonazepam) - (Hospital Blood A) and (Urine)

RESULTS:

FLUOXETINE

1.2 mcg/mL - (Hospital Blood A; 02/08/24 at 1600 hrs)

1.9 mcg/mL - (Femoral Blood)

NORFLUOXETINE

0.89 mcg/mL - (Hospital Blood A; 02/08/24 at 1600 hrs)

1.4 mcg/mL - (Femoral Blood)

DIPHENHYDRAMINE

15 mcg/mL - (Hospital Blood A; 02/08/24 at 1600 hrs)

25 mcg/mL - (Femoral Blood)

The following were Trace; DEXTROMETHORPHAN and NORCHLORCYCLIZINE - (Femoral Blood)

QUETIAPINE METABOLITES

POSITIVE - (Femoral Blood)

03/08/2024

DATE



JESSE KEMP, Ph.D., F-ABFT, Chief Forensic Toxicologist