



Marion County Coroner's Office

521 W McCarty St, Indianapolis, IN 46225

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Decedent: Harlan Haines

Age: 19 mos.

Sex: Male, White

Performed By: John E. Cavanaugh, M.D.

Case: MC-18-0498

Date: 02-26-2018

Time: 9:00 a.m.

Performed for: MCCO

☒ Autopsy

☐ External Exam

CAUSE OF DEATH

Multiple Blunt Force Traumatic Injuries with Traumatic and Anoxic Encephalopathy

MANNER OF DEATH

Homicide

John E. Cavanaugh MD
John E. Cavanaugh, M.D., Deputy Chief Forensic Pathologist
Peer Reviewed

July 10, 2018
Date

ANATOMIC/CLINICAL FINDINGS

1. Previously healthy, became unresponsive at home
2. Transported to emergency room via private vehicle, driver (unhurt) claims he was in an accident
3. Wet paper towel removed from posterior pharynx in ED
4. Multiple Blunt Force Traumatic Injuries, multifocal and multiplanar; over most of body
 - A. Multiple blunt force traumatic injuries of the head, multifocal and multiplanar; with multiple contusions of face and scalp, diffuse galeal/subgaleal hemorrhages, subdural hemorrhages, subarachnoid hemorrhages, cerebral contusions, and retinal hemorrhage
 - B. Abrasions and subcutaneous hemorrhage of posterior neck
 - C. Multiple blunt force injuries of the torso, multifocal and multiplanar, with subcapsular lacerations of liver, intramesenteric hemorrhages, and retroperitoneal hemorrhages
 - D. Excoriations of scrotum
 - E. Possible injury of anus (clinical)
 - F. Multiple superficial blunt force injuries of extremities, multifocal and multiplanar
5. Possible burn injury, right scapula
6. Traumatic encephalopathy, status post three days in ICU
7. Pulmonary edema and congestion
8. Catheter tip in urethral bladder, with tan creamy sediment

CIRCUMSTANCES OF DEATH OR DISCOVERY

INFORMATION SOURCES: MCCO Field Deputy's Report (FDR) and death scene photographs; Riley Hospital inpatient chart; Community Hospital Anderson ER chart and photographs; accident report and photographs

PAST MEDICAL/PSYCHOLOGICAL/SOCIAL HISTORY (PMH): According to the above reports, the decedent was a 19-month old white male. Medical history is positive for orchiectomy 02/2017, and a broken right tibia 02/2017. The decedent lived with his mother, mother's boyfriend, and his son.

SUMMARY OF TERMINAL EVENTS (CC/HPI): According to the above records, on 02/23/2018 the decedent's mother's boyfriend woke up and reported that when he checked on the decedent, he noticed the baby "was breathing weird and looking blue around his lips".

The boyfriend reported he then put the decedent in a infant carrier in a personal vehicle, and was driving to the hospital when he reportedly crashed into a utility pole. The boyfriend stated he then flagged down a passerby who took them to Anderson Hospital ER. The baby arrived unresponsive.

When hospital personnel attempted to intubate the child, they found what appeared to be a wet paper towel in the decedent's posterior pharynx, which was removed. Examination of the decedent revealed "bruising along his entire body". Head CT showed subdural hematoma and evidence of anoxic brain injury. The patient was then transferred to Riley Hospital.

Further evaluation revealed "extensive bruising along entire body", multiple soft tissue injuries of the head and face, subgaleal hematoma, intracranial hemorrhaging, and anoxic brain injury. There is also a report of possible "bite marks" on the left arm and left leg, as well as an anal laceration and bruising of the scrotum and penis.

The baby was admitted to ICU with what were determined to be nonsurvivable brain injuries. The patient was declared legally dead on 02-25-2018 at 6:35 a.m. due to brain death criteria.

GROSS EXAMINATION

On February 26, 2018, beginning at 9:00 a.m., a postmortem external examination and complete autopsy was conducted at the Marion County Coroner's Office, under the authority of the Marion County coroner.

The examination was performed by forensic pathologist John E. Cavanaugh, M.D., assisted by autopsy technician Tamara Albertson. Autopsy identification photograph is taken by members of the MCCO staff.

Evidence / police photographs are taken and evidence is collected by forensic crime lab technologist Doug Stanton and Cliff Cole of Anderson Police Department. Kristy Debal and Christa Calvitis of the Department of Child Services were in attendance.

IDENTIFICATION: The body received for examination has been identified by Marion County Coroner's Office staff as "Haines, Harlan W/M/18 mos.". The body is received in a white postmortem containment / transport pouch with no markings. Opening thereof reveals the body as described below, with an appropriate

MCCO mortuary ID tag on the left ankle. Additional identification is in the form of two hospital ID bracelets on the right ankle.

CLOTHING AND PERSONAL EFFECTS: The body is presented wearing a disposable diaper.

EVIDENCE OF POSTMORTEM CHANGES: At the time of the examination, the unembalmed body is cold to touch, having been refrigerated. Rigor mortis is generalized and fully fixed. Livor mortis is moderate, purple-pink, and partially fixed in a posterior distribution with blanching of the shoulder blades, buttocks and calves.

EVIDENCE OF RECENT MEDICAL INTERVENTION: Endotracheal tube in the oral airway held in place with tape; intravenous catheters of bilateral antecubital fossa; arterial line of the right radial fossa; triple lumen catheter of the right iliofemoral groove; interosseous punctures of the proximal anterior right tibia; hospital patient ID bracelets of the right ankle; venipuncture of the dorsal right hand.

EVIDENCE OF POSTMORTEM ANATOMIC GIFT DONATION: None.

EXTERNAL EXAMINATION
(Excluding injuries - *see separate section*)

The disrobed and washed body appears to be that of a normally formed, well-developed, well-nourished, phenotypical infant white male, appearing consistent with the reported identification.

There is evidence of medical intervention and blunt force traumatic injuries as described in the appropriate sections. The weight is 34 pounds and the crown-heel length is 36 inches in the supine position. There is no significant abnormal odor.

The skin appears moist with no tenting. There is mild edema. There is no jaundice or other generalized abnormalities.

The hair is sparse. The scalp hair is of normal distribution. The body hair is physiologically absent.

The head is normocephalic with evidence of injuries as described elsewhere. There is no evidence of crepitation or instability on palpation of the calvarium, facial bones, or jaws.

The face is of normal configuration, symmetrical, with no petechial hemorrhages or xanthelasms.

The eyes are of normal position and configuration, and are symmetrical. The periorbital tissue is edematous. The conjunctiva are delicate, smooth, edematous and congested. There are no petechial hemorrhages. The sclera are white and anicteric. The irides are blue. The pupils are round with equal diameters.

The external ears are of normal position and configuration, symmetrical, and intact with no decorative piercing. The auditory canals are patent with no abnormal discharge.

The nose is of normal position and configuration, symmetrical, and intact to palpation. The nares are patent with no abnormal discharge.

The mouth is of normal position and configuration. Native teeth are present: four in the anterior maxillary ridge and two in the anterior mandibular ridge. The oral cavity contains lubricating amounts of thin slippery clear fluid. The frenula are intact. The salivary glands are not enlarged.

The neck structures are of normal position and configuration, and symmetrical, with evidence of injuries as described elsewhere. The trachea is midline. There is no jugular vein distension. There is no palpable enlargement or fixation of the thyroid gland or cervical lymph nodes. The cervical spine is intact to manipulation.

The anterior chest is of normal configuration, symmetrical, with no surgical scars, and with evidence of injuries as described elsewhere. There is no increase in the anteroposterior diameter. The breasts are flat and those of a normal adult male. Palpation of the ribcage reveals no evidence of crepitation or instability.

The abdomen is of normal configuration, symmetrical, with no surgical scars, and with evidence of injuries as described elsewhere. The contour is convex and there is mild redundancy of the panniculus. There are no striae. The umbilicus is inverted.

The external genitalia are of normal position and configuration and those of an infant male, with evidence of injuries as described elsewhere. The foreskin is short. Only the right testis is palpable within the scrotal sac. The urethra is of normal position, patent, with no abnormal discharge.

The pelvis is of normal configuration and intact to manipulation.

The extremities are of normal positions and configurations, symmetrical, with no deformities or absences of digits, with evidence of injuries and medical intervention as described elsewhere. There is no hyperchondroplasia of the joints. There is mild edema. There is no atrophy of the skin or musculature. There is no clubbing of the digits. The nails are thin and translucent. The nail beds are cyanotic. Palpation reveals no evidence of crepitation or instability. There is no palpable enlargement or fixation of the lymph nodes.

The back is of normal configuration, symmetrical, with no surgical scars, and with evidence of injuries as described elsewhere. The spine is straight with no evidence of presacral dimpling or spina bifida. There are no decubitus ulcers. Palpation reveals no evidence of crepitation or instability. The buttocks are of normal configuration and symmetrical.

The anus is of normal position and configuration, and patent. The perianal skin is erythematous and "chapped".

RADIOLOGIC EXAMINATION

Postmortem x-ray skeletal survey - negative for acute or chronic fractures.

EVIDENCE OF INJURY

I. Blunt force traumatic injuries of the head

- A. Contusion, center of forehead, 1-3/4 inches
- B. Abraded contusion, 1/4 inch, inferior margin of above
- C. Contusion, right frontal temple hairline, 1-1/2 x 1/4 inch
- D. Contusion, left temple, 1 inch x 1 inch
- E. Contusion, left parietal scalp, 1/4 inch
- F. Abrasion, "keyhole" - shaped, 1 inch x 1 inch, left frontoparietal region
- G. Contusion, "C" - shaped, -inch x 1 inch, left temple
- H. Contusion, 1/4 inch, right temple
- I. Contusion, 1/4-inch x 1/4 inch, inion
- J. Contusion, 1/4-inch x 1/4 inch, right occipital scalp
- K. Contusion, "(" -shaped right lateral orbital margin
- L. Abraded contusion, complex, 1-inch x 1-1/2 inches, left preauricular
- M. Contusion, left mastoid, 1-1/2 x 1-1/2 inches
- N. Contusion, 1-inch x 1 inch, right post mastoid scalp
- O. Contusion, left orbit lower outside, 1/4 inch
- P. Contusion, left zygoma, 3/8 inches
- Q. Contusion, right zygoma
- R. Excoriation, 2 inches x 3/8 inches, vertical, left occipital scalp and upper neck
- S. Generalized edema of the face
- T. Chapped lips
- U. Oval mark, over the posterior right mastoid
- V. Galeal and subgaleal hematoma, diffuse, over entire calvarium and overlying scalp with extension down the posterior neck
- W. Subdural hemorrhage, diffuse, bilateral, greater convexities and ventral surfaces, extending into the falx, Sylvian, and tentorial crevices
- X. Subarachnoid hemorrhages, diffuse, greatest over the left parietal lobe
- Y. Cortical contusions, left frontal region, perisagittal right frontal region, perisagittal right parietal region, left central sulcus, perisagittal left parietal region, right Sylvian fissure, left Sylvian fissure, ventral left temporal lobe
- Z. Acute thrombosis of the central venous sinus
- AA. Diffuse cerebral edema with effacement of sulci but no herniation
- AB. Perioptic hemorrhages and retinal hemorrhages, right > left

II. Blunt force traumatic injuries of the neck

- A. Contusion, band-like, posterior base of skull (first in series)
- B. Contusion, band-like, parallel and beneath aforementioned (second in series)
- C. Contusion, band-like, beneath and parallel to aforementioned (third in series)
- D. Contusion, band-like, beneath and parallel to aforementioned (fourth in series)
- E. Contusion, left lateral and base of neck, 4 inches x 2 inches
- F. Subcutaneous hemorrhage, posterior surface, extending from scalp and skull
- G. Contusion, base of left mandible, 3/8 inches

III. Blunt force traumatic injuries of the chest and back

- A. Abrasion, 3/8 inches, medial to left nipple,
- B. Semi-ovoid mark, possible burn mark, upper back at top of right scapula in perispinal region, 3/8 x 1/4 inch (6/16" x 4/16")

IV. Blunt force traumatic injuries of the abdomen

- A. Abraded contusion, linear series, x 3, vertical in the right upper quadrant, each measuring 1/16 inch x 1/8 inch
- B. Lacerations of liver, subcapsular, lateral tip of left lobe (near spleen)
- C. Stretch laceration, splenic hilum
- D. Laceration, root of mesentery, with retroperitoneal hemorrhage in Whipple's region

V. Blunt force traumatic injuries of the pelvis

- A. Contusion, symphysis pubis, 1/2-inch x 1/4 inch
- B. Excoriation of scrotum x 2, in linear series, each 3/8 inches vertically
- C. Contusion above left lateral iliac crest, 1-3/4-inch x 1/2 inch
- D. Hyperemia of buttocks, inferiomedial, extending onto posterior thighs

VI. Blunt force traumatic injuries of the extremities

- A. Ecchymosis of right humerus, "["-shaped
- B. Hyperemia versus ecchymosis over volar right ulna
- C. Contusion, dorsal proximal left forearm, 1/2-inch x 1/2 inch
- D. Erythema, posterior proximal right thigh, extending from right buttock
- E. Erythema, posterior proximal left thigh, extending from left buttock
- G. Complex contusion, somewhat "["-shaped lateral left calf
- H. Contusion, proximal medial left calf
- I. Contusion, posterior left fibula, 1-1/2 inches x 1 inch

VII. Wet paper towel removed from posterior pharynx in emergency room (per medical records)