



SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS



Office of the Medical Examiner
In the County of Dallas
State of Texas

RECEIVED
AUG 06 2020
J.P. COURT, McLENNAN CO.
PRECINCT 1 PLACE 1

This affidavit is in compliance with Texas Rules of Criminal Evidence, Rule 902(10b).

Case No. IFS-20-10130 in the matter of

Villalon, Frankie Isaiah, deceased.

Before me, the undersigned authority, personally appeared Leola Gross, who being duly sworn, deposed as follows:

My name is Leola Gross. I am over 21 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

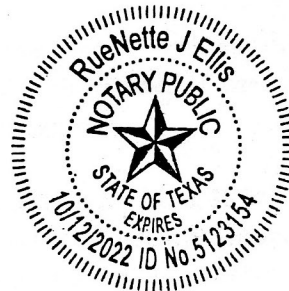
I am the Deputy Custodian of Records of the Dallas County Medical Examiner's Office. Attached hereto are 10 pages of records and XX photographs from the Dallas County Medical Examiner's Office. These said 10 pages of records and XX photographs are kept by the Dallas County Medical Examiner's Office in the regular course of business, and it was the regular course of business of the Dallas County Medical Examiner's Office for an employee or representative, or a doctor permitted to practice in the Dallas County Medical Examiner's Office, with personal knowledge of the act, event, condition, opinion or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original.

Leola Gross

SWORN TO AND SUBSCRIBED before me on August 04, 2020

RueNette J. Ellis

Notary Public in and for Dallas County, Texas
My commission expires



(By statute, the original records are retained by the Dallas County Medical Examiner's Office. See Art. 49.25, Sec. 11, Vernons Texas Statutes, CCP.)



**SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS**



Office of the Medical Examiner

Autopsy Report

Case: IFS-20-10130 - CC

Decedent: Villalon, Frankie Isaiah 2 years Hispanic Male DOB: 01/18/2018

Date of Death: 06/02/2020 (Found)

Time of Death: 08:10 AM (Found)

Examination Performed: 06/03/2020 07:50 AM

Body Weight: 25 lbs BMI: 16.14

Body Length: 33 in

COPY
DALLAS COUNTY
INSTITUTE OF FORENSIC SCIENCES

ORGAN WEIGHTS:

Brain: 1,050 g	Right Lung: 70 g	Right Kidney: 30 g
Heart: 46 g	Left Lung: 86 g	Left Kidney: 30 g
Liver: 202 g	Spleen: 16 g	

This autopsy is performed at the request of Dianne Hensley, Justice of the Peace, Precinct 1, McLennan County, Texas.

EXTERNAL EXAMINATION

The body is received with toe tag labeled as "UNIDENTIFIED"; however, the decedent is positively identified by JP order. The identity is confirmed verbally by JP Hensley. Photographs and a full body radiograph are taken. Fingerprints are not obtained due to decompositional changes, to be described below. The hands are not bagged.

Received in twelve sealed black trash bags is the body of a well-developed, well-nourished, 25 pound, 33 inch Hispanic male toddler. The stated age is 2 years (28 months). When first viewed, the decedent is on his left side with the neck hyperextended and the legs bent so that the right foot is in contact with the right hip. The body is clad in a gray long sleeved shirt with Disney characters Mickey and Pluto, gray pants with Mickey and Pluto, two black Nike tennis shoes, one gray sock with a blue stripe (right foot), one gray sock with a green stripe (left foot), a white onesie, and red and white striped briefs over a disposable diaper. A black skull cap is on the head and is pulled down over the eyes. No jewelry is present. The trash bags, clothing, and diaper are retained for submission to the Criminal Investigation Laboratory.

Moderate decompositional changes are present in the absence of embalming, evidenced by diffuse green-gray skin discoloration, skin slippage; bloating, and foul odor. Multiple dead flies are within the trash bags; however, no other insect activity is observed. The body is cold, rigor is absent, and lividity is not discernible.

The scalp hair is short, black, and straight, and strips easily from the scalp. The body hair is preadolescent. The irides appear



Case: IFS-20-10130 - CC

Villalon, Frankie Isaiah

gray, the corneae are opaque, and no petechiae are discernible. The eyes are sunken within the orbits. The ears, nose, and lips are normally formed. The teeth are natural and in good condition. The neck is unremarkable. The chest is symmetrical and the abdomen is distended. The external genitalia, anus, and perineum are normally formed. The penis is uncircumcised and the testes are descended into the scrotum. The extremities are well-developed and symmetrical. The back is normally formed.

IDENTIFYING MARKS AND SCARS

None are discernible.

EVIDENCE OF THERAPY

None is present.

EVIDENCE OF INJURY

1. Head and neck:

The upper frenulum is torn. The left cheek has a 1 x 1/2 inch gray discoloration. On the right forehead is a 1-3/4 x 1 inch gray-brown contusion. On the left forehead is a 1 x 3/4 inch gray contusion. A 3/16 inch superficial laceration with surrounding 1 x 1/2 inch red contusion is on the left frontal scalp. Four areas of gray discoloration ranging from 1/4-1 inch are on the right and midline parietal scalp. A 1-1/4 x 3/4 inch green contusion is on the left parietal scalp. A 2 x 3/4 inch red-green contusion and a 1/4 inch red contusion are on the occiput.

Underlying the forehead and frontal contusions are areas of gray subscalpular discoloration. There is a large subscalpular hematoma measuring 1.1 cm thick involving the parietal and occipital scalp. There is additional subgaleal hemorrhage over the occiput.

There are no skull fractures.

Apparent acute hemorrhage is within the left subdural space. The right cerebral convexity is free of hemorrhage.

The brain parenchyma is predominantly liquefied. There are no identified intraparenchymal hemorrhages.

There are no external injuries of the neck. An anterior neck dissection is performed and the larynx, prevertebral fascia, tongue, deep soft tissues of the neck, and hyoid bone are unremarkable. A posterior neck dissection is performed to reveal no hemorrhage within the subcutis or paraspinal muscles.

2. Trunk:

A 3/8 inch gray contusion is on the right upper back. A 1/2 x 1/2 inch red contusion is on the lateral right mid back. A 3/8 x 3/8 inch green-gray contusion is on the right lower back. A 1 x 1/2 inch red-brown contusion is on the left lower back.

The skin of the back is reflected to reveal muscular hemorrhage of the right sixth intercostal muscles, corresponding to the contusion on the lateral right mid back. There is subcutaneous hemorrhage of the midline lower back.



Villalon, Frankie Isaiah

The internal organs are free of injury. There are no grossly identified acute fractures of the ribs, sternum, clavicles, pelvis, or vertebral column (see ANTHROPOLOGY CONSULTATION).

3. Extremities:

Two 1/4 inch red contusions are on the ventral left forearm.

There is red discoloration of the right thigh and green discoloration of the medial right thigh and right knee. A 2 x 1-1/2 inch gray contusion is on the lateral right knee. A 1 x 1/2 inch green contusion is on the right knee. A 1/2 x 1/4 inch green contusion and a 1 x 3/8 inch green contusion are on the right lower leg. A 1-1/4 x 1-1/2 inch purple contusion is around the medial right ankle. A 1/4 inch gray contusion is on the dorsal right foot.

A 1/4 inch gray contusion is on the superior left thigh. Spotty green-gray contusions are on the left thigh. The posterior left thigh has a 3/4 x 1/2 inch dark gray contusion above a 2 x 2-1/2 inch gray-brown contusion with apparent central sparing. A 1/2 inch pink contusion is behind the left knee. Two 1/4 inch green contusions are above the left knee. A 1 inch green contusion is on the left knee. The left lower leg has a 1 x 3/4 inch green-gray contusion, a 1/2 x 1/4 inch gray contusion, a 3/8 x 1/8 inch purple contusion, a 1/2 inch blue contusion, and a 1/4 inch blue contusion. There are four 1/8 inch brown contusions and a 3/8 inch brown contusion on the medial left foot and sole. A 1-1/2 x 1-1/2 inch green contusion and a 3/16 inch brown contusion are on the dorsal left foot.

The skin of the extremities is reflected to reveal subcutaneous hemorrhage underlying multiple cutaneous contusions. Of note, there is extensive subcutaneous hemorrhage of the right upper extremity, without apparent corresponding cutaneous injury.

A skeletal survey is requested:

REPORT OF ANTHROPOLOGY CONSULTATION

Background:

On June 03, 2020, Dr. Ogden requested a radiographic skeletal survey and a pediatric skeletal exam (PSE) for IFS-20-10130, a 2-year-old male. For the PSE, the periosteum was removed from the pleural surface of the ribs and the extremities, post-autopsy, to facilitate an in situ examination. Left ribs 8-10 (Lr8-10) and the right humerus, radius, and ulna were removed and submitted to the Anthropology Laboratory for maceration and gross bone examination.

Findings:

Radiographic Skeletal Survey

There is a remote fracture of the right humeral diaphysis with hard callus development. The other bones of the appendicular skeleton and their articular surfaces appear normal; meaning there is no overt evidence of remote or acute trauma. There are no apparent cranial or rib fractures observed.

Gross Skeletal Exam



Villalon, Frankie Isaiah

There are three (3) remote costochondral junction (CCJ) fractures of Lr8-10. The costal pits and rims show new bone deposition and surrounding subperiosteal new bone formation (SPNBF).

There are three (3) remote costovertebral junction (CVJ) fractures of Lr8-10. The costal margins show new bone formation, porosity, and the termini are frayed.

There is one (1) complete remote fracture involving the posterolateral segment of Lr10. The fracture margins are rounded and the exposed cortical bone is thickened, which suggests early bone healing.

There is a remote fracture of the right humeral diaphysis and proximal metaphysis. The diaphysis exhibits exuberant hard callus formation and active bone remodeling. Post-processing radiographs of the humerus show well-healed fracture margins. The fracture pattern is not discernible. The metaphyseal surface contains exposed cancellous bone with areas of thickened trabeculae associated with new bone formation.

The right radius and ulna are atraumatic. The bone quality and density qualitatively appear normal in the non-traumatic skeletal elements.

Interpretation:

The fracture characteristics of the ribs and humerus are consistent with blunt force trauma resulting from a minimum of two traumatic events. The location and morphology of the rib fractures suggests a mechanism of anteroposterior compression of the ribcage. This mechanism includes impacts to the chest and compression of the chest. The location of the hard callus on the humerus suggests a midshaft fracture. The fracture pattern is not discernible; however, bending or torsion (twisting) of the arm typically produces humeral midshaft fractures.

The remote fractures of the ribs demonstrate an early healing response characterized by loss of defined fracture line (rounding of the margins) and the presence of new bone formation. These changes may occur as early of 10 to 14 days in children and peaks around 14 to 21 days. The humerus demonstrates a later stage of healing indicated by fracture gap consolidation and the formation and remodeling of a hard callus. This stage of healing can occur as early as 14-21 days in children and peaks from 21 to 42 days.

Summary

Seven (7) remote (healing) fractures involving Lr8-10 and one (1) remote fracture involving the diaphysis of the right humerus were observed. The characteristics of the injuries are consistent with blunt force trauma resulting from a minimum of two events. The location of the rib fractures suggests a mechanism of anteroposterior compression of the ribcage due to an impact to or compression of the chest. The injury to the humerus is likely due to bending or torsion (twisting) of the arm.

These injuries, having been once described, will not be repeated.

EVIDENCE SUBMITTED

The following are collected, sealed within appropriately labeled containers, and submitted to the Criminal Investigation Laboratory:



Villalon, Frankie Isaiah

- Clothing, including diaper
- Twelve trash bags
- Blood standard
- Head hair standard
- Fingernail clippings.

INTERNAL EXAMINATION

BODY CAVITIES: The thoracic and abdominal organs are in their normal anatomic positions. There are no adhesions. Approximately 5 mL of decomposition fluid are in the left pleural cavity.

HEAD: See EVIDENCE OF INJURY. The spinal cord, as viewed from the cranial cavity, is unremarkable.

NECK: See EVIDENCE OF INJURY. The lumen of the larynx is not obstructed.

CARDIOVASCULAR SYSTEM: The aorta and its major branches and the great veins are normally distributed and unremarkable. The pulmonary arteries contain no thromboemboli. The pericardium, epicardium, and endocardium are dull. There are no thrombi in the atria or ventricles. The foramen ovale is closed. The coronary arterial system is in a normal anatomic distribution. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is dark red-brown and soft.

RESPIRATORY SYSTEM: The upper airway is unobstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. The pleural surfaces are dull, with scattered subpleural air pockets. The major bronchi are unremarkable. Sectioning of the lungs discloses a dark red to purple, moderately to severely congested parenchyma.

HEPATOBIILIARY SYSTEM: The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown and soft. The gallbladder contains approximately 2 mL of orange bile with no calculi.

GASTROINTESTINAL SYSTEM: The esophageal mucosa is gray, smooth, and unremarkable. The stomach contains approximately 10 mL of thick dark brown fluid. There are no tablets or capsules. The rugal folds are effaced. There are no ulcers. The small and large intestines are distended with air. The appendix is present. The pancreas is unremarkable externally and upon sectioning.

GENITOURINARY SYSTEM: The capsules of both kidneys strip with ease to reveal smooth and slightly lobulated surfaces. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelves, and ureters are unremarkable. The bladder contains no urine. The mucosa is gray, smooth, and unremarkable. The prostate is unremarkable externally and on sectioning.

ENDOCRINE SYSTEM: The thyroid is unremarkable externally and upon sectioning. The adrenal glands are predominantly liquefied.

LYMPHORETICULAR SYSTEM: The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red and partially liquefied. The cervical, hilar, and peritoneal lymph nodes are unremarkable. The thymus is not identified.



Villalon, Frankie Isaiah

MUSCULOSKELETAL SYSTEM: See EVIDENCE OF INJURY. The diaphragm is intact.

MICROSCOPIC EXAMINATION:

Spleen: The spleen has apparent increased perivascular fibrosis with significant cellular loss due to decomposition.

Dura: Sections of dura have adherent, degraded blood products along one edge. Similar appearing degraded blood products appear within vessels.

Occipital scalp hematoma: Hemorrhage is within the dermis. There are no grossly identified hemosiderin-laden macrophages; however, iron stain with appropriate positive control highlights rare granular cytoplasmic remnants. There is no viable epidermis.

Left forehead laceration: There is no viable dermis. No areas of hemorrhage are seen. Within the subcutis are collections of plump cells with abundant eosinophilic cytoplasm that are likely degrading cells associated with a hair follicle. Iron stain is negative.

The submitted sections of the lungs, liver, kidneys, heart, adrenal glands, pancreas, thyroid, trachea, and brain show decompositional changes, with loss of cell nuclei and foci of bacterial overgrowth without associated vital reaction. There is no evidence of injury or natural disease.

TOXICOLOGY:

Evidence Submitted:

The following items were received by the Laboratory from Forensic Pathology:

- 007: Biohazard Bag
- 007-001: Skeletal muscle - plastic tube
- 007-001-001: Drug prep I, tissue homogenate
- 007-002: Decomp fluid, chest - gray top tube

Decomposition Fluid

Acid/Neutral Screen (GC/MS)

none identified (Item# 007-002)

Alcohols/Acetone (GC)

quantity not sufficient

Alkaline Quantitation (GC/FID)

dextrorphan/levorphanol unsuitable (Item# 007-002)

Homogenate

Drug Screen (QTOF)

none identified (Item# 007-001-001)

Skeletal muscle

Alcohols/Acetone (GC)

quantity not sufficient



Case: IFS-20-10130 - CC
Villalon, Frankie Isaiah

COVID-19 QUALITATIVE TEST RESULTS:

Item	Result
002	Negative (Normal)

COPY
DALLAS COUNTY
INSTITUTE OF FORENSIC SCIENCE

Accredited by The National Association of Medical Examiners



Case: IFS-20-10130 - CC

Villalon, Frankie Isaiah

FINDINGS:

- 1. Blunt force injuries:
 - a. Upper frenulum laceration.
 - b. Left forehead laceration.
 - c. Forehead and scalp contusions.
 - d. Parieto-occipital scalp hematoma.
 - e. Hemorrhage in left subdural space.
 - f. Contusions of back.
 - g. Numerous contusions of upper and lower extremities.
 - h. Remote fracture of right humerus.
 - i. Remote fractures of left ribs 8-10.

2. Moderate decompositional changes.

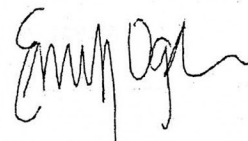
3. By history:

- a. The decedent's mother stated she pushed/slammed the decedent's head against a wall on 5/28/2020.
- b. The decedent was later found unresponsive in bed, and his body was placed in a closet.
- c. On 5/30/2020, the mother wrapped the decedent in trash bags and placed him in a dumpster.
- d. On 6/1/2020, an Amber Alert was issued for the decedent after the mother reported him missing from a park.
- e. On 6/2/2020, the mother confessed to a family member and the decedent was found wrapped in twelve trash bags in a dumpster.

CONCLUSIONS:

Based on the case history and autopsy findings, it is my opinion that Frankie Isaiah Villalon, a 2-year-old Hispanic male toddler died as a result of homicidal violence, including blunt force injuries. Additional injuries such as smothering or other forms of asphyxiation cannot be ruled out.

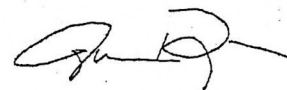
MANNER OF DEATH: Homicide



07/23/2020

Emily Ogden, M.D.
Medical Examiner

COPY
DALLAS COUNTY
INSTITUTE OF FORENSIC SCIENCES



07/27/2020

Jessica B Dwyer, M.D.
Medical Examiner



Case: IFS-20-10130 - CC

Villalon, Frankie Isaiah



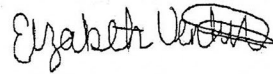
07/23/2020

Grant W. Herndon, D.O.
Medical Examiner



07/27/2020

Stephen M. Lenfest, M.D.
Medical Examiner



07/29/2020

Elizabeth Ventura, M.D.
Medical Examiner



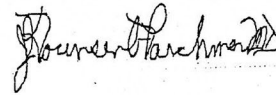
07/23/2020

Jill E Urban, M.D.
Medical Examiner



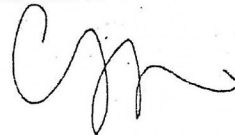
07/24/2020

Stephen M. Hastings, M.D.
Medical Examiner



07/27/2020

Janis K Townsend-Parchman, M.D.
Medical Examiner



07/24/2020

Chester S Gwin, M.D.
Medical Examiner

COPY

DALLAS COUNTY

INSTITUTE OF FORENSIC SCIENCES



Case: IFS-20-10130 - CC

Villalon, Frankie Isaiah

Page 10 of 10



07/27/2020

Tracy J Dyer, M.D., J.D.

Chief Deputy Medical Examiner



07/29/2020

Jeffrey J Barnard, M.D.

Director and Chief Medical Examiner



Accredited by The National Association of Medical Examiners

COPY

DALLAS COUNTY

INSTITUTE OF FORENSIC SCIENCE