

Official Report



Division of Forensic Sciences
Georgia Bureau of Investigation
State of Georgia

Headquarters
DOFS Case #: 2018-1029773
Report Date: 02/05/2019

Kathryn P. Lee * NAME Accredited *
Deputy Director



Requested Service: Autopsy

Agency: Forsyth Co. Coroner
Agency Ref#: 2018110379
Requested by: K. Bowen

Case Individuals:

Victim: TAMLA HORSFORD

Evidence:

2018-1029773-001 DECEDENT

Results and Conclusions:

Evidence Submission: 001

Under the provisions of the Georgia Death Investigation Act, a complete autopsy was performed on the body of Tamla Horsford in the morgue of the Georgia Bureau of Investigation, Division of Forensic Sciences in Decatur, Georgia, on November 6, 2018, at 1300 hours.

EXTERNAL EXAMINATION:

The body is received in a body bag labeled "Tamia Horsford" and "Forsyth Co." There is a tag bearing the same identification attached to the left great toe.

The body is that of a well-developed well-nourished black female appearing consistent with the offered age of 40 years. The body measures 66 inches in length and weighs 156 pounds. The body is received clad in a white jumpsuit, brown shirt, black shorts, bra, and two multicolor socks. Personal effects include two earrings, one hair tie, and two rings.

The unembalmed body is well preserved and cool to touch due to refrigeration. Rigor mortis is fully developed in the major muscle groups. Livor mortis is fixed in the upper chest and posteriorly, except over pressure points.

The scalp hair is black and medium length. The irides are brown and the pupils are equal. The corneae are clear and the sclerae and conjunctivae have no petechiae or other abnormalities. The ears are normally formed. The external ears have no injuries. The nasal bones are intact by palpation. The nares are patent and contain no foreign matter. The natural teeth are in good repair. The frenulum is intact. The mucosa and tongue are free of injuries. There is no foreign material in the mouth. There are no palpable fractures of the bones of the face.

The symmetrical neck has no masses. The trachea is in the midline. The shoulders are symmetrical and are free of trauma. The chest is symmetrical and has no scars or injuries. The flat abdomen is soft and has no injuries. The back is symmetrical and has no injuries. The external genitalia are those of a normally developed adult woman. There is no evidence of injury. The anus is unremarkable. The upper extremities are symmetrical and have no distinctive type scars of intravenous drug use. The fingernails are short and clean. The lower extremities are symmetrical. The toenails are short and clean. There is no edema of the legs or ankles. Passive motion of the shoulders, elbows, fingers, hips and ankles fails to elicit any bony crepitus or abnormal motion.

EVIDENCE OF ACUTE INJURY:

Blunt Force Injuries of the Head and Neck

There is a faint ½ x ½ inch superficial abrasion of the right side of the forehead. There is a 1/2 x 1/4 inch abrasion of the left upper eyelid. There is a ½ x ½ inch abrasion of the bridge of the nose. There is a ½ x ¼ inch superficial abrasion of the right temple. There is a ¼ x ¼ inch abrasion of the chin. There is focal subgaleal hemorrhage of the right temporal scalp. There is focal hemorrhage of the right temporalis muscle. There is subarachnoid hemorrhage of the right cerebral hemisphere. There is subdural hemorrhage of the right cerebral hemisphere overlying the cerebral convexity and the anterior temporal lobe (approximately 150 milliliters of clotted blood is present). There is excess mobility of the atlanto-occipital joint, with the anterior portion of the skull remaining firmly attached to the 1st cervical vertebra and the posterior portion detached (note: finding is suggestive of a partial atlanto-occipital dislocation; there is no apparent damage to the underlying brain stem). There is a non-displaced linear fracture of the 2nd cervical vertebra, with minimal associated hemorrhage.

Blunt Force Injuries of the Torso and Extremities

There is a ¾ inch linear laceration of the right ventricle of the heart, with associated hemorrhage of approximately 100 milliliters into the pericardium. There right wrist is dislocated. There is a 1 inch laceration of the anterior right wrist. There is a 1/4 x 1/8 inch superficial abrasion of the anterior left forearm. There is a 1/8 x 1/8 inch abrasion of the tip of the left index finger. There is a ½ inch laceration of the proximal anterior right lower leg. There is a ½ inch abrasion of the proximal anterior left lower leg.

EVIDENCE OF RECENT MEDICAL TREATMENT:

None.

EVIDENCE OF ORGAN AND/OR TISSUE PROCUREMENT:

None.

SCARS, TATTOOS, AND OTHER IDENTIFYING FEATURES:

Tattoos consist of a symbol and text on the top of the left foot.

Scars consist of a 6-inch midline linear scar of the lower abdomen.

There are no other distinguishing features.

INTERNAL EXAMINATION

Body Cavities

The muscles of the chest and abdominal wall are normal in color and consistency. The ribs, sternum and spine exhibit no fractures. The right and left pleural cavities have no free fluid or adhesions. The mediastinum is in the midline. The diaphragm has no abnormality. The abdominal cavity is lined with glistening serosa and has no collections of free fluid. The organs are normally situated and congested. The mesentery and omentum are unremarkable.

Cardiovascular System

The heart weighs 320 grams. The epicardial surface has a normal amount of glistening, yellow adipose tissue. The heart is of the usual configuration. The circumferences of the valves are within normal range. The endocardium is tan. The valvular tissues are thin, pliable, and without vegetation or calcification. The mural and valvular endocardia have no vegetations or thrombi. The papillary muscles and projecting myocardial muscle bundles are of normal prominence. The chordae tendineae have no abnormalities. The coronary ostia are in their usual location and give rise to normally distributed arteries. The coronary circulation is right dominant with the posterior descending arising from the right coronary artery. The major coronary arteries are free of atherosclerosis. The cut surfaces of the red-brown myocardium

have no hemorrhage, necrosis or scars. The right and left ventricles are of normal thickness.

The pulmonary trunk and arteries have no thromboemboli. The intimal surface of the aorta is free of atherosclerosis. The aorta and its major branches arise normally and are widely patent. The inferior vena cava and tributaries have no antemortem clots.

Respiratory System

The lungs weigh 560 grams and 480 grams, right and left, respectively. The upper and lower airways are free of foreign material. The pleural surfaces are thin and free of exudates. The trachea and bronchi are lined by smooth tan epithelium. The cut surfaces of the lungs are variegated pink-red and have mild edema. The lung parenchyma is of the usual consistency. There is no bronchopneumonia, neoplasm, consolidation, fibrosis or calcification.

Hemolymphatic System

The spleen weighs 120 grams. The capsule is smooth, shiny and intact. The cut surfaces are dark red, firm and congested. The lymphoid tissue in the spleen is within a normal range. The lymph nodes throughout the body are not enlarged.

Liver and Biliary System

The liver weighs 1760 grams. The liver edge is sharp. The capsule is intact. The cut surfaces are red-brown and of normal consistency. There are no focal lesions and no evidence of fatty change or cirrhosis. The gallbladder contains dark green bile. There are no stones. The mucosa is unremarkable. The large bile ducts are patent and non-dilated.

Gastrointestinal System

The esophagus is empty and the mucosa is unremarkable. The gastric mucosa is arranged in the usual rugal folds and has no inflammation or ulceration. The lumen of the stomach contains 300 milliliters of partially digested food. The duodenum contains bile-stained fluid. The remaining gastrointestinal tract has no major alterations to external inspection and palpation. The appendix is present.

Genitourinary System

The kidneys are of similar size and shape and weigh 140 grams and 160 grams, right and left, respectively. The capsules are intact and strip with ease. The cortical surfaces are smooth and red-brown. The cut surfaces reveal a well-defined corticomedullary junction. The pelves and ureters are unremarkable without evidence of distention. The urinary bladder contains approximately 50 milliliters of clear yellow urine. The mucosa is unremarkable. The uterus is absent. The right ovary is unremarkable. The left ovary is not identified.

Endocrine System

The adrenal glands have a normal configuration with the golden yellow cortices well demarcated from the underlying medullae. The maroon, gelatinous thyroid gland has no gross alterations. The tan, lobulated pancreas has no neoplasia, calcification or hemorrhage.

Musculoskeletal System

The ribs, sternum, clavicles, and pelvis have no recent fractures. The muscles are normally formed.

Neck and Tongue

The soft tissues and the strap muscles of the neck have no hemorrhage. The hyoid bone and the cartilages of the larynx and thyroid are intact and show no evidence of injury. The larynx and trachea are lined by smooth pink-tan mucosa, are patent and contain no foreign matter.

The epiglottis and vocal cords are unremarkable. The carotid arteries and jugular veins are unremarkable. The tongue is unremarkable.

Central Nervous System

The calvarium is intact. The dura mater and falx cerebri are intact. The brain is of a normal convoluted pattern and weighs 1260 grams. The meninges show no evidence of purulent infection. There is no uncus or tonsillar herniation. The structures of the base of the brain, including cranial nerves and blood vessels, are intact and unremarkable. The cerebral arteries are free of atherosclerosis and patent. The cut surfaces of the brain have normal relations of grey and white matter. There is no evidence of neoplasm. The cerebral ventricles are of normal size and are filled with clear cerebrospinal fluid. There are no fractures of the base of the skull. The dura mater is free of stains and discolorations.

OTHER PROCEDURES

1. Documentary and identification photographs are obtained.
2. Specimens retained for toxicological analysis: blood, urine, and vitreous fluid.
3. A bloodstain card is obtained.
4. Clothing is submitted as evidence.
5. Postmortem fingerprints are obtained.
6. Samples of the decedent's plucked scalp hair are retained and submitted as evidence.
7. Personal effects are released with the body.
8. Scene photographs are reviewed.
9. A report received from the Forsyth County Sheriff's Office is reviewed.
10. A single anterior-posterior radiograph is obtained.

PATHOLOGICAL DIAGNOSES

A. Blunt Force Injuries of the Head and Neck

1. Abrasions of the face
2. Subgaleal hemorrhage
3. Soft tissue hemorrhage of the right temporalis muscle
4. Subarachnoid hemorrhage
5. Subdural hemorrhage (approximately 150 milliliters)
6. Fracture of the 2nd cervical vertebra

B. Blunt Force Injuries of the Torso and Extremities

1. Laceration of the right ventricle of the heart
 - i. Hemopericardium, 100 milliliters
2. Dislocation of the right wrist
3. Laceration of the right wrist and right lower leg
4. Abrasion of the left arm, left hand, and left leg

C. Postmortem Toxicology

1. THC, 2.0 ng/mL
2. THC-COOH (metabolite of THC), 6.3 ng/mL
3. Ethyl alcohol, 0.238 grams per 100 mL
4. Alprazolam, lower than the lowest calibrator of 25 micrograms/liter

SUMMARY AND OPINION

The decedent is a 40 year old woman. Per report, she was last known to be alive shortly after midnight on November 4, 2018. At that time she was drinking heavily at a party in a residence. The next morning she was discovered unresponsive in the back yard under a deck that is approximately 10 - 15 feet from the ground. It appeared as though she may have fallen from the deck. She was pronounced dead without attempted resuscitation.

Autopsy revealed severe injuries of the head, neck, and torso, including subarachnoid hemorrhage, subdural hemorrhage, fracture of the 2nd cervical vertebra, and a laceration of

the heart. Other injuries included abrasions of the face, left arm, left hand, and left leg, lacerations of the right wrist and right leg, and a dislocation of the right wrist. Postmortem toxicology was positive for THC and a blood alcohol concentration (BAC) of 0.238 grams/dL.

The observed injuries are consistent with those received in a fall.

In light of the autopsy findings and investigative information, the cause of death is Multiple Blunt Force Injuries and the manner of death is Accident.

Only those items discussed in the results above were analyzed for this report. The above represents the interpretations/opinions of the undersigned analyst. Evidence analyzed in this report will be returned to the submitting agency. Biological evidence (body fluids and tissues) will be destroyed after one year. This report may not be reproduced except in full without written permission of the laboratory.

Technical notes and data supporting the conclusions and findings in this report are maintained within the laboratory case records.

This case may contain evidence that must be preserved in accordance with O.C.G.A. § 17-5-56.



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Related Agencies:

Forsyth Co. Sheriff's Office
GBI-Medical Examiner-HQ DOFS
Bell-Forsyth Judicial Circuit
Forsyth Co. District Attorney

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End of Official Report