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AUTOPSY – A10-05

Name: HERNANDEZ-ROJAS, ANASTACIO
Date of Birth: May 2, 1968
Hospital: Chula Vista Medical Center
Date of Admission: May 28, 2010
Date and Time of Death: May 31, 2010 4:30 PM
Date and Time of Autopsy: June 4, 2010 2:00 PM
Place of Autopsy: Forensic Autopsy Services
19234 Vanowen Street
Reseda, CA 91335
Prosector: Marvin Pietruszka, M.D., J.D., F.C.A.P.
Assistant: Jason Majors

FINAL ANATOMIC DIAGNOSES

- I. ANOXIC ENCEPHALOPATHY, BRAIN, 1480 GM (COUNTY OF SAN DIEGO OFFICE OF THE MEDICAL EXAMINER)
- II. ACUTE MYOCARDIAL INFARCTION (COUNTY OF SAN DIEGO OFFICE OF THE MEDICAL EXAMINER)
- III. HYPERTENSIVE CARDIOMYOPATHY, HEART, 700 GM (COUNTY OF SAN DIEGO OFFICE OF THE MEDICAL EXAMINER)
- IV. PULMONARY EDEMA, RIGHT LUNG 1,000 GM, LEFT LUNG 740 GM (COUNTY OF SAN DIEGO OFFICE OF THE MEDICAL EXAMINER)
- V. ACUTE BRONCHOPNEUMONIA (COUNTY OF SAN DIEGO OFFICE OF MEDICAL EXAMINER)
- VI. HEPATIC NECROSIS SECONDARY TO HYPOTENSION
- VII. SUBDURAL HEMATOMA

- VIII. LACERATION OF THE LIVER
- IX. FATTY STEATOSIS OF LIVER
- X. HEMORRHAGE OF THE DIAPHRAGM
- XI. CONTUSIONS OF RIGHT JAW (MAXILLA, AND MANDIBLE)
- XII. CONTUSIONS OF RIGHT HAND, RIGHT WRIST, AND RIGHT THIGH, AND RIGHT KNEE
- XIII. FRACTURES OF ANTERIOR LEFT 9TH, 11TH AND 12TH RIBS AND 9TH AND 12TH RIBS ON THE RIGHT
- XIV. HEMORRHAGE OF THE PROXIMAL ESOPHAGUS
- XV. STATUS POST RIGHT ANKLE SURGERY
- XVI. EXTENSIVE HEMATOMA EXTENDING INTO THE POSTERIOR PARAVERTEBRAL MUSCULATURE, LEFT SCAPULA
- XVII. HEMATOMAS AND ABRASIONS BILATERAL KNEES AND BUTTOCKS
- XVIII. MULTIPLE ADDITIONAL CONTUSIONS AND ABRASIONS OF:
 - a. Right malar-zygomatic area
 - b. Right upper and lower lips
 - c. Right upper gum line
 - d. Left anterior chest
 - e. Left upper abdomen
 - f. Right pelvis
 - g. Left inner thigh
 - h. Right forearm
 - i. Bilateral hands
 - j. Bilateral knees
 - k. Right anterior tibial
- XIV. POSITIVE SCREENING TEST FOR AMPHETAMINES
- XV. ELECTROCUTION EFFECT BY TASER

External Examination

The body is that of an unembalmed Hispanic male, weighing approximately 220 pounds and measuring 70 inches. The decedent appears consistent with the stated age of 42 years. There is a short goatee beard and a mustache. The hair is gray/black. The scalp hair is short. Eyes are light brown. Ear canals and nasal passages are not examined. External ears are normal. There is a previously performed autopsy and a standard "Y" incision is noted. Examination of the mouth reveals there to be

a hematoma above the right frontal incisor. The superior and inferior central incisors are loose. There are hemorrhages in the gums under the incisors in the midline inferiorly. The tongue has been previously removed. No external abnormalities of the neck are observed. The teeth are present and are essentially normal in appearance. Examination of the left upper anterior chest reveals a hematoma over an area measuring 6 x 8 cm demonstrating linear markings giving a railroad track appearance to the hematoma in a superior-inferior orientation. There is a hematoma of the left upper abdomen measuring 12 cm x 3.5 cm. A linear hematoma with linear markings is noted on the left lower posterior chest wall. The overall length is 7.5 cm x 1.5 cm. There is an opening in the right chest wall that measures 2 cm x 1 cm. This may represent the site where the body was tased. There is a hematoma of the right pelvis over an area that measures 11 cm x 7 cm. Healed scars of the left flank (1) and lumbar spinal region (4), and right gluteus are noted. There is a large area of erythema of the left inner thigh measuring 14 cm x 12 cm. No abnormalities of the external scrotum or penis are noted. The anus is patent. The penis is not circumcised. There is erythema of the right antecubital region with some linear abrasions noted. There is an old healed scar of the distal right forearm measuring 6 cm in length. The hands are flexed and rigor mortis is marked. There is moderate rigor mortis in the upper extremities and marked rigor mortis in the lower extremities. There is erythema of the right wrist and posterior aspect of the right hand. An incision of the right hand reveals there to be subcutaneous hemorrhage on the posterior right hand, as well as in the right knee around the soft synovial tissue. Virtually all of the decedent's organs are present within the plastic bag in the chest and abdominal cavities. There is lividity noted on the posterior thorax and it is fixed. An incision into the subcutaneous tissues of the upper back reveals extensive hemorrhage extending deep to the muscle layer over a large area of the thorax. The left upper extremity reveals a tattoo over the left biceps. There is a smaller tattoo over the anterior forearm. Jaundice is not observed. No non-traumatic dermatologic conditions are identified. There is an abrasion over the left hand 5th PIP joint, as well as an abrasion over the right 5th PIP joint. Nails are short. The fingers have ink on the distal phalanges, consistent with fingerprinting. There is an abrasion of the left lateral knee, as well as the right medial knee. The left lateral knee abrasion measures 2 cm x 2 cm. The right medial

knee abrasions measures 7.4 cm x 1.3 cm and 1.5 cm x 2.0 cm. There is a right anterior tibial abrasion/laceration that measures 1.4 cm. There is a large healed scar of the left knee that measures 6 cm x 1.8 cm. There is a healed scar of the right ankle measuring 8.0 cm in length on the medial aspect. There is a tattoo noted in the left lower extremity above the ankle. Right ankle tags identify the body as that of Hernandez-Rojas, Anastacio, 10-01101. Three such tags are noted on the right ankle; two are yellow in color and one is blue in color.

Internal Examination

Upon opening the chest cavity, there is hemorrhage of the right upper rib cage posteriorly. There are also areas of hemorrhage anteriorly in rib 4 and 5 on the left and there is hemorrhage under ribs 3, 4, and 5 on the left. There is hemorrhage of the diaphragm on the right. The organs have been previously removed and have been placed in a bag during the prior autopsy. The brain and spinal cord have been previously removed and are not present for examination. The heart is not present with the other organs. The aorta is present and is found to be normal.

Head and Neck:

The head is normocephalic. As noted above, a short beard and moustache are present on the decedent. There is a 5 cm x 3 cm abrasion of the right malar-zygomatic area. There are hematomas of both upper and lower lips, primarily on the right, but also to some extent on the left. As mentioned above, there are multiple contusions and abrasions of the head and face. There is a hematoma of the left temporal region. There is a hematoma of the left upper eyelid. On reflecting the scalp, there is a subgaleal hemorrhage in the right occipital region, which extends to involve the entire occipital area. The cranium has been previously opened, as the brain and spinal cord have been removed during the prior autopsy. In addition, the pituitary gland has been previously removed. A portion of dura is present and a thin subdural clot measuring 6 cm x 7 cm is noted. No abnormalities of the base of the skull are noted. No palpable or visible fractures of the face or cranium are identified. There is no cervical laxity noted. Enlarged lymph nodes are not palpable. There is hemorrhage deep within the subcutaneous fat in the posterior cervical region. The hemorrhage extends to the paraspinal muscles. The tongue, larynx, epiglottis, and upper

portion of the trachea has been removed in the prior autopsy. For a comprehensive review of the brain findings, see County of San Diego Neuropathology report.

Pleural Cavity and Mediastinum:

Hemorrhage of the tissues surrounding the left 4th and 5th ribs is noted anteriorly, as well as of the 3rd, 4th, and 5th ribs on the left. No abnormalities of the mediastinum in the previously dissected tissues are noted. The hilar lymph nodes are not abnormal.

Pericardial Cavity:

The pericardial cavity is not identified.

Cardiovascular System:

Limited portions of heart and great vessels are observed. Virtually the entire heart has been retained at the time of the original autopsy procedure. No abnormalities of the aorta are noted. Several coronary arteries are observed in small sections of the heart that is identifiable. There is no significant atherosclerosis. As noted above, the entire heart is not available for examination, having been removed during the prior autopsy.

Respiratory System:

The trachea, bronchi, and pulmonary parenchyma are congested and focally atelectatic. The lungs demonstrate bilateral generalized anthracosis. Pulmonary arteries and veins are not remarkable. The larynx is not identified.

Peritoneal Cavity:

Subcutaneous fat of the abdomen measures 2 cm, as compared to that of the thorax, which measures 1 cm. The abdominal cavity is unremarkable and contains a plastic bag containing previously dissected organs.

Gastrointestinal System:

The tongue and a portion of the esophagus has been previously removed. The stomach and large intestine are not remarkable. A small segment of small intestine is observed and is not abnormal.

Liver and Biliary System:

The liver has been previously sectioned. It has a yellow-tan appearance. There is hemorrhage of the superior aspect of the dome of the liver. The gallbladder is present and is found to be normal. Calculi are not observed.

Pancreas:

Portions of the pancreas were identified and were found to be normal.

Urinary System:

Sections of kidney and bladder that were available are not remarkable.

Reproductive System:

The genitalia are that of a normal appearing adult male. The right testicle appears atrophic and measures approximately half the normal size. The left testicle appears normal in size; however, it is hemorrhagic. The penis is not circumcised. There are no external scrotal abnormalities.

Hematopoietic System:

There is no abnormality of the bone or bone marrow, which is pink in color. The section of spleen appears normal.

Endocrine System:

The pituitary gland has been previously removed. The thyroid gland appears normal. The adrenal glands are not identified. The pancreas is described above.

Musculoskeletal System:

No abnormalities of the axial skeleton are identified. There is evidence of a prior dissection in the lumbar spine area. In the posterior thorax, hemorrhage extends to involve the muscle fascia.

Skull and Central Nervous System:

The brain and spinal cord have been previously removed and are not available for examination. However, the dura demonstrates the presence of blood clots consistent with a subdural hematoma. The reader is referred to the neuropathology report of the County of San Diego for details of their examination.

CLINICAL HISTORY

Anastacio Hernandez-Rojas, a 42-year-old Hispanic male, was involved in an altercation with Border Patrol when he resisted arrest at the Mexican/American border and in that altercation, he was tased twice. He suffered an acute myocardial infarction and was transferred by paramedic ambulance to Chula Vista Medical Center where he was hospitalized.

According to the medical records, Mr. Hernandez-Rojas was agitated and after being shot with a taser gun twice in order to calm him down, he fell to the ground. Paramedics arrived within eight minutes and found him to be unconscious. CPR was performed and he was placed on an automated external defibrillator (AED). On arrival to the emergency room at Chula Vista Medical Center he was not responsive. He was intubated and an electrocardiogram demonstrated ST depression in inferior leads and Q-waves in lead III. He was admitted to the intensive care unit in a comatose state having suffered irreversible anoxic brain injury. A CT scan of the head performed on May 29, 2010, revealed cerebral edema and bilateral basal ganglia infarcts. A neurological consultation gave a diagnosis of severe anoxic brain injury. He was maintained on a respirator during his entire hospitalization. Laboratory studies during his hospitalization revealed a positive drug screen for amphetamines. There was laboratory evidence of acute myocardial infarction, acute renal failure, and elevated liver enzymes were believed to be due to hypotension. On May 29, 2010, a diagnosis of brain death was established. He remained hospitalized and on

supportive care until he went into asystole. He was pronounced dead at 4:30 hours on May 31, 2010. His clinical diagnoses were as follows:

1. Status post cardiac arrest
2. Respiratory failure
3. Shot with taser gun
4. Severe respiratory acidosis from prolonged cardiac arrest
5. Non ST elevation and myocardial infarction inferior leads
6. Brain death secondary to anoxic encephalopathy
7. Acute renal failure secondary to hypoxemia and hypotension
8. Positive drug screen for amphetamines
9. Abrasions on face and bilateral lower extremities

Additionally, I have received and reviewed an investigative report and autopsy report from the County of San Diego Office of the Medical Examiner, Case No. 10-01101, dated June 1, 2010, 0940 hours. This report indicates that Anastacio Hernandez-Rojas became unresponsive while he was involved in an altercation with Border Patrol and US Customs and Border Protection Agents at the San Ysidro Port of Entry. According to the history, Anastacio Hernandez-Rojas had entered the United States illegally and was detained and was becoming increasingly agitated and confrontational with agents. He was moved to the San Ysidro Port of Entry for deportation back to Mexico. When Mr. Hernandez-Rojas suddenly became violent, he was wrestled to the ground and both a baton and taser were used to gain control of the decedent. According to the investigative narrative, he was tased between two and four times. He was then placed in handcuffs during the altercation and at some point became unresponsive. Agents began resuscitative efforts and he was then transferred to Chula Vista Medical Center.

The autopsy performed by Glenn N. Wagner, D.O., Chief Medical Examiner, gave a diagnosis of anoxic encephalopathy due to resuscitated cardiac arrest, due to acute myocardial infarct, due to physical altercation with law enforcement officers. Contributing diagnosis include hypertensive cardiomyopathy and acute methamphetamine intoxication. The manner of death is listed as homicide.

Radiological Data:

An x-ray of the head and neck (two views) is negative for fracture. The x-ray includes portions of the upper ribs, which are unremarkable.

An x-ray of the chest (one view) reveals fractures of the 9th and 12th vertebrae on the right and fractures of the 9th, 11th, and 12th vertebrae on the left. There is widening of the articulation of the thoracic vertebrae on the left.

An x-ray of the left forearm and hand (one view) is negative.

An x-ray of the right forearm and hand (one view) is negative.

An x-ray of the pelvis and both hips (two views) is negative. Osteoarthritis is observed in the L3, L4, and L5 vertebrae. The disc space between L2 and L3 is decreased.

An x-ray of the head (three views) reveals a deviated septum.

An x-ray of both knees and femurs (two views) is negative.

An x-ray of the breast plate and sternum (two views) reveals fractures as noted previously.

An x-ray of both ankles and lower extremities (two views) reveals a screw in the distal tibia on the right. No other abnormalities are detected.

Microscopic Description:

Slide #1 Scalp and #2 Chest wall - There is hemorrhage noted within the underlying adipose tissue and muscle. A number of loose fragments of bone are identified within the tissue.

Slide #3. Right wrist subcutaneous tissue - There is extensive hemorrhage within the subcutaneous fatty, adipose and connective tissue.

Slide # 4, #5 and #6. Lung and diaphragm- There is marked vascular congestion, mild anthrocosis is present, primarily in subpleural areas. The diaphragm is unremarkable.

Slide #7. Liver - There are multifocal areas of hemorrhage and centrilobular necrosis. There is extensive fatty steatosis. Portal triads demonstrate numerous lymphocytic aggregates.

Slide #8. Stomach and diaphragm - No abnormalities are identified.

Slide #9. Spleen and small and large intestine - There is prominence of the red pulp in the section of the spleen. No abnormalities of the intestine are observed.

Slide #10. Unidentified muscle and fatty tissue - The section is not remarkable.

Slide #11. Heart - The section of heart demonstrates focal areas of fibrosis. The section of coronary artery demonstrates early atherosclerotic changes. Nuclei are enlarged. There are is myocardial fiber hypertrophy.

Slide #12. Stomach - The section demonstrates autolysis and hemorrhage.

Slide #13. Scalp Skeleton muscle - No abnormalities are detected.

Slide #14. Dura and brain - The section demonstrates areas of hemorrhage in an area of organizing hematoma. There is hemorrhage noted in the underlying cortical brain tissue.

Slide #15. Right hand skin and underlying subcutaneous tissue - There is a large area of hemorrhage within the subcutaneous fat.

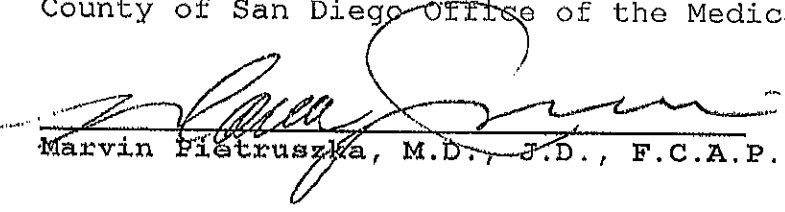
Slide #16. Testes - The section demonstrates interstitial fibrosis and maturation arrest. Interstitial hemorrhage is noted.

Slide #17. Posterior neck subcutaneous tissue - There is hemorrhage noted within the adipose tissue.

Slide #18. Left scapula skeleton muscle and adipose tissue - There is extensive hemorrhage noted within the subcutaneous adipose tissue and extending into the underlying muscle tissue.

Slide #19. Rib - The section of cortical bone and marrow are normal.

Comment: This autopsy was limited by the absence of several organs for examination. Some of the diagnoses from the initial autopsy were, therefore, included in this report, pending microscopic slide review of the initial autopsy performed by the County of San Diego Office of the Medical Examiner.



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Date