



Board of Chosen Freeholders
County of Burlington
New Jersey



Department of: **HEALTH**
Office of: *Medical Examiner*

IAN C. HOOD, M.B., ChB, JD
Chief Medical Examiner

ANDREW SHEGANOSKI
Manager

Phone: (609) 702-7030
Fax: (609) 265-5989
E-Mail: asheganoski@co.burlington.nj.us

Physical Address:
4 Academy Drive
Westampton, NJ 08060

Mailing Address:
49 Rancocas Road
P.O. Box 6000
Mount Holly, NJ 08060-6000

03170252.AUT

POSTMORTEM EXAMINATION

P.M. 03-17-0252

NAME: Sasikala Narra **AGE:** 38 **SEX:** Female **RACE:** Asian Indian
ADDRESS: 3 Hamilton Road, Apt. D
Maple Shade, NJ 08052

DATE OF BIRTH: 07-15-1978 **MARITAL STATUS:** Married
DATE OF PRONOUNCEMENT: 03-23-2017 **HR:** 1530

DATE OF PATHOLOGIST'S EXAMINATION: 03-24-2017 **HR:**
LOCATION: BURLINGTON COUNTY MEDICAL EXAMINERS OFFICE
FORENSIC PATHOLOGIST CERTIFIED: IAN C. HOOD, MB,ChB

CAUSE OF DEATH: Slash wound of neck

MANNER OF DEATH: Homicide

IAN C. HOOD, MB,ChB
MEDICAL EXAMINER

ANATOMIC FINDINGS:

1. Robust adult female cadaver.
2. Vast gaping ragged slash wound across anterior neck transecting junction of larynx and trachea, proximal esophagus, both carotid sheaths and their contained common carotid arteries and also passing into the junction of the lateral processes of the 5th and 6th cervical vertebrae and incising the contained right vertebral artery.
3. Lacerations of posterior right parietal, right temporal and right frontal scalp and also inferior right orbital margin, right side of nose, right upper lip and anterior attachment of right ear lobe fracturing the right nasal bone and inferior right orbital margin.
4. Stab wounds passing from each side of slash wound of neck over clavicles and pectoral muscles into medial walls of both axillae.
5. Fracture of middle phalanx of left ring finger and laceration across the proximal dorsal interphalangeal knuckle of that finger.

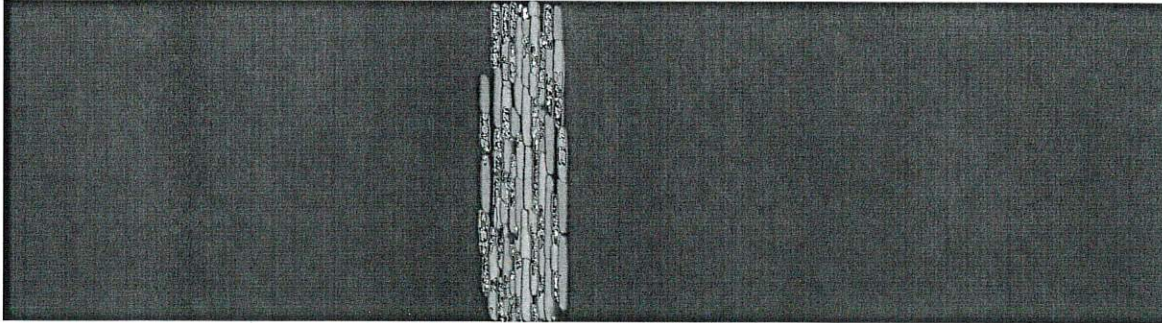
SUMMARY:

No weapon was readily seen and first responding emergency medical personnel pronounced both individuals dead at the scene. Autopsy disclosed a robust adult female cadaver with a vast gaping ragged irregular slash wound across the anterior neck that completely transected the junction of the larynx and trachea, the proximal esophagus and both carotid sheaths including their contained common carotid arteries and which also penetrated into the junction of the right lateral processes of the 5th and 6th cervical vertebrae incising the contained right vertebral artery therein; a stab wound passing from each side of this slash wound across the clavicles and pectoral muscles into the medial wall of each axilla; lacerations of the posterior right parietal, right temporal and right frontal scalp, lateral right eyebrow, inferior right orbital margin, right side of the nose and right upper lip with small fractures of the right nasal bone and inferior right orbital margin; a laceration over the proximal dorsal interphalangeal knuckle of the left ring finger and a fracture of the middle phalanx of that finger. No other significant trauma or pathology was noted in or about the body and death is attributed to a slash wound of the neck.

CAUSE OF DEATH: Slash wound of neck

MANNER OF DEATH: Homicide

**IAN C. HOOD, MB,ChB
MEDICAL EXAMINER**



EXTERNAL EXAMINATION

General Characteristics: The body is that of a robust adult female appearing consistent with the fourth decade of life. The body length approximates 5 feet 4 inches and the weight about 170 lbs.

Head and neck: The scalp bears a full head of long wavy black hair up to 20 inches in length and there are some fine hirsuties of the upper lip. The eyes are brown with clear sclerae. The jaws contain a nearly full set of natural teeth in good condition and there is a stellate 1/2 inch laceration that perforates the lateral right upper lip and no other trauma of the lips or oral mucosa. The nose is symmetrical with an intact undeviated septum but there is a 1/8 inch slightly bruised superficial laceration of the right side of the bridge of the nose and an underlying local fracture of it. The pinnae of the ears are of normal structure and location with a cosmetic piercing of each earlobe and there is a 3/4 inch laceration across the anterior attachment of the right earlobe. Several lacerations are noted over the right frontal, temporal and parietal scalp and are described in more detail below. There is also a 1 cm. shallow laceration at the lateral end of the right eyebrow and a transverse 2 inch laceration across the inferior orbital margin of the right orbit. The skin and some of the underlying subcutaneous adipose tissue have been cut off the under surface of the jaw leaving an irregular 2½ by 2 inch divot without perforating into any deeper structures. No other significant injuries or scars are noted about the face or head which is not unduly suffused and there are no petechiae of the conjunctivae, eyelids or fine facial skin. The neck has been normally formed and symmetrical but there is a now a vast ragged gaping slash wound across the anterior half of the neck with several portions of skin and subcutaneous tissue and large notches in the inferior border indicating a sawing motion of the responsible blade and this wound has penetrated through all of the midline structures including the trachea just distal to the larynx and the esophagus back to the vertebral column and the head is described in more detail below. No other significant injuries or scars are noted about the neck.

Trunk: The chest is normally formed and symmetrical with 3 inch shallow slash wound that begins 1/4 inch distal to the lower margin of the large gaping slash wound of the neck and passes distally and to the left over the lateral left clavicle where it penetrates deeper into a stab wound of the lateral left subclavian region passing into the medial wall of the left axilla. There is also a shallow 2 inch "notch" of the right anterior lower margin of the large slash wound of the neck that passes over the medial right clavicle. No other significant injuries or scars are noted about the chest and the breasts are of moderate size, soft, symmetrical, pendulous and without abnormal masses. The abdomen is broad and rounded with a pannus of about 1½ inches depth and some striae of past pregnancy but no grossly evident old surgical scars or trauma.

Upper limbs: The arms are normally formed and symmetrical with a few small nondescript scars but no obvious "defensive" or other injuries and no tattoos or distinguishing features. The hands are normally formed and symmetrical with no significant injuries or scars of the palms or backs of the hands and all of the fingers and thumbs are present but there is a fracture of the middle phalanx of the left ring finger and a 1/2 inch laceration across the proximal dorsal interphalangeal knuckle of that finger. The rest of the fingers and thumbs are intact and all of the fingers and thumbs are tipped by short even nails over pale nail beds.

Lower limbs: The legs are relatively thick, normally formed and symmetrical with a few small nondescript scars of the knees and shins but no trauma and no tattoos or distinguishing features. The feet are normally formed and symmetrical with no significant injuries and only one or two small superficial pigmented nondescript scars of their proximal dorsal surfaces and there is reasonable hair growth to the tops of the toes, all of which are present, intact, unwebbed and tipped by slightly uneven short thick nails.

Back of the body: The back is normally formed and symmetrical with no significant injuries, scars, tattoos or distinguishing features.

External genitalia: The external genitalia are those of a mature female with no abnormal discharge or trauma.

No other significant scars, tattoos, needle "tracks" or other distinguishing features are noted about the body which is received clad in a sweater, string strap tank top, brassiere, underpants, drawstring pants and abbreviated socks.

INJURIES

Lacerations of scalp – There is an irregular slightly abraded 1 inch sagittally oriented laceration of the right frontal scalp just behind the hair line and 1/2 inch right of the sagittal midline that has penetrated to underlying periosteum. A 1/2 inch somewhat stellate irregular laceration of the right anterior hairline is located 2 inch to the right of the sagittal midline and 2½ inches above the lateral end of the right eyebrow and this wound has also penetrated to underlying periosteum that has no associated skull fracture beneath it. An oblique (posterior and distal) 1 inch laceration of the right parietal scalp is centered approximately 4½ inches above the right ear canal and slightly behind it with a split of its rostral margin that measures up to 1 cm. in length and there is an abraded 3/4 inch laceration of the posterior right parietal scalp centered approximately 3½ inches above and 1½ inches behind the right ear canal that is focally abraded and pierces to underlying periosteum but has no associated skull fracture.

Lacerations of face – There is a transverse gaping irregular 2 inch laceration across the inferior right orbital margin with "bridging" in its depths and a 2 inch fracture of the inferior right orbital margin. A 1 cm. shallow laceration passes through the lateral end of the right eyebrow but has no associated underlying bone damage and there is a stellate 1 cm. laceration of the lateral right upper lip centered approximately 1 inch above the vermilion border of the right corner of the mouth and this laceration has perforated through to the mucosal surface. A punctate

lightly bruised laceration is noted over the right side of the bridge of the nose and has a small fracture of the underlying nasal bone. A 3/4 inch shallow laceration passes across the anterior attachment of the right earlobe and pierces only into underlying subcutaneous adipose tissue and no further.

Incised wounds of jaw – There is a superficial sagittally oriented 1 cm. incised wound of the left side of the chin that curves under it to its under surface and involves only the epidermis and a 2½ by 2 inch divot of epidermis and some of the underlying subcutaneous adipose tissue has been completely removed from the undersurface of the jaw.

Slash wound(s) of neck – There is a vast gaping ragged irregular slash wound across the front of the neck at least 5 inches in length and with a very ragged inferior margin with several loose strips of skin and notches on it and this wound has passed as far back as the vertebral column passing through the junction of the trachea with the larynx and the proximal esophagus. Both carotid sheaths have been completely transected exposing the transected common carotid arteries and on the right side of the vertebral column this wound continues between the anterior lateral processes of the 5th and 6th cervical vertebrae where the vertebral artery has been incised but not completely transected. Both sternocleidomastoid muscles have been almost completely transected by this wound. At the right inferior margin of this ragged slash wound across the neck there is a similarly ragged but sagittally oriented 2 inch wound that passes rightward, downward and backward through some of the pectoralis musculature and as far as the medial wall of the right axilla for a distance of at least 4 inches from the skin surface and there is a small bridge of dermis and underlying tissue but not the epidermis between this wound and the larger transverse ragged slash wound across the neck. A superficial slash wound passes obliquely (lateral and to the left) from the left end of the slash wound of the neck beginning about 1½ inches left of the anterior midline and leaving a few millimeter bridge of skin between the slash wound of the neck and this wound which then continues across the lateral left pectoralis musculature and into the medial wall of the left axilla for a distance of about 3 inches from the skin surface.

“Defensive” wound of left hand – As noted externally there is a 1/2 inch shallow laceration across the dorsal proximal interphalangeal knuckle of the left ring finger and the middle phalanx of that finger is fractured.

INTERNAL EXAMINATION

The body is opened with a biparietal scalp incision and “Y”- shaped thoraco-abdominal incision to disclose the above noted stab and slash wounds of the undersurface of the jaw, neck and upper chest and the lacerations of the scalp and face and no other significant pre-existing trauma or pathology in thoracic or abdominal walls. There is no abnormal collection of blood or other fluid in any of the major body cavities and all of the major organs are present in their usual locations and relations to one another.

The 240 gram heart is of normal size, shape, structure, symmetry and resilience with no focal lesion detected about its epicardial surfaces or within the firm red tan myocardium on sectioning. All four major valves are of normal size, structure, competence and patency with flexible cusps that have no vegetations and unremarkable chordae tendineae and papillary muscles. The coronary arteries arise normally and follow their usual course and are flexible and normally patent. The aorta and major systemic arteries (with the exception of the transected common carotid arteries) arise normally and follow their usual course with smooth intimal surfaces and no significant stenosis, aneurysm formation or any other pathology as is true of the main and major pulmonary arteries, which have no contained thromboemboli. The venae cavae and major systemic veins follow their usual course and are grossly unremarkable as are the main pulmonary veins.

Both lungs (right 220 grams, left 200 grams) are of normal lobar structure, normocrepitant and only minimally anthracotic. No other focal lesions are noted about the pleural surfaces or cut sections of either lung. Only a very small amount of bloody frothy fluid can be expressed from cut surfaces of both lungs and lines the major bronchi, trachea and larynx and the trachea has been completely transected at the base of the cricoid cartilage.

The proximal esophagus has been transected at the same level as the junction of the trachea and larynx but it is otherwise grossly unremarkable as are the stomach, duodenum and serosal aspects of small and large bowel including the vermiform appendix. The stomach contains approximately 70 cc. of a thick tan variegate mucoid slurry atop an unremarkable and normally rugous gastric mucosa with no grossly evident intact pills or fragments thereof and no distinctive odor. The tongue is not enlarged and has no hemorrhages.

The 1,210 gram liver is intact and of normal size, shape and structure but pale with a smooth capsular surface and tan color. It is not grossly cirrhotic and no focal lesions are detected about or within it. The gallbladder is present and contains approximately 4 cc. of liquid golden brown bile without stones. The pancreas is of normal size and structure with no focal lesion detected about or within it.

Both kidneys (100 grams each) are present, pale and of normal size, shape and structure with a 2 cm. irregular cortical depression of the middle of the left kidney but otherwise smooth subcapsular surfaces and cortices of normal thickness. Each kidney presents otherwise unremarkable corticomedullary internal structure and is drained by a single normal ureter in turn emptying into a grossly unremarkable urinary bladder containing approximately 150 cc. of clear urine. The uterus, bilateral fallopian tubes and plump ovaries are all present, intact and notable for one or two small leiomyomata in the uterine body and fundus. The endometrial cavity is lined by soft pale endometrium with no contained pregnancy and there is no trauma or pathology of the vaginal introitus or vault.

The 100 gram spleen is intact and of normal size, shape and structure with a smooth capsular surface and no focal lesion detected about or within it. There is some slight soft uniform lymphadenopathy scattered throughout the neck and trunk and the faucial tonsils measure 2.3 cm. in maximal dimension. A 20 gram atrophied and pale but still discrete thymus is present in the adipose anterior superior mediastinum.

The proximal tips of the lobes of the thyroid have been transected by the gaping slash wound across the anterior neck but there is no other gross abnormality of pituitary, thyroid or adrenal glands.

Dissection of the neck discloses the vast gaping slash wound already noted and no other pre-existing trauma or pathology in soft tissues, strap muscles, laryngeal structures, hyoid bone or cervical spine and the atlanto-occipital joint is intact.

The head is opened with a biparietal scalp incision and removal of the skull cap to disclose the lacerations of the anterior and right scalp already noted and no other significant trauma or pathology in scalp, skull or dura. There is no abnormal collection of blood or other fluid about the dura or exterior surfaces of the brain. The 1,390 gram brain is somewhat congested and soft but of normal structure and symmetry with no herniation of any of its parts. There is a normal gyral pattern of both cerebral hemispheres and no focal lesions are detected about the cortical surfaces, base of the brain, midbrain, pons, cerebellum or medulla. Consecutive coronal sections disclose the usually grossly visible internal structures and no focal lesions in cortex, white matter or deep grey matter. The ventricular system is of normal size, structure and content. The vessels about the base of the brain follow their usual course and are flexible and normally patent.

IAN C. HOOD, MB,ChB
MEDICAL EXAMINER