BOARD OF MEDICOLEGAL INVESTIGATIONS

OFFICE OF THE CHIEF MEDICAL EXAMINER

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Oklahoma City, Oklahoma 73117
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By _____

Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials)	Age	Birth Date	Race	Sex
APRIL BEVER	44	4/11/1971	WHITE	F

HOME ADDRESS - No. - Street, City, State
709 MAGNOLIA COURT, BROKEN ARROW, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS)				DATE	TIME
JACKIE SMITHSON @ BROKEN ARROW POLICE DEPARTMENT				7/23/2015	10:30
INJURED OR BECAME ILL AT (ADDRESS)	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
709 MAGNOLIA COURT	BROKEN ARROW	TULSA	RESIDENCE	7/22/2015	Unknown
LOCATION OF DEATH	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
709 MAGNOLIA COURT	BROKEN ARROW	TULSA	RESIDENCE	7/22/2015 FOUND	23:57 FOUND
BODY VIEWED BY MEDICAL EXAMINER	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
1115 WEST 17TH STREET	TULSA	TULSA	MORGUE	7/24/2015	8:49

IF MOTOR VEHICLE ACCIDENT: ☐ DRIVER ☐ PASSENGER ☐ PEDESTRIAN

TYPE OF VEHICLE: ☐ AUTOMOBILE ☐ LIGHT TRUCK ☐ HEAVY TRUCK ☐ BICYCLE ☐ MOTORCYCLE ☐ OTHER: _____

DESCRIPTION OF BODY

EXTERNAL PHYSICAL EXAMINATION

RIGOR: Jaw ☑ Complete ☑; Neck ☑ Absent ☐; Arms ☑ Passing ☐; Legs ☑ Passed ☐; Decomposed ☐

LIVOR: Color PURPLE; Lateral ☐; Posterior ☑; Anterior ☐; Regional _____

EXTERNAL OBSERVATION: Beard _____ Hair BROWN; Eyes: Color GREEN Mustache _____; Opacities _____; Pupils: R _____ L _____; Body Length 61 INCHES Body Weight 166 LBS

	NOSE	MOUTH	EARS
BLOOD	☐	☐	☐
OTHER	☐	☐	☐

Significant observations and injury documentations - (Please use space below)

*** SEE AUTOPSY PROTOCOL ***

Probable Cause of Death:

MULTIPLE SHARP FORCE INJURIES

Other Significant Medical Conditions:

Manner of Death:

Natural ☐ Accident ☐
Suicide ☐ Homicide ☑
Unknown ☐ Pending ☐

Case disposition:

Autopsy YES
Authorized by JOSHUA LANTER M.D.
Pathologist JOSHUA LANTER M.D.
Not a medical examiner case ☐

MEDICAL EXAMINER:
Name, Address and Telephone No.

JOSHUA LANTER M.D.
1115 W. 17TH
TULSA, OK 74107

I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.

Signature of Medical Examiner JOSHUA LANTER M.D.

Computer generated report **1503457**

Date Signed 7/24/2015

Date Generated

CME-1 (REV 7-98)

Board of Medicolegal Investigations
Office of the Chief Medical Examiner
1115 West 17th Street
Tulsa, Oklahoma 74107-1800
918-295-3400 Voice
918-585-1549 Fax

CERTIFICATION
I hereby certify that this document is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.

By_____

Date_____

REPORT OF AUTOPSY

Decedent	Age	Birth Date	Race	Sex	Case No
APRIL BEVER	44	4/11/1971	WH	F	1503457

Type of Death	ID By	Authority for Autopsy
VIOLENT, UNUSUAL OR UNNATURAL	VISUAL RECOGNITION	JOSHUA LANTER, M.D.

Present at Autopsy
BRITTANY CRASE, GENA FLOYD, JOSHUA LANTER, M.D.

PATHOLOGIC DIAGNOSES

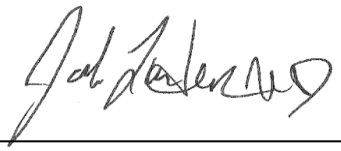
I. Multiple sharp force injuries (at least 48 total wounds)
  A. Multiple sharp force injuries of head, neck (18 wounds)
    1. Stab and incised wounds of face, scalp, bilateral ears, neck
  B. Multiple sharp force injuries of torso (13 wounds)
    1. Stab and incised wounds of chest, back, abdomen with injuries to right subclavian artery, spleen, left lung, right kidney, liver, left vertebral artery
  C. Multiple sharp force injuries of extremities (at least 17 wounds)
    1. Stab and incised wounds of bilateral arms/hands

II. Multiple blunt force injuries
  A. Abrasions of right ear, scalp, chest, abdomen, back, left wrist
  B. Contusions of scalp, bilateral legs

CAUSE OF DEATH: MULTIPLE SHARP FORCE INJURIES

MANNER OF DEATH: HOMICIDE

The facts stated herein are true and correct to the best of my knowledge and belief.



JOSHUA LANTER, M.D.	Forensic Pathologist	OCME, Eastern Division	7/24/2015 8:49 AM
		Location of Autopsy	Date and Time of Autopsy

MEDICOLEGAL INVESTIGATION

I. CIRCUMSTANCES OF DEATH:

This 44 year old female (DOB: 04/11/1971) reportedly was pronounced deceased with multiple sharp force injuries.

II. AUTHORIZATION:

The postmortem examination is performed under the authorization of the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma.

III. IDENTIFICATION:

The body is identified by Detective Smithson with the Broken Arrow Police Department. Digital photographs and radiographs of the deceased are taken.

POSTMORTEM EXAMINATION

I. CIRCUMSTANCES OF THE EXAMINATION:

The postmortem examination of April Bever is performed at the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma, on 07/24/2015 commencing at 0849 hours. Assisting in the examination are Brittany Crase and Gena Floyd.

II. CLOTHING AND PERSONAL EFFECTS:

1. Pink pants
2. Blue underwear
3. Red shirt, multiple sharp force defects identified
4. Black bra, multiple sharp force defects identified
5. Two hair clips within hair
6. Yellow metal rings x2 of left 4^{th} finger

III. EXTERNAL EVIDENCE OF RECENT MEDICAL THERAPY:

1. Defibrillator pads of torso

IV. COLLECTIONS:

A scalp hair sample, pubic hair sample, oral swab, rectal swab, vaginal swab, fingernail swabs of left and right hands and all clothing and personal effects were procured and introduced as evidence

EXTERNAL EXAMINATION

The body is sealed in a blue body bag with lock tag #7090907 intact. The left and right hands are covered in tan paper bags secured with white tape (bags and tape removed and introduced as evidence).

The body is that of an unembalmed, well developed, well-nourished female appearing consistent with the recorded age of 44 years. The body weight is measured at 166 pounds. The body length is measured at 61 inches. The state of preservation is good in this unembalmed body. Rigor mortis is moderately advanced in the arms, legs, and jaw. Lividity is noted in the posterior arms, legs, and back, is purple in color and fixed. The chest and back are symmetrical with normal conformation. The neck is symmetrical and without masses or unusual mobility. Both upper and lower extremities are symmetrical throughout. The head, neck, and shoulders are not congested. There is no peripheral edema present. Personal hygiene is good. No unusual odor is detected as the body is examined. The hair is brown and worn to approximately 30 – 40 cm in length. It represents the apparent natural color. The body hair is of normal female distribution. The pupils are round, regular, equal, and somewhat dilated. The sclerae are normal in color. The conjunctival surfaces are not remarkable. The irides are green in color. No petechiae are identified. The teeth are in a fair state of repair. The gums are normal in appearance. The oral cavity is normal. There are no injuries to the lip or tongue. The nose is symmetrical and the air passages are open. Liquid and dried blood covers the skin of the face, neck, torso, anterior upper arms, anterior thighs/knees, and bilateral feet including the soles of the feet. What appears to be dirt/vegetation is adhered to the skin of the back and right/left posterior hands. Blue polish coats the fingernails and toenails.

INJURIES

There are multiple sharp and blunt force injuries involving the head/neck, torso and extremities.

I. Multiple sharp force injuries (at least 48 total wounds)

A. Sharp force injuries of head and neck (18 wounds)

1. There is an incised wound of the right parietal scalp (labeled ‘A’ in photographs).
This wound is located 8.0 cm right of posterior midline and 9.5 cm from the top of the head. The wound measures to the length of 10.0 cm and gapes up to 0.3 cm. The orientation of the wound on the skin surface is the 5 to 11 o’clock. The direction of the wound is leftward and backward. The wound involves the skin and soft tissue and measures approximately 2.5 cm in depth.

2. There is an incised wound of the right temporal scalp (labeled ‘B’ and ‘O’ in photographs).
This wound is located 16.0 cm right of posterior midline and 8.1 cm from the top of the head. The wound measures to the length of 5.2 cm and gapes up to 2.0 cm. The orientation of the wound on the skin surface is the 1 to 7 o’clock. The direction of the wound is leftward, forward and downward. The wound involves the skin and soft tissue and measures approximately 2.0 cm in depth.

3. There is a stab wound of right anterior external ear (labeled ‘C’ in photographs).
This wound is of the superior crus of the right ear and measures 1.5 cm in length and gapes up to 0.7 cm. The orientation of the wound on the skin surface is 5 to 11 o’clock. Both the 5 and 11 o’clock margins appear sharp. The direction of this wound is downward and backward. This wound involves skin and cartilage of the right external ear and is related to the stab wound of the right posterior ear described in the paragraph below labelled “7”.

4. There is a stab wound of the right ear lobule (labeled 'D' in photographs).
This wound is located of the right anterior ear lobule and measures 1.3 cm in length and gapes up to 0.5 cm. The orientation of the wound on the skin surface is 3 to 9 o'clock. The 9 o'clock margin appears sharp. The direction of the wound is leftward and backward. This wound involves the skin and soft tissue and measures approximately 2.0 cm in depth.

5. There is a stab wound of the right temple (labeled 'E' and 'Q' in photographs).
This wound is located 18.5 cm right of posterior midline and 10.5 cm from the top of the head. The wound measures 1.1 cm in length and gapes up to 0.3 cm. The orientation of the wound on the skin surface is 3 to 9 o'clock. The direction of the wound is leftward and downward. This wound involves the skin and soft tissue and measures approximately 2.1 cm in depth.

6. There is a stab wound of the right posterior cheek (labeled 'F' in photographs).
This wound is located 13.5 cm right of posterior midline and 18.9 cm from the top of the head. The wound measures 2.5 cm in length and gapes up to 0.9 cm. The orientation of the wound on the skin surface is 3 to 9 o'clock. The 9 o'clock margin appears sharp. The direction of the wound is leftward and backward. This wound involves the skin and soft tissue and measures approximately 3.1 cm in depth.

7. There is a stab wound of the right posterior external ear (labeled 'G' in photographs) .
This wound is located of the right posterior external ear and measures 1.0 cm in length and gapes up to 0.3 cm. This wound has a "W" shape. This wound is related to the stab wound of the right anterior external ear which is described in the paragraph above labelled "3".

8. There is an incised wound of the occipital scalp (labeled 'H' in photographs)
This wound is located of posterior midline and 10.1 cm from the top of the head. The wound measures 2.8 x 2.0 cm. This wound involves the skin and superficial soft tissue of the scalp.

9. There is a stab wound of the left occipital scalp (labeled 'I' in photographs).
This wound is located 7.9 cm left of posterior midline and 15.9 cm from the top of the head. The wound measures 2.5 cm in length and gapes up to 0.6 cm. The orientation of the wound on the skin surface is 4 – 10 o'clock. The 10 o'clock margin appears sharp. The direction of the wound is rightward and forward. The wound involves the skin and soft tissue and measures approximately 4.0 cm in depth.

10. There is a stab wound of the left occipital scalp (labeled 'J' in photographs).
This wound is located 7.5 cm left of posterior midline and 17.5 cm from the top of the head. The wound measures 2.1 cm in length and gapes up to 1.0 cm. The wound has a 'W' shape. The orientation of the wound on the skin surface is 4 – 10 o'clock. The 10 o'clock margin appears sharp. The direction of the wound is rightward and forward. The wound involves the skin and soft tissue and measures approximately 4.7 cm in depth.

11. There is a stab wound of the left parietal scalp (labeled 'K' in photographs).
This wound is located posterior to the left external ear, 10.9 cm left of posterior midline and 14.9 cm from the top of the head. The wound measures 1.8 cm in length and gapes up to 0.2 cm. The orientation of wound on the skin surface is 6 – 12 o'clock. The 12 o'clock margin appears sharp. The direction of the wound is rightward and forward. The wound involves the skin and soft tissue and measures approximately 3.9 cm in depth.

12. There is a stab wound of the left anterior external ear (labeled 'L' in photographs).
This wound is located of the superior crus and measures 0.8 cm in length and gapes up to 0.1 cm. The orientation of the wound on the skin surface is 5 – 11 o'clock. Both the 5 and 11 o'clock margins appear sharp. The direction of the wound is leftward and backward. This wound involves the skin and cartilage of the left external ear and is related to the stab wound of the left posterior ear described in the paragraph below labelled "M".

13. There is a stab wound of the left posterior external ear (labeled 'M' in photographs).
This wound measures 0.3 cm in length and gapes up to 0.2 cm. This wound is related to the stab wound of the left anterior external ear described in the paragraph above labelled "L".

14. There is a stab wound of the left posterior cheek (labeled 'N' in photographs).
This wound is located 17.9 cm left of posterior midline and 14.0 cm from the top of the head. The wound measures 2.2 cm in length and gapes up to 0.4 cm. The orientation of the wound on the skin surface is 5 – 11 o'clock. The 5 and 11 o'clock margins appear sharp. The direction of the wound is rightward and downward. The wound passes through the skin and soft tissue and measures approximately 2.3 cm in depth.

15. There is a stab wound of the right forehead (labeled 'P' in photographs).
This wound is located 1.8 cm right of anterior midline and 6.2 cm from the top of the head. The wound measures 1.6 cm in length and gapes up to 0.2 cm. The orientation of the wound on the skin surface is 3 – 9 o'clock. The 3 o'clock margin appears sharp. The direction of the wound is backward and downward. The wound involves the skin and soft tissue and measures approximately 0.3 cm in depth.

16. There is a stab wound of the right cheek (labeled 'R' in photographs).
This wound is located below the right eye and measure 4.2 cm right of anterior midline and 15.1 cm from the top of the head. The wound measures 1.7 cm in length and gapes up to 0.3 cm. This wound has a "W" shape. The orientation of the wound on the skin surface is 6 – 12 o'clock. Both the 6 and 12 o'clock margins appear sharp. The direction of the wound is downward and backward. The wound involves the skin and soft tissue and measures approximately 1.0 cm in depth.

17. There is a stab wound of the right chin (labeled 'S' in photographs).
This wound is located 4.1 cm right of anterior midline and 20.0 from the top of the head. The wound measures 0.2 cm in length and gapes up to 0.1 cm. The orientation of wound on the skin surface is 2 – 8 o'clock. The 2 o'clock margin appears sharp. A 1.6 cm superficial incised wound extends from the 2 o'clock margin towards the mouth and a 0.6 cm linear superficial

incised wound extends from the 8 o'clock margin to the mandibular ridge. The direction of the wound is backward. The wound involves the skin and superficial soft tissue and measures approximately 0.3 cm in depth.

18. There is a stab wound of the right lower neck (labeled 'T' in photographs).
This wound is located 16.9 cm right of anterior midline and 22.0 from the top of the head. The wound measures 2.0 cm in length and gapes up to 0.7 cm. The orientation of the wound on the skin surface is 4 – 10 o'clock. The 4 o'clock margin appears sharp. The direction of the wound is leftward and downward. The wound involves the skin and soft tissue and measure approximately 3.0 cm in depth.

B. Sharp force injuries of torso (13 wounds)
19. There is a stab wound of the right upper chest (labeled 'U' in photographs).
This wound is located 6.0 cm right of anterior midline and 28.0 cm from the top of the head. The wound measures 1.5 cm in length and gapes up to 0.2 cm. The orientation of the wound on the skin surface is 4 – 10 o'clock. The 4 o'clock margin appears sharp. The direction of the wound is leftward, downward and backward. The wound involves the skin, soft tissue; there is transection of the proximal right subclavian artery. There is hemorrhage within the soft tissue adjacent to the transected right subclavian artery. There is extension of this hemorrhage into the mediastinum. There is a 0.3 cm abrasion at the 9 o'clock margin of this wound. The wound measures approximately 4.5 cm in depth.

20. There is a stab wound of the left upper chest (labeled 'V' in photographs).
This wound is located 12.0 cm left of anterior midline and near the top of the left shoulder. The wound measures 3.1 cm in length and gapes up to 1.1 cm. The orientation of the wound on the skin surface is 4 – 10 o'clock. The 4 o'clock margin appears sharp. There are two superficial incised wounds extending from the 4 o'clock margin which measure up to 0.4 cm. The direction of the wound is rightward, downward and backward. The wound involves the skin and soft tissue, anterior aspect of the left 2nd rib and left lung. A related stab wound is noted to the upper lobe of the left lung which measure 1.0 cm in length and it extends 1.0 cm into the lung parenchyma. The wound measures approximately 6.0 cm in depth.

21. There is a stab wound of the right chest (labeled 'W' in photographs).
This wound is located 2.1 cm right of anterior midline and 30.0 cm from the top of the head. The wound measures 1.2 cm in length and gapes up to 0.2 cm. The orientation of the wound on the skin surface is 4 – 10 o'clock. The edge of the 4 o'clock margin appears sharp. The direction of the wound is leftward and backward. The wound involves the skin and soft tissue and measures approximately 3.5 cm in depth.

22. There is a stab wound of the left chest (labeled 'X' in photographs).
This wound is located 6.5 cm left of anterior midline and 31.0 cm from the top of the head. The wound measures 0.3 cm in length and gapes up to 0.2 cm. The orientation of the wound on the skin surface is 6 to12 o'clock. The direction of the wound is rightward and backward. The wound involves the skin and soft tissue and measures approximately 1.2 cm in depth.

23. There is an incised wound of the left chest (labeled 'Y' in photographs).
This wound is located 6.0 cm left of anterior midline and 36.5 cm from the top of the head. The wound measures 3.2 cm in length and gapes up to 0.6 cm. The orientation of the wound on the skin surface is 3 to 9 o'clock. The direction of the wound is downward and backward. The wound involves the skin and soft tissue and measures approximately 2.5 cm in depth.

24. There is a stab wound of the right chest (labeled 'Z' in photographs).
This wound is located 12.0 cm right of anterior midline and 38.1 cm from the top of the head. The wound measures 1.0 cm in length and gapes up to 0.3 cm. The orientation of the wound on the skin surface is 1 to 7 o'clock. Both the 1 and 7 o'clock margins appear sharp. The direction of the wound is rightward and downward. The wound involves the skin and soft tissue and measures approximately 4.2 cm in depth.

25. There is an incised wound of the left lower chest (labeled 'AA' in photographs).
This wound is located 18.0 cm left of anterior midline and 43.2 cm from the top of the head. The wound measures 4.5 in length and gapes up to 2.5 cm. The orientation of the wound on the skin surface is 4 to 10 o'clock. Both the 4 and 10 o'clock margins appear sharp. The direction of the wound is leftward and upward. The wound involves the skin and soft tissue and measures approximately 4.1 cm in depth.

26. There is a stab wound of the left upper abdomen (labeled 'BB' in photographs).
This wound is located 18.5 cm left of anterior midline and 50.4 cm from the top of the head. This wound measures 4.0 cm in length and gapes up to 1.0 cm. The orientation of the wound on the skin surface is 5 to 11 o'clock. Both the 5 and 11 o'clock margins appear sharp. The direction of the wound is rightward and downward. The wound involves the skin, soft tissue, anterior aspect of the left 8th rib, spleen, and left kidney. Superficial incised wounds are noted to the lateral spleen and upper pole of the left kidney which measure up to 1.0 cm in length. This wound measures approximately 10.0 cm in depth.

27. There is a stab wound of the middle upper back (labeled 'CC' in photographs).
This wound is located of posterior midline and 17.5 cm from the top of the head. The wound measures 2.0 cm in length and gapes up to 0.3 cm. The orientation of the wound on the skin surface is 5 to 11 o'clock. The direction of the wound is downward and forward. The wound involves the skin, soft tissue and penetrates the intervertebral space between the 7th cervical and 1st thoracic vertebra; there is transection of the left vertebral artery. The spinal cord is not involved. Hemorrhaging into the paravertebral soft tissue is noted. The wound measures approximately 5.0 cm in depth

28. There is stab wound of the left back (labeled 'DD' in photographs).
This wound is located 4.1 cm left posterior midline and 24.9 cm from the top of the head. The wound measures 1.9 cm in length and gapes up to 0.6 cm. The orientation of the wound on the skin surface is 6 to 12 o'clock. Both the 6 and 12 o'clock margins appear sharp. The direction of the wound is forward. The wound involves the skin and soft tissue and measures approximately 4.2 cm in depth.

29. There is a stab wound of the right back (labeled 'EE' in photographs).
This wound is located 4.0 cm right posterior midline and 24.8 cm from the top of the head. The wound measures 2.0 cm in length and gapes up to 0.6 cm. The orientation of the wound on the skin surface is 6 to 12 o'clock. The 12 o'clock margin appears sharp. The direction of the wound is forward. The wound involves the skin and soft tissue and measures approximately 4.2 cm in depth.

30. There is a stab wound of the right back (labeled 'FF' in photographs).
This wound is located 6.0 cm right posterior midline and 27.4 cm from the top of the head. The wound measures 3.5 cm in length and gapes up to 1.0 cm. The orientation of the wound on the skin surface is 3 to 9 o'clock. The 3 o'clock margin appears sharp. The direction of the wound is forward and upward. The wound involves the skin and soft tissue and measures approximately 4.2 cm in depth.

31. There is a stab wound of the right lower back (labeled 'GG' in photographs).
This wound is located 7.0 cm right posterior midline and 37.5 cm from the top of the head. The wound measures 4.5 cm in length and gapes up to 1.1 cm. The orientation of the wound on the skin surface is 4 to 10 o'clock. The 4 o'clock margin appears sharp. The direction of the wound is leftward, upward and forward. The wound involves the skin, soft tissue, posterior aspect of the right 12th intercostal space and liver. There is a 2.0 cm stab wound of the posterior aspects of the right lobe of the liver which extends approximately 2 cm into the parenchyma. This wound measures approximately 10 cm in depth.

C. Sharp force injuries of extremities (at least 17 wounds)
Right arm:
32. There is an incised wound of the right anterior upper arm (labeled 'HH' in photographs).
This wound is located 14.0 cm right of anterior midline and 2.5 cm from the top of the right shoulder. The wound measures 6.0 in length and gapes up to 2.0 cm. The orientation of the wound on the skin surface is 5 to 11 o'clock. The direction of this wound is rightward and backward. This wound involves the skin and soft tissue and measures approximately 3.0 cm in depth.

33. There is a stab wound of the right anterior upper arm (labeled 'II' in photographs).
This wound is located 9.5 cm right of anterior midline of the right arm and 13.5 cm from the top of the right shoulder. The wound measures 5.0 in length and gapes up to 1.5 cm. The orientation of the wound on the skin surface is 6 – 12 o'clock. The 6 12 o'clock margin appears sharp. The direction of this wound is leftward, downward and backward. The wound involves the skin and soft tissue and measures approximately 7.0 cm in depth.

34. There is an incised wound of the right posterior arm near the elbow (labeled 'JJ' in photographs).
This wound is located at posterior midline of the right arm and 24.5 cm from the top of the right shoulder. The wound measures 11.0 in length and gapes up to 2.0 cm. The orientation of the wound on the skin surface is 1 to 7 o'clock. The direction of this wound is leftward and upward. This wound involves the skin and soft tissue and measures approximately 7.5 cm in depth.

35. There is an incised wound of the right anterior wrist (labeled 'KK' in photographs).
This wound is located of anterior midline and 24.0 cm from the right elbow. The wound measures 1.5 in length and gapes up to 0.1 cm. The orientation of the wound on the skin surface is 6 to 12 o'clock. This wound involves the skin and superficial soft tissue and measures approximately 0.2 cm in depth.

36. There is an incised wound of the medial aspect of the right hand (labeled 'LL' in photographs).
This wound is located 3.9 cm left of anterior midline of the right arm and 28.0 cm from the right elbow. The wound measures 3.2 in length and gapes up to 0.3 cm. The orientation of the wound on the skin surface is 3 to 9 o'clock. The direction of this wound is rightward and upward. This wound involves the skin and soft tissue and measures approximately 0.9 cm in depth.

37. There are multiple superficial incised wounds of the palm of the right hand (labeled 'MM' in photographs).
These wounds range in size from 0.2 – 1.9 cm and have variable orientation on the skin surface. These wounds involve the skin and superficial soft tissue of the palm of the right hand.

38. There is an incised wound of the right posterior wrist (labeled 'NN' in photographs).
This wound is located of posterior midline of the right arm and 22.0 cm from the right elbow. The wound measures 5.5 in length and gapes up to 1.5 cm. The orientation of the wound on the skin surface is 2 to 8 o'clock. The direction of this wound is downward and forward. This wound involves the skin and soft tissue and measures approximately 1.5 cm in depth.

39. There is an incised wound of the right posterior 2nd finger (labeled 'OO' in photographs).
This wound is located over the posterior middle phalanges of the 2nd finger. This wound measures 2.0 cm in length and gapes up to 0.5 cm. The direction of this wound is downward and forward. This wound is superficial and involves the skin and soft tissue.

Left arm:
40. There is a stab wound of the left anterior upper arm (labeled 'PP' in photographs).
This wound measures 3.0 cm left of anterior midline and 13.0 cm from the left shoulder. The wound measures 5.5 cm in length and gapes up to 2.5 cm. The orientation of the wound on the skin surface is 6 to 12 o'clock. The 12 o'clock margin appears sharp. This wound is related to the stab wound of the left lateral upper arm described in the paragraph below labelled "41". There is a "C" shaped superficial incised wound at the 1 o'clock margin of this wound.

41. There is a stab wound of the left lateral upper arm (labeled 'QQ' in photographs).
This wound is located 9.0 cm left of anterior midline and 23.5 cm from the top of the left shoulder. The wound measures 15.0 cm in length and gapes up to 3.9 cm. The orientation of the wound on the skin surface is 6 to 12 o'clock. Both the 6 and 12 o'clock margins appear sharp. The direction of this wound is rightward, upward and forward. This wound is related to the stab wound of the left anterior upper arm described in the paragraph above labelled "40". This wound measures approximately 9.8 cm in depth.

42. There are multiple complex stab\incised wounds of the left posterior forearm (labeled 'RR' in photographs).
These wounds range in size from 6.0 – 22.0 cm in length and involve an area from 2.5 – 7.9 cm of the left posterior forearm. These wounds have a variable orientation on the skin surface, are interconnected and involve the skin and deep soft tissue/musculature of the left forearm.

43. There are multiple superficial incised wounds of the palm of the left hand (labeled 'SS' in photographs).
These wounds range in size from 0.4 – 1.5 cm and have variable orientation on the skin surface. These wounds involve the skin and superficial soft tissue of the palm of the left hand.

44. There are multiple incised wounds of the anterior aspect of the left 2^{nd} – 5^{th} fingers (labeled 'TT' in photographs).
These wounds range in size from 0.2 – 2.5 cm and have variable orientation on the skin surface. These wounds extend in depth to approximately 0.3 cm.

45. There is an incised wound of the medial aspect of the left upper arm (labeled 'UU' in photographs).
This wound is located 11.5 cm right of anterior midline and 13.5 cm from the top of the left shoulder. The wound measures 6.0 cm in length and gapes up to 2.0 cm. The wound has a "W" shape. The orientation of the wound on the skin surface is 4 to 10 o'clock. There is a 4.5 cm superficial incised wound at the 4 o'clock margin and a 2.0 cm superficial incised wound from the 9 o'clock margin. The direction of this wound is leftward and downward. This wound extends approximately 2.0 cm in depth.

46. There is a stab wound of the left anterior upper arm (labeled 'VV' in photographs).
This wound is located 5.5 cm right of anterior midline and 15.0 cm from the left shoulder. The wound measures 1.5 cm in length and gapes up to 0.5 cm. The orientation of the wound on the skin surface is 2 to 8 o'clock. Both the 2 and 8 o'clock margins appear sharp. The direction of this wound is leftward and downward. The wound involves the skin and soft tissue and measure approximately 2.0 cm in depth. A 7.0 x 5.5 cm purple eccymotic area extends from this wound.

47. There is an incised wound of the left anterior upper arm (labeled 'WW' in photographs).
This wound is located 1.5 cm right of anterior midline and 19.5 cm from the left shoulder. The wound measures 4.0 cm in length and gapes up to 1.5 cm. The orientation of the wound on the skin surface is 2 to 8 o'clock. The direction of this wound is rightward, upward and backward. The wound involves the skin and soft tissue and measure approximately 3.0 cm in depth.

48. There is an incised wound of the left anterior upper arm (labeled 'XX' in photographs).
This wound is located 1.0 cm left of anterior midline and 22.0 cm from the left shoulder. The wound measures 5.0 cm in length and gapes up to 1.5 cm. The orientation of the wound on the skin surface is 5 to 11 o'clock. The direction of this wound is rightward and upward. The wound involves the skin and soft tissue and measure approximately 1.0 cm in depth.

II. Multiple blunt force injuries:
There is a 0.5 x 0.4 cm abrasion of the right posterior external ear. There is a 0.3 x 0.2 cm abrasion of the left parietal scalp behind the left ear. A 2.5 x 2.0 cm purple subgaleal contusion is noted of the left occipital scalp. There is a linear 1.6 cm abrasion of the right upper chest. There is a 0.2 x 0.2 cm abrasion of the left abdomen. Multiple parallel linear vertical abrasions are noted of the middle back which range in size from 0.7 – 11.5 cm. There are multiple abrasions of the left posterior wrist which range in size from 0.2 to 11.0 cm. A 0.4 x 0.2 cm abrasion is noted of the right posterior arm near the elbow. A 4.0 x 1.5 cm purple contusion is noted of the right medial thigh. A 2.5 x 2.1 cm purple contusion is noted of the right lateral thigh. A 5.1 x 2.4 cm purple contusion surrounded by multiple purple\brown contusions which range in size from 0.3 – 2.1 cm are noted on the left anterior thigh. There is a 0.5 x 0.4 cm purple contusion and a 4.2 x 2.5 cm purple contusion of the left anterior distal leg. A 1.1 x 1.0 cm purple contusion is noted of the left posterior distal leg.

BODY CAVITIES

The body is opened through the customary "Y" shaped incision.

Hemorrhage is noted within the soft tissues of the torso secondary to the sharp force injuries described in the "Injuries" section above; otherwise the subcutaneous fat is normally distributed, moist, and bright yellow and the musculature through the chest and abdomen is rubbery and maroon.

The sternum is removed in the customary fashion. The organs of the chest and abdomen are in normal position and relationship. The diaphragms are intact bilaterally.

PARIETAL PLEURA:

There is approximately 200 mL of liquid and clotted blood within the left pleural cavity.

PERICARDIUM:

Is a smooth, glistening, intact membrane, and the pericardial cavity, itself, contains the normal amount of clear, straw-colored fluid.

PERITONEUM:

There is approximately 100 mL of liquid and clotted blood within the peritoneal cavity.

HEART:

The heart weighs 300 gm. It has a normal configuration and location. There are no adhesions between the parietal and visceral pericardium, and the latter is a smooth, glistening, fat laden characteristic membrane. The coronary arteries arise and distribute normally with no significant atherosclerosis. The coronary ostia are normally located and widely patent. The chambers and atrial appendages are unremarkable. The endocardium is a smooth, gray, glistening, translucent membrane uniformly. The myocardium is intact, rubbery, and red-tan, with the left ventricular free wall myocardium measuring 1.4 cm, the septal myocardium measuring 1.4 cm and the right ventricular myocardium measuring 0.3 cm. The papillary muscles and chordae tendineae are intact and unremarkable. The aorta (arch, thoracic and abdominal) and its major branches are unremarkable. The vena cava and major tributaries are widely patent.

NECK ORGANS:

The stab wounds involving the neck are described in the "Injuries" section above; otherwise the musculature is normal, rubbery, maroon, and the organs are freely movable in a midline position. The tongue is intact and normally papillated, without evidence of tumor or hemorrhage. The hyoid bone is intact. The cartilaginous structures forming the larynx are intact and without abnormality. The thyroid gland is symmetric, rubbery, light tan to maroon, and in its normal position without evidence of neoplasm. The epiglottis is a characteristic plate-like structure which shows no evidence of edema, trauma, or other gross pathology. The larynx is comprised of unremarkable vocal cords and folds, is widely patent without foreign material, and is lined by a smooth, glistening membrane. There are no petechiae of the epiglottis, laryngeal mucosa, or thyroid capsule.

THYMUS:

No significant tissue is identified grossly.

LUNGS:

The stab wound involving the left lung is described in the "Injuries" section above. The right lung weighs 400 gm, and the left weighs 320 gm. Visceral pleurae are smooth, glistening, and intact with minimal anthracosis and no bleb formation. The overall configuration is normal. The trachea is widely patent and lined by characteristic pink membrane. Likewise, the major bronchi and bronchioles bilaterally are patent, normally formed, and contain no significant occlusive material. The pulmonary arterial tree is free of emboli or thrombi. Intraparenchymal hemorrhage secondary to sharp force injury is noted within the left upper lobe; otherwise the parenchyma is uniformly spongy, varies from pink-tan to dark purple, and exudes moderate amounts of blood and clear, frothy fluid from its cut surfaces. There is no evidence of consolidation, granulomatous, or neoplastic disease. Hilar lymph nodes are within normal limits with relation to size, color, and consistency.

G.I. TRACT:

The esophagus shows an unremarkable mucosa, a patent lumen, and no evidence of gross pathology. The esophagogastric junction is unremarkable. The stomach is of normal configuration, is lined by a smooth, glistening, intact mucosa, has an unremarkable wall and serosa, and contains approximately 200 mL of a tan homogenate admixed with a food like substance which has passed to the duodenum. The duodenum, itself, is patent, shows an unremarkable mucosa and no evidence of acute or chronic ulceration. Jejunum and ileum are unremarkable and contain soft brown fecal material. There is no Meckel's diverticulum. The ileocecal valve is intact and unremarkable. The appendix is identified. The colon is examined segmentally and shows no evidence of neoplasm or trauma. There are no diverticula. Anus and rectum are unremarkable.

LIVER:

The stab wound involving the liver is described in the "Injuries" section above. The liver weighs 1630 gm. It is of normal configuration, rubbery and tan.

GALLBLADDER:

The gallbladder lies in its usual position, contains liquid bile. Multiple irregularly shaped light green calculi are present within the gallbladder lumen; otherwise the biliary tree is intact and patent without evidence of neoplasm or calculi.

PANCREAS:

The pancreas lies in its normal position, shows a normal configuration, is pink-tan and characteristically lobulated with no apparent gross pathology.

SPLEEN:

The stab wound involving the spleen is described in the "Injuries" section above. The spleen weighs 210 gm. The organ is rubbery, maroon, and shows characteristic follicular pattern.

ADRENALS:

The adrenals lie in their usual location, show yellow cortices and tan to gray medullae.

KIDNEYS:

The stab wound involving the right kidney is described in the "Injuries" section above. The right kidney weighs 120 gm and the left weighs 100 gm. Both are configurated normally. The capsules strip with ease bilaterally and the subcapsular surfaces are smooth. Sections show the organs to be moderately congested with unremarkable cortices, medullae, calyces and pelves. Ureters and blood vessels are patent and unremarkable.

URINARY BLADDER:

The urinary bladder contains urine. Its serosa and mucosa are unremarkable.

FEMALE GENITALIA:

The vagina is intact and shows no gross pathology. The cervical mucosa is pink, smooth and unremarkable. The endocervical canal is within normal limits. The uterus has a symmetrical overall unremarkable configuration and is nongravid. The myometrium is light tan and rubbery. Bilateral adnexa are unremarkable.

BRAIN AND MENINGES:

The sharp force injuries involving the scalp are described in the "Injuries" section above. The scalp is opened through the customary intermastoid incision. The calvarium is removed through the use of an oscillating saw and is intact without evidence of osseous disease. The brain weighs 1250 gm. Dura and leptomeninges are unremarkable without evidence of trauma. Cranial nerves and circle of Willis arise and distribute normally and show no significant pathology. Diffuse cerebral edema is noted; otherwise externally the brain is normally configurated and symmetric, and multiple serial sections of cerebral hemispheres, midbrain, pons, medulla, and cerebellum show no gross pathological change apart from moderate congestion. The ventricular system is also symmetric and unremarkable. The base of the skull is intact without osseous abnormality.

RIBS:

The sharp force injures involving the ribs are described in the "Injuries" section above.

PELVIS:

Intact.

VERTEBRAE:

The sharp force injury involving the vertebrae is described in the "Injuries" section above.

BONE MARROW:

Moist and dark red. Unremarkable.

TOXICOLOGY

See attached report.

OPINION

The cause of death is multiple sharp force injuries and the manner of death is homicide.

BOARD OF MEDICOLEGAL INVESTIGATIONS

OFFICE OF THE CHIEF MEDICAL EXAMINER

901 N.Stonewall
Oklahoma City, Oklahoma 73117

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By _____

Date _____

REPORT OF LABORATORY ANALYSIS

ME CASE NUMBER: 1503457

LABORATORY NUMBER: 152981

DECEDENT'S NAME: APRIL BEVER

DATE RECEIVED: 7/27/2015

MATERIAL SUBMITTED: BLOOD, VITREOUS, LIVER, BRAIN, GASTRIC

HOLD STATUS: 5 YEARS

SUBMITTED BY: BRITTANY CRASE

MEDICAL EXAMINER: JOSHUA LANTER M.D.

NOTES:

ETHYL ALCOHOL:

Blood:

Vitreous: NEGATIVE

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

EIA - (Heart Blood) - Amphetamine, Methamphetamine, Fentanyl, Cocaine, Opiates, PCP, Barbiturates, Benzodiazepines
(The EIA panel does not detect Oxycodone, Methadone, Lorazepam or Clonazepam)

RESULTS:

NONE DETECTED

Byron Curtis Ph.D.

08/10/2015
DATE

Byron Curtis, Ph.D., F-ABFT, Chief Forensic Toxicologist