

02-1157

SEND TO: Palestine Police Department
Anderson County District Attorney

THE SOUTHWESTERN INSTITUTE OF FORENSIC SCIENCES
AT DALLAS

5230 Medical Center Drive
P.O. Box 35728
Dallas, Texas 75235
(214) 920-5900

CAUSE OF DEATH

Date: 02 FEB 2002

Case No. 0456-02-0299JU

Name of Deceased: Curtis, Nikki 2 / White/ Female

Residence of Deceased: 902 N. Perry Palestine, Texas

Place of Death : Children's Medical Center

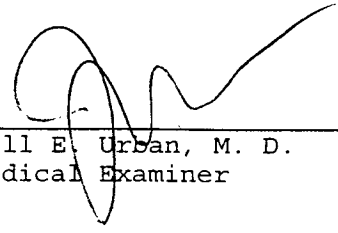
Place of incident/discovery: 902 North Perry

An AUTOPSY was performed and the cause of death is : Blunt force head injuries

Manner of Death: HOMICIDE

Pending: Reason:

Comment:



Jill E. Urban, M. D.
Medical Examiner

**STATE'S
EXHIBIT**
48

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

Case No. 0456-02 in the matter of Curtis, Nikki , deceased.

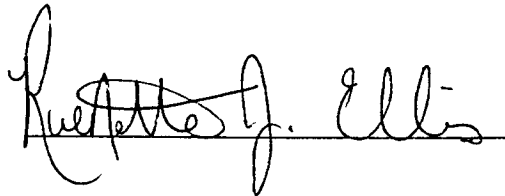
Office of the Medical Examiner
in the County of DALLAS
State of TEXAS

AFFIDAVIT

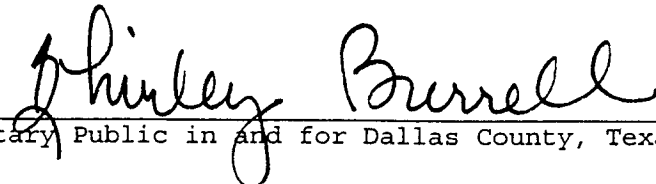
Before me, the undersigned authority, personally appeared RueNette J. Ellis , who, being duly sworn, deposed as follows:

My name is RueNette J. Ellis, 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 6 pages of records and xx photographs from the Dallas County Medical Examiner's Office. These said 6 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.



SWORN TO AND SUBSCRIBED before me on April 02, 2002 .



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
5230 Medical Center Drive
Dallas, Texas 75235

COPY
DALLAS COUNTY
INSTITUTE OF FORENSIC SCIENCES

Case No. 0456-02-0299JU

Name: Curtis, Nikki

Age: 2 Race: White Sex: Female

Date of Death: 01 FEB 2002 Date of Examination: 02 FEB 2002
Time of Death: 7:04 pm Time of Examination: 7:30 am

Pronounced at: Children's Medical Center
Dallas, Dallas County, Texas

AUTOPSY REPORT:

ORGAN WEIGHTS:

Brain	1550 g	R. Lung	170 g	R. Kidney	40 g
Heart	60 g	L. Lung	150 g	L. Kidney	40 g
Liver	550 g	Spleen	30 g		

EXTERNAL EXAMINATION:

The body is photographed, foot printed, x-rayed, and tagged.

When first viewed, the body is received nude, resting on a blanket, within a body bag, the ankles and wrists loosely tied.

The body is that of a well-developed, well-nourished white female whose appearance is compatible with the stated age of 2 years. The body weighs 28 pounds (12.7 kg) (50th percentile) and has the following measurements: crown-heel 91 cm (35.8 in) (75th percentile), crown-rump 57 cm (22.4 in), chest circumference 50.5 cm (19.8 in), head circumference 52 cm (20.4 in) (95th percentile), and foot length 13.5 cm (5.3 in). The body is cool, rigor is fully developed, and the posterior lividity is blanching. The body is well preserved and is not embalmed.

The irides are hazel and there are no petechiae of the bulbar or palpebral surfaces of the conjunctivae. The ears and nose are unremarkable. The teeth are natural and in good condition. The neck is unremarkable. The chest and breasts are symmetrical. The abdomen is flat and unremarkable. The external genitalia, anus, and perineum are unremarkable. The extremities are well developed and symmetrical. The buttocks are unremarkable.

IDENTIFYING MARKS AND SCARS:

The right upper arm has a 1/2 inch hyperpigmented patch.

EVIDENCE OF THERAPY:

- The head is shaved, with some abrasions at the vertex of the scalp, likely a result of shaving
- Intracranial pressure monitor in right frontoparietal scalp with adjacent sutured incision
- Nasogastric tube in right nares held in place by tape
- Oral endotracheal tube held in place by tape
- Cervical collar encircling the neck
- Foley catheter in urethra
- Double lumen catheter in left inguinal region
- Intravenous catheters in dorsa of hands bilaterally
- Contused puncture marks in anterior right and left wrists
- Puncture marks in right antecubital fossa and right inguinal region
- Intravenous catheters in right foot and right ankle
- Tape and splint on left foot surrounding bandaged puncture mark
- Linear dark red discoloration of the skin of the lower face and chin, consistent with therapeutic tape and cervical collar

EVIDENCE OF INJURY:

BLUNT FORCE INJURIES:

I. HEAD AND NECK:

The right side of the forehead has a faint 2 x 1-1/2 inch yellow-brown contusion. The skin immediately lateral to the left eye has a 1/4 inch abrasion. The left side of the cheek has a 1/4 inch blue contusion. The posterior scalp has a 2-1/2 by 1-1/2 inch aggregate of blue-purple contusions. The upper frenulum is lacerated and the lower lip on the right side has a 1/4 inch dark purple contusion. The ~~mucosal surface of~~ the chin has two 1/4 inch blue contusions.

Reflection of the scalp reveals diffuse confluent dark red subscalpular hemorrhage in the occipital and right temporal regions, which coalesce with diffuse subscalpular hemorrhage involving the parietal vertex and the left temporal region. There is a dense focus of subscalpular hemorrhage in the left temporal region, as well as a dense focus in the right frontoparietal region in the distribution of the intracranial pressure monitor (see treatment). Confluent subgaleal hemorrhage involves the vertex of the scalp, the lateral right convexity, and the occipital region. There are also isolated dark red foci of dense subgaleal hemorrhage; one involves the vertex of the scalp and measures 2 x 1 inch, one involves the occipital region and measures 2-1/2 x 2 inches, and one involves the left temporal region and measures 1/2 inch in diameter.

There are no skull fractures.

10 ml of clotted subdural blood overlies the right cerebral convexity, with a thin film of left parietal subdural hemorrhage. 10 ml of clotted blood are present in the right supratentorial subdural space, 5 ml of clotted

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subdural blood are present in the right middle cranial fossa and there is a thin film of subdural blood in the right anterior cranial fossa.

The brain and spinal cord are placed in formalin for fixation. Following fixation, there is bilateral subdural hemorrhage and patchy fresh subarachnoid hemorrhage. The brain shows generalized edema with flattened gyri and prominent tonsils. Sectioning reveals recent bilateral infarcts of the borderzone and posterior cerebral artery territories, as well as the basal ganglia and orbital frontal regions. The spinal cord is unremarkable.

The eyes are removed. The left and right optic nerves both show perineural hemorrhage within the optic sheath. The left perineural soft tissue is hemorrhagic. Following fixation, the eyes are bisected, revealing small foci of retinal hemorrhage bilaterally.

The neck is free of injuries externally. Anterior muscle-by-muscle neck dissection is unremarkable. The hyoid bone, larynx, prevertebral soft tissue, and cervical vertebrae are unremarkable.

II. TRUNK:

The posterior right upper shoulder has a 1-1/2 by 1 inch aggregate of red-purple contusions with some scattered yellow-green discoloration.

By internal examination, the clavicles, ribs, sternum, pelvis, and vertebral columns have no fractures. The cavities are free of hemorrhage. The viscera are unremarkable.

Reflection of the skin of the back, upper arm, and buttocks reveals no subcutaneous tissue hemorrhage. The proximal thoracic and distal cervical erector spinae muscles on the right side are hemorrhagic.

III. GENITALIA:

The external genitalia, hymen, vaginal mucosa, anus, rectal mucosa, and perineum are unremarkable.

IV. EXTREMITIES:

The lateral left lower arm has a 1/2 inch abrasion and the lateral left side of the foot has a 1/4 inch abrasion.

There are no extremity fractures.

INTERNAL EXAMINATION:

BODY CAVITIES: The thoracic and abdominal organs are in their normal anatomic positions. The right and left pleural cavities each contain 50 ml of serous fluid, the pericardial sac contains 5 ml of serous fluid, and the peritoneal cavity contains 100 ml of serous fluid. There are no adhesions.

HEAD: See previous description.

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NECK: See previous description.

CARDIOVASCULAR SYSTEM: The intimal surface of the abdominal aorta is free of atherosclerosis. The aorta and its major branches and the great veins are normally distributed. The pericardium, epicardium, and endocardium are smooth, glistening, and unremarkable. There are no thrombi in the atria or ventricles. The foramen ovale and ductus arteriosus are closed. The coronary arterial system is right predominant and free of atherosclerosis. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is dark red-brown and firm, and there are no focal abnormalities.

RESPIRATORY SYSTEM: The upper airway is unobstructed. The laryngeal mucosa is smooth and unremarkable without petechiae. The pleural surfaces are smooth and shiny. The pulmonary arteries contain no emboli. The major bronchi are unremarkable. Sectioning of the lungs discloses a dark red-blue, moderately congested, slightly edematous parenchyma.

HEPATOBIILIARY SYSTEM: The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains 6 ml of bile. The extrahepatic biliary ducts are unremarkable.

DIGESTIVE SYSTEM: The esophageal mucosa is gray, smooth, and unremarkable. The stomach contains approximately 25 ml of partially digested food with identifiable carrots. There are no tablets or capsules. The gastric mucosa has normal rugal folds and there are no ulcers. The small and large intestines are unremarkable externally. The appendix is present. The pancreas is unremarkable externally and upon sectioning.

GENITOURINARY SYSTEM: The subcapsular surfaces of the kidneys are smooth and slightly lobulated. The cortices are of normal thickness. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains less than 1 ml of clear yellow urine. The mucosa is gray, smooth, and unremarkable. The uterus, fallopian tubes, and ovaries are unremarkable externally and on sectioning.

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

RETICULOENDOTHELIAL SYSTEM: The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The lymph nodes are unremarkable.

MUSCULOSKELETAL SYSTEM: See previous description. The diaphragm is intact.

MICROSCOPIC EXAMINATION:

Brain: Patchy acute neuronal necrosis of neocortex, deep grey matter, and brainstem; multifocal traumatic axonal injury in a diffuse axonal injury distribution, with extensive superimposed vascular axonal injury by B-APP immunohistochemical staining; acute subdural hemorrhage with negative iron stains.

Heart: No significant pathologic diagnosis.

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Trachea: Mild, predominantly chronic, submucosal inflammation.

Lung: Interbronchial aggregates of neutrophils and macrophages.

Liver: No significant pathologic diagnosis.

Kidney: No significant pathologic diagnosis.

Spleen: No significant pathologic diagnosis.

Pancreas: No significant pathologic diagnosis.

Small intestine: No significant pathologic diagnosis.

Large intestine: No significant pathologic diagnosis.

Adrenal gland: No significant pathologic diagnosis.

Thyroid gland: No significant pathologic diagnosis.

Frenulum: Acute hemorrhage, edema, and acute and chronic inflammation; special stains for iron are negative.

Skin, occipital scalp: Extensive hemorrhage into subcutaneous fat; special stains for iron are negative.

es, right and left: Retinal and perineural hemorrhage.

FINDINGS:

Blunt force injuries:

1. Diffuse subscalpular and subgaleal hemorrhage, with discrete foci of subgaleal hemorrhage of the vertex of the scalp, occipital region, and left temporal region.
2. Subarachnoid and subdural hemorrhage.
3. Cerebral edema with bilateral cerebral infarcts.
4. Traumatic axonal injury.
5. Bilateral perineural and retinal hemorrhage of eyes.
6. Hemorrhage into musculature of back.
7. Contusions of head, lip, and left shoulder.
8. Laceration of frenulum.
9. Abrasions of face and extremities.

CONCLUSION:

It is our opinion that Nikki Curtis, a 2-year-old white female, died as the result of blunt force head injuries.

MANNER OF DEATH: Homicide.

TOXICOLOGY:

Blood: Alcohols and Acetone - negative.
 Cannabinoid Screen - negative.
 Drug Screen - 0.05 mg/L lidocaine.
 0.40 mg/L promethazine.
 9.2 mg/L phenytoin.

MICROBIOLOGY:

Blood culture: no growth in 5 days.


METABOLIC SCREENING TESTS:


Acylcarnitine profile - within normal limits.
 Biotinidase deficiency - within normal limits.
 Congenital adrenal hyperplasia -
 within normal limits.

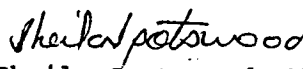
Protocol typed by Erma Robinson



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