

**Office of Hamilton County  
Medical Examiner**

3202 AMNICOLA HIGHWAY • CHATTANOOGA, TN 37406  
OFFICE: 423-493-5175 • FAX: 423-493-5176

C # C14-1507  
A # ME14-138  
I # RS14-355

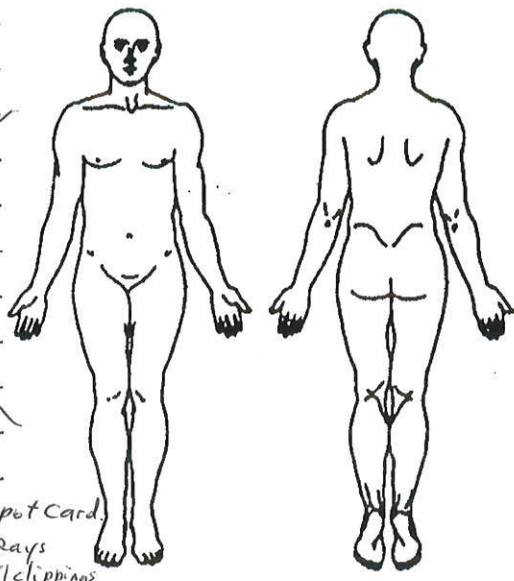
**REPORT OF INVESTIGATION BY COUNTY MEDICAL EXAMINER**

DECEASED Dakota James Arndt  
First Name Middle Name Last Name  
 HOME ADDRESS 10710 Jenkins Circle Soddy Daisy TN 37379  
Number and Street City or County State Zip  
 RACE: W SEX: M AGE: 3 DOB: 02/05/2011 DATE OF DEATH: 8-29-14  
 TYPE OF DEATH: Violent  Casualty  Suicide  Suddenly when in apparent health  Found Dead   
(Check one only) In prison  Suspicious, unusual or unnatural  Cremation   
 Comment Decedent was beaten  
 If Motor Vehicle Accident Check One: Driver  Passenger  Pedestrian  Unknown   
 Notification by Detective Merritt Investigating Agency HCME  
 Address HCSO Major Crimes Division

DESCRIPTION OF BODY: Clothed  Unclothed  Partly Clothed  Circumcised Yes  No   
 Eyes brown Hair pale brown Mustache 0 Beard 0  
 Weight 30.5 Pounds Length 40.5 Inches Body Temp. cold Date and Time 8-2-14, 9-3-14 at 9:15am  
 Rigor: Yes  No  Lysed  Livor Color faint red-purple Fixed  Non-Fixed

Marks and Wounds \_\_\_\_\_  
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*See chart B6*



BODY EXAMINATION BY: JM, KM, JC

TOXICOLOGY  No  Yes Blood to AIT Lab. DNA blood spot card.

**PROBABLE CAUSE OF DEATH**  
Blunt force injuries of head

*whole body X-rays  
R & L fingernail clippings*

MANNER OF DEATH		DISPOSITION OF CASE	
<small>(Check one only)</small>		1. Not a medical examiner case <input type="checkbox"/>	
Accident <input type="checkbox"/>	Natural <input type="checkbox"/>	2. Autopsy Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Pathologist <u>JM</u>
Suicide <input type="checkbox"/>	Unknown <input type="checkbox"/>		
Homicide <input checked="" type="checkbox"/>	Pending <input type="checkbox"/>		

I hereby declare that after receiving notice of death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Section 38-7-101 through 38-7-116 Tennessee Code Annotated; and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

10-3-14 HAMILTON James K. Metcalfe, M.D.  
Date County of Appointment Signature of County Medical Examiner  
 James K. Metcalfe, M.D.

FUNERAL HOME Legacy

**PERSONAL HISTORY:** Suicide attempts  Suicide threats  Hobbies, aptitude and skills with firearms, chemicals, etc.   
 Domestic, premarital or marital conflicts  Financial or business reverses  Social or religious conflicts  Legal difficulties   
 Criminal record  Unemployment  Fear of disease  Other (specify) N/A

**CONDUCT BEFORE DEATH:** Efforts to prevent help  Efforts to obtain help  Suicide attempt: Admitted  Denied   
 Refusal to talk  Written declaration of intended suicide  Accusations against others  Other (specify) N/A

	LAST SEEN ALIVE	INJURY OR ILLNESS	DEATH	DISCOVERY	MEDICAL EXAMINER OFFICE NOTIFIED	VIEW OF BODY
DATE		08/26/2014				
TIME		2033				

	LOCATION / ADDRESS	TYPE OF PREMISES (HOSPITAL, HOTEL, HIGHWAY, ETC.)
INJURY OR ONSET OF ILLNESS	10710 Jenkins Circle Soddy Daisy, TN	Residence
DEATH	975 E 3rd Street Chattanooga, TN	Childrens Hospital
VIEWING OF BODY BY MEDICAL EXAMINER		

MEDICAL ATTENTION AND HOSPITAL OR INSTITUTIONAL CARE	
NAME OF PHYSICIAN OR INSTITUTION	ADDRESS

**MEDICAL HISTORY** Drowning, Possible Child Abuse

CIRCUMSTANCES OF DEATH		
	NAME	ADDRESS
FOUND DEAD BY		
LAST SEEN ALIVE BY		
WITNESS TO INJURY OR ILLNESS AND DEATH	Detective Merritt	HCSO 14-30464
BODY TRANSPORTED BY		

**NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH:**

This office was notified for the death of a three ym who was taken to Childrens Hospital due to near drowning. HCSO major crimes investigating The decedent was transported to the medical examiner office for further investigation.

Ronald Smith   
 MEDICAL INVESTIGATOR

OFFICE OF HAMILTON COUNTY  
MEDICAL EXAMINER  
3202 AMNICOLA HIGHWAY, CHATTANOOGA, TN 37406

CASE NO. ME14-138  
COUNTY HAMILTON

**AUTOPSY REPORT**

NAME OF DECEDENT Dakota James Arndt  
RACE W SEX M AGE 3  
HOME ADDRESS 10710 Jenkins Circle  
Soddy Daisy TN 37379  
COUNTY MEDICAL EXAMINER James K. Metcalfe, M.D.  
ADDRESS Chattanooga, TN  
DISTRICT ATTORNEY GENERAL Honorable Neal Pinkston  
ADDRESS Chattanooga, TN  
CAUSE OF DEATH: Blunt force injuries of head  
NARRATIVE OF FINDINGS This 3-year-old white male died as a result of blunt force injuries of the head. The pattern of injury is consistent with inflicted multiple blunt trauma.

The purpose of this report is to provide a certified opinion to the County Medical Examiner and the District Attorney General. The facts and findings to support these conclusions are filed with the Office of the State Medical Examiner.

DATED October 3, 2014  
PATHOLOGIST *James K. Metcalfe*  
James K. Metcalfe, M.D.  
ADDRESS 3202 Amnicola Highway  
Chattanooga, TN 37406

OFFICE OF HAMILTON COUNTY  
MEDICAL EXAMINER

AUTOPSY PROTOCOL

Autopsy No: ME14-138 Case No: C14-1507  
Name: Dakota James Arndt Race: W Sex: M Age: 3  
Date of Autopsy: September 2, 2014 Date of Death: August 29, 2014  
Pathologist: James K. Metcalfe, M.D.

FINAL PATHOLOGICAL DIAGNOSIS

Blunt force injuries of head, as evidenced by:

1. Multiple contusions of scalp, face, and ears.
2. Subdural hemorrhage of cerebral convexities, mainly in right parieto-occipital area.
3. Widespread subarachnoid hemorrhage in sulci, especially in right lateral sulcus.
4. Inferior right frontal lobe cerebral contusion.
5. Bilateral retinal and optic nerve sheath hemorrhages.

Blunt force injuries of trunk and extremities, as evidenced by:

6. Multiple contusions of arms, legs and trunk/ back.

Blunt force injuries of external genitalia, as evidenced by:

7. Contusions of penile shaft, scrotal skin and soft tissue, right epididymis, and both testes.

Acceleration injury of neck, as evidenced by:

8. Hemorrhage in right anterior paraspinal muscles, anterior cervical fascia, and adjacent esophageal adventitia.

Other:

9. Hemorrhagic infarct right lower lobe due to small thromboemboli.
10. Patchy atelectasis of lungs, and bronchopneumonia.
11. High origin of right main coronary artery, above sinotubular junction.
12. Postoperative status organ donation, liver and both kidneys.
13. Ischemic necrosis of brain, cerebral cortex and white matter, with cerebral swelling.

TOXICOLOGY

See attached report, AIT Lab number 40441034.

## AUTOPSY PROTOCOL

I hereby certify that I, James K. Metcalfe, M.D. have performed an autopsy on the body of Dakota James Arndt on September 3, 2014, at 9:15 am at Hamilton County Forensic Center. The purpose of this report is to provide a certified opinion to the County Medical Examiner and District Attorney General. The facts and findings to support these conclusions are filed with the Tennessee Department of Health.

IDENTIFICATION: By hospital ID bracelets right wrist and left ankle, and ID tag right great toe.

CLOTHING: Disposable diaper.

EVIDENCES OF MEDICAL INTERVENTION: The right mouth has an endotracheal tube, taped to the face. The left nostril has an NG tube. The anterior trunk has a 13.5 inch vertical sutured organ donation incision extending from the sternal notch to the pubis. Three EKG pads are present on posterior trunk. The right groin has a triple IV line. Left groin has an IV line with adjacent needle marks and 0.7 inch related faint bruising. A Foley catheter is present with bag. The right antecubital fossa has an IV line. The anterolateral right wrist has a needle mark with surrounding 0.5 inch bruise. Anterolateral left wrist has arterial needle marks with 0.5 inch related bruising. The anterior medial left ankle has a needle mark with 0.4 inch related bruise. The anterior lateral left ankle has a needle mark. The left great toe has a pulse oximeter. The dorsum of left foot has a needle mark with 0.4 inch related bruise.

EXTERNAL AND INTERNAL EVIDENCES OF INJURY: The central forehead has 2.5 cm area of spotty hemorrhages and scars. The left forehead has a 2 cm area of spotty hemorrhage; above and below this are 3 purplish bruises up to 0.7 inch. The right and mid occipital scalp has 3.5 x 1.8" red and purple bruise. Reflection of the scalp flap shows multiple separate contusions up to 3 cm diameter, 9 on left and 4 on right; the right occipital area is 9 cm diameter. The left cheek has a 0.7 x 0.5" purplish bruise, and posterior to this 3 linear abrasions/scratches up to 0.6 inch. The left angle of mandible area has a 0.2 inch bruise. Right cheek has a 0.1 inch bruise. The right mandible margin has 3 bruises up to 0.3 inch. Right pinna has several faint reddish bruises up to 0.5 inch laterally, and posteromedially it has several bruises up to 0.3 inch, also a 0.2 inch linear bruise at the top margin; above the right ear is a 0.4 inch faint bruise. The left pinna has a 0.2 inch bruise at the top, posteriorly nearby a 0.3 x 0.2" bruise, and further down posteriorly a 0.2 inch bruise. The mouth has 2 faint reddish 0.4 inch bruises; tooth #24 is missing. The anterolateral right neck has 2 linear scratch marks up to 0.1 inch. The right clavicular area has 3 linear scratches up to 0.3 inch. The superior left shoulder has 5 spotty red contusions up to 0.4 inch. The lateral right shoulder has 2 purple bruises up to 1 inch. The right inframammary area has a 0.2 inch bruise. The mid and left suprapubic area has a 2 x 0.7" bruise. The left groin has a 1.8 x 0.7" faint purplish bruise. The left mid back has a 0.1 inch bruise. The right lower back has a 0.4 inch bruise. The posterior iliac spine area has a 0.3 inch bruise. The lateral right iliac crest area has 0.6 inch bruise. The right posterior and posterior lateral buttock has 3 faint bruises up to 1 inch. The left buttock below the gluteal fold has a 0.9 inch bruise. The anterolateral left upper arm has a faint 0.3 inch bruise. The dorsum of the left second knuckle has a 0.1 inch bruise. The dorsum of the left hand has 0.2 inch healing scratch. The anterior right upper arm has a faint red-brown 1 x 0.6" bruise. The anterior right forearm has several faint red marks up to 0.4 inch; below this are 3 bruises up to 0.2 inch. The right thenar eminence has a 0.3 inch bruise. The posterior lateral right elbow has a faint brownish purple 0.8 inch bruise. The posterior right forearm and wrist have a row of bruises up to 0.7 inch. The dorsum of the right 2, 3, 4 fingers have small scratch marks. The lateral left upper thigh has 3 bruises up to 0.8 inch. The lateral left knee has 2 bruises up to 0.3 inch. Anterior left knee has 2 bruises up to 0.2 inch. The medial left knee has a 0.8 inch faint red bruise. The upper anterior left tibia has a 1 x 0.5" bruise with a 0.2 inch scar. Anterior right thigh has a 0.4 inch red bruise. Below this above the knee is a 0.3 inch bruise. The anterior upper right tibia has a 0.2 inch bruise. The lateral right ankle has linear scratches up to 0.7 inch. The anterior right ankle has a 0.6 inch faint purple bruise. The inferior surface of the right mid foot has a 0.2 inch round red mark/ healing abrasion, section taken. The anterior left scrotum has a 0.4 inch faint bluish bruise. The posterior left scrotum has a faint reddish 0.4 inch bruise.

The inferior and bilateral penile shaft distal third has faint reddish purple discoloration up to 0.7 inch. The glans penis has faint purplish discoloration. In hospital, antemortem, the left penile shaft had 4 faint reddish discolorations up to 0.4 cm. The anus has 4 rounded purple slightly raised circumscribed areas resembling hematoma, up to 0.7 cm, at 10, 12, 2, and 5-8:00, reference posterior as 12:00.

#### EXTERNAL EXAMINATION:

The body is that of a now nude, 40.5 inch (75th percentile), 30.5 pound (15.6 Kg on admission/ 50th pct), well-developed 3 yr 7 month old white male child who looks appropriate for the stated age. Crown is 20 inch circumference (50th pct), chest is 22.5 inch circumference, abdomen is 15 inch circumference, and crown-rump length is 25 inches. Rigor mortis is present; livor mortis is faint red-purple, posterior, fixed and non-fixed. There is some livor at medial left forearm, and faint red Tardieu spots on posterior thighs. The skin is cold to the touch.

The head is normocephalic. The hair is pale brown/ blond, short/ 1.5 in. The face shows no petechiae. The eyes show brown irides, pupils are 0.3 cm equal, and the sclerae are white. No conjunctival petechiae, edema, or hyperemia are seen. The ears have no other abnormality. The nose is intact to palpation. Frenula are intact; no other oral trauma or petechiae are visible. The decedent has own teeth, in good condition otherwise. The chest shows a normal anterior-posterior diameter. The abdomen has normal contour; the right lower quadrant has a 0.4 inch birthmark/ pale brown macule. The posterior left forearm has a linear 3 x 0.1" old skin scar extending downward from the elbow. The posterolateral right forearm below the elbow has a 0.7 inch linear old skin scar. The anterior right thigh has some adherent old tape adhesive. The right knee and right tibial area have 4 old skin scars up to 0.3 inch. Below the anteromedial left knee are 3 linear old skin scars up to 1 inch. The anterior left ankle has a small old skin scar. There is plantar flexion of both feet. The external genitalia are male, with both testes palpable in the scrotum. The anus and perianal/perineal area show no other abnormality. No congenital abnormalities are seen. The skin and conjunctiva show no jaundice.

#### INTERNAL EXAMINATION:

The body is opened in T-shaped incision extending the organ donation incision, and intermastoid incision, to reveal 0.5-1 cm of yellow subcutaneous fat and unremarkable red-brown musculature. On opening the thorax, the lungs are normally expanded in the OR. The pleural surfaces are smooth and shiny, with no petechiae, and no abnormal fluid. On opening the pericardium, the surfaces are smooth, and there are no epicardial petechiae. The pericardial sac has no abnormal fluid. On opening the abdomen, the viscera are in their usual locations, the serosa is smooth and shiny, and there is a 50 mL of yellow-stained ascitic fluid in OR. At autopsy there is some operative-related hemorrhage in the peritoneal recesses, comprising retro-rectal, anterior to rectum, and anterior to bladder.

**RESPIRATORY SYSTEM:** The hyoid bone is dissected and appears intact, non-fused. The epiglottis is normal. The larynx has 0.5 cm right and left mucosal ulcerations below the vocal cords, resembling site of ET tube, and shows a normal lumen; there is 0.4 cm spotty right and left posterior cricoarytenoid muscle hemorrhage, and no other hemorrhage. Aryepiglottic folds have some edema. Superior horns of thyroid cartilage are not fractured. No gastric contents or other foreign or food material is present in the larynx, pharynx or tracheobronchial tree, except for plentiful mucoid material in the lumen of bronchi bilaterally. The mucosal lining of the larynx, trachea and bronchi has some reddening. The right and left lungs weigh 110 and 81 grams, respectively. External and cut surface of the lungs show the lower lateral portion of the right lower lobe has a 5 x 3 cm dark red circumscribed area, with apparent thrombi up to 0.2 cm diameter in arteries proximal to this. The left lower lobe has some slightly depressed mildly reddish-purple areas resembling atelectasis, also focally seen in the right upper lobe. The lung parenchyma also has mild edema, and no other focal lesions. The diaphragm is intact in OR.

**CARDIOVASCULAR SYSTEM:** The 82g heart has normal shape. The great vessel attachments are normal. The epicardium is smooth, shiny, and translucent. The coronary artery ostia are patent, and the right main ostium arises 2 mm above the sinotubular junction. The coronary arteries show normal

configuration otherwise, and have no blockages. The myocardium is brown, with no scars, and has somewhat increased firmness and bulbous shape. The thickness of the right and left ventricles are unremarkable. The endocardium is thin and translucent. The foramen ovale and ductus arteriosus are closed. No interventricular septal defects or other congenital abnormalities are seen. Tricuspid, mitral, aortic and pulmonary valves are unremarkable, with no perforations or vegetations. The chordae tendineae are thin and not fused. The papillary muscles show no fibrosis. The aorta is patent throughout and has even diameter; abdominal portion is visualized in the OR, and is absent post-donation at postmortem. The ostia of the major branches are patent, also visualized at kidney donation splitting. The pulmonary arteries show no thromboemboli, atherosclerosis, or visible narrowing. The inferior vena cava is normal.

**HEPATOBIILIARY SYSTEM:** The grossly normal-sized liver has a smooth thin capsule in OR and no discoloration. It is absent at postmortem, due to donation. The extrahepatic biliary tree is patent and not dilated. The gallbladder has a shiny surface and its wall is evenly thin throughout. It contains 30 ml of brownish slightly viscous bile and no stones; gallbladder is flushed at OR.

**DIGESTIVE TRACT:** The tongue is normal. The esophagus has pale, opaque and smooth mucosa and is patent throughout; the gastroesophageal junction is intact. The stomach lumen has approximately 50ml of greenish partly translucent mucoid material, with no food particles or foreign material. The gastric mucosa has normal pale pink-brown rugated appearance; the wall has an even thickness. The small and large intestine are unremarkable. The appendix is present. The anal canal is patent, and anorectal mucosa is otherwise unremarkable. The normal sized pancreas has usual firmness and a tan-pink, homogeneous cut surface with unremarkable lobularity; at postmortem there is donation-related bovie incision through the midportion.

**HEMATOPOIETIC SYSTEM:** The vertebral marrow is brick red, no nodules are seen and the bony trabeculae are normal in appearance. The normal-sized spleen has smooth red-gray capsule in OR. At postmortem spleen is absent due to donation. There is some reactive lymph node enlargement in the small intestine mesentery. The 6g thymus has no petechiae on external and cut surface; parenchyma is unremarkable lobular pale pink-gray.

**ENDOCRINE SYSTEM:** The right and left adrenals appear normal-sized in OR, and are absent at postmortem. The 3g thyroid gland is not enlarged and shows a normal configuration; the cut surface has reddish brown appearance with no nodularity or fibrosis. The pituitary has normal size and unremarkable cut surface.

**MUSCULOSKELETAL SYSTEM.** The right shoulder is dissected in the anterior two thirds and shows no visible hemorrhage or dislocation. The thoracic inlet has 3 x 2 cm area of hemorrhage from organ donation/ sternotomy, and some hemorrhage at the upper sternotomy margin. The right mid paraspinal muscles of the neck have 3 x 1 cm patchy thin hemorrhage at C4-5 level, and C4 level has mild hemorrhage in the anterior vertebral fascia. At this same level, the pharyngeal-esophageal junction has a 1 cm area of thin hemorrhage in the esophageal adventitia posteriorly, in the area of endotracheal tube. Paravertebral areas otherwise show no hemorrhages; includes examination by anterior and posterior neck incisions, extending to lower back and buttocks incisions and posterior legs. The anterior strap muscles of the neck are dissected layerwise and show no hemorrhage. There is a 2 cm area of hemorrhage in the left lateral base of neck. Subcutaneous bruising is seen corresponding to the visible surface contusions. The ribs, vertebrae and bones of the pelvis are intact and show no evidence of acute or chronic fractures. Upper and lower extremities have no palpable fractures.

**GENITOURINARY SYSTEM:** The right kidney and left kidney are normal-sized in OR and have an unremarkable smooth cortical surface. Kidneys are absent at postmortem due to donation. The left and right ureters have normal diameter, in OR. The bladder, prostate and anorectum are removed in toto at autopsy. Incision into the penile-scrotal junction at left anterolateral shows a 1 cm underlying soft tissue hemorrhage at the base of left penile shaft corresponding to the anterior scrotal bruise. Reflection of the

penile skin does not show any other penile shaft hemorrhage. Deeper scrotal dissection shows a 0.9 cm hemorrhage in the right epididymis; incision into the right testis itself shows unremarkable granular pale brown parenchyma with no hemorrhage. Incision into the left epididymis and testis shows no hemorrhage. The bladder contains no urine and has normal pale mucosa. The prostate is not enlarged.

**CENTRAL NERVOUS SYSTEM:** On opening the scalp, there are multiple contusions/ hemorrhages, as above. The calvarium and base of the skull are of normal thickness and show no fractures. The dura has extensive dark red discoloration of subdural hemorrhage, confluent in the right parieto-occipital area, and more linear dark red discoloration in the remaining convexities from the underlying widespread subarachnoid hemorrhage involving the sulci, most noticeable in the right lateral sulcus, and there is also some on the inferior surface of the cerebellum. Reflection of the dura shows 10 x 9 x 1 cm subdural hematoma at the right parieto-occipital area and a thinner layer of subdural hemorrhage toward frontoparietal, bilaterally, and also extending to right temporal and occipital lobes. The 1495 gm brain has softened consistency. The meninges are otherwise thin, transparent and glistening. The cerebral hemispheres are symmetrical with a normal gyral pattern except for widespread swelling/ flattening of sulci. There is some uncal and cerebellar tonsillar herniation. The vessels at the base of the brain have a normal distribution. The cranial nerves appear intact. Serial sections of the cerebrum, cerebellum and brainstem show some softening of the gray and white matter, with focal central friability. The inferior surface of the right frontal lobe has a 0.5 cm cortical contusion. The ventricles are not dilated. The cortex is pale dusky in appearance with some pink-gray discoloration. The cerebrospinal fluid is bloodstained. Optic nerves with ocular globes are taken via orbital roof removal, for histologic evaluation; right optic nerve has confluent hemorrhage in the optic nerve sheath, and the left optic nerve has several patches of optic nerve sheath hemorrhage up to 0.2 cm. Spinal cord is removed by anterior spinal column exposure; it has subdural dark red discoloration from the C-7 vertebra down to the midthoracic vertebra level. On opening the spinal dura, there is patchy subdural hemorrhage and some thickened dark grayish red material consistent with herniated brain tissue. Serial incisions through the spinal cord itself show no grossly visible abnormality.

**EVIDENCE TAKEN:** Hospital admission and TDS blood to AIT Lab, Blood spot DNA card; head hair; right and left fingernail clippings, histology sections.

**RADIOGRAPHY:** Postmortem full body x-rays are done on 5 films and show no recent or old fractures.

**SLIDE KEY:**

1. Cuff ulcerations, left lung, right lung.
2. Heart, spinal cord.
3. Right epididymis.
4. Left testis.
5. Suprapubic, scrotal, base of glans/prepuce.
6. Posterior perirectal muscle, bladder.
7. Right frontal contusion, inferior.
8. Subdural membrane.
9. Back of head.
10. Left parietal scalp.
11. Sole of foot.
- 12-16. Anal purplish nodules.
- 17, 18. Left eye globe.
- 19, 20. Right eye globe.

**MICROSCOPIC SUMMARY:**

Total of 20 H&E glass slides examined, and 2 iron stained slides.

**HEART:** Myocardium has no acute infarction change, myocarditis, or fibrosis.



LUNG: Bronchus has ulceration with inflamed granulation tissue. Lung has atelectasis, areas with numerous neutrophils in alveoli/ pneumonia, a few multinucleated giant cells consistent with aspiration, and hemorrhagic area with infarct-type changes.

GENITOURINARY: Hemorrhage/contusion is present in right epididymis, surrounding fibrovascular tissue, and also several foci of contusion in testis itself. Several contusion foci are also present in the left testis, and not in left epididymis. Base of glans/prepuce has hyperemia but no contusion. Scrotal section has fibrovascular and fatty tissue with no contusion. Suprapubic skin/subcutaneous tissue has hemorrhage/contusion in the fibrofatty subcutaneous tissue, with focal reactive changes. Posterior perirectal muscle has no hemorrhage. Bladder has no contusion. Anorectal sections show dilated blood vessels/ hemorrhoids, and no contusion.

SKIN: Back of head bruise has hemorrhage in the dermis, subcutaneous tissue and galea, with no reactive neutrophils visible. Left parietal scalp is similar, with hemorrhage in the lower dermis, subcutaneous tissue and galea, with no reactive neutrophils. Sole of foot has hyperkeratotic skin with central thin epithelium consistent with healing trauma/ ulceration, along with degenerating neutrophils in overlying keratin/ scab, fibrin in subepidermal space, and residual hemorrhage in the upper dermis. The scab has patchy hyalinized eosinophilic coagulative-like appearance suggesting thermal effect.

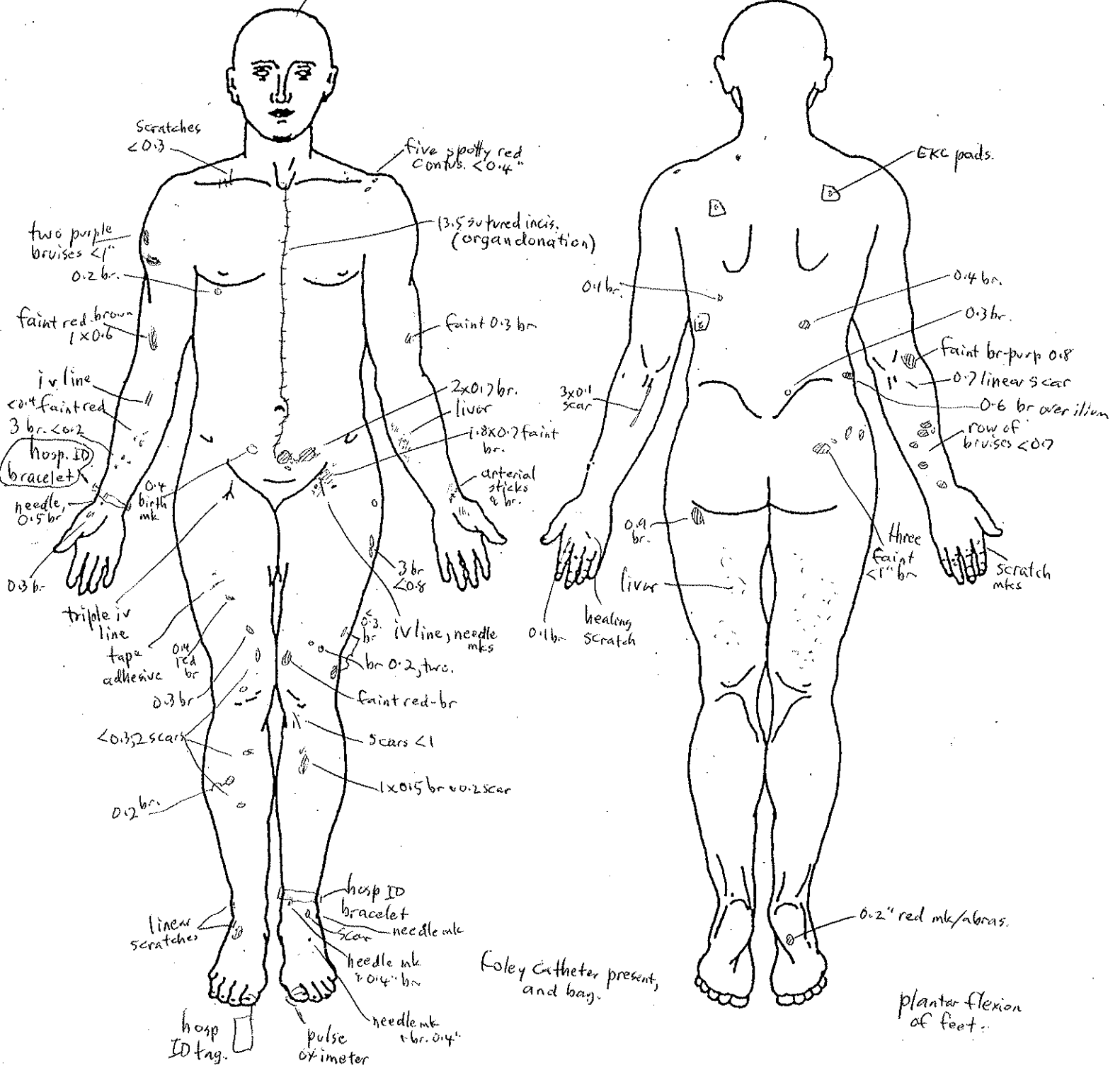
BRAIN: Subdural hematoma/ membrane has acute hemorrhage, no fibroblasts visible. Cerebral/ right inferior frontal has hemorrhage/contusion in the gray matter, also some subarachnoid hemorrhage. Upper thoracic spinal cord has some hemorrhage in the arachnoid and also some adherent necrotic partially hemorrhagic cerebellar tissue displaced into the spinal canal. Spinal cord itself does not show hemorrhage. Lower medulla section has similar adherent cerebellar tissue, some arachnoid hemorrhage, and also several gliding and surface contusions within the axial medulla itself. Eye globe sections show focal acute hemorrhage present in and under retina, and in sclera at optic nerve insertion. Changes are more noticeable on the right than the left. Optic nerves have hemorrhage in the arachnoid, and within, under and outside of the dura, in the fat. Iron stain is negative.

ME14-138

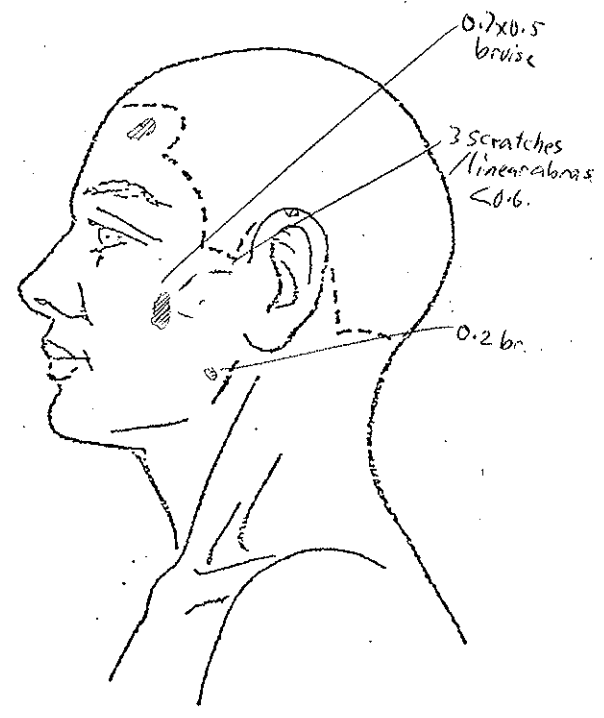
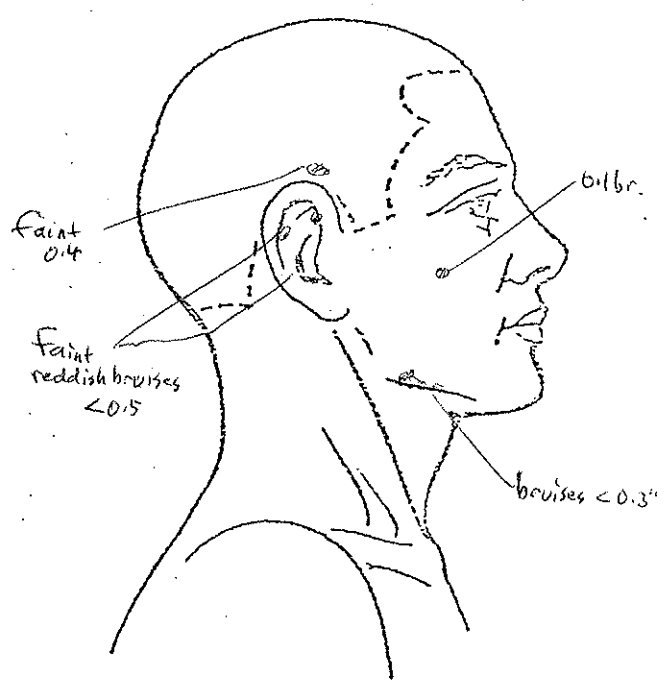
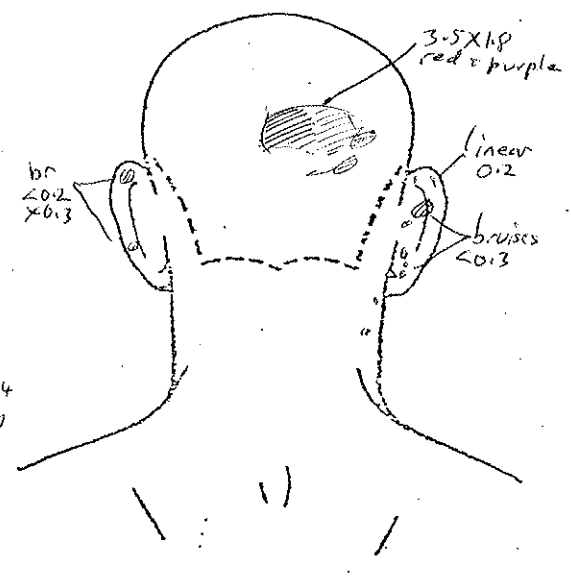
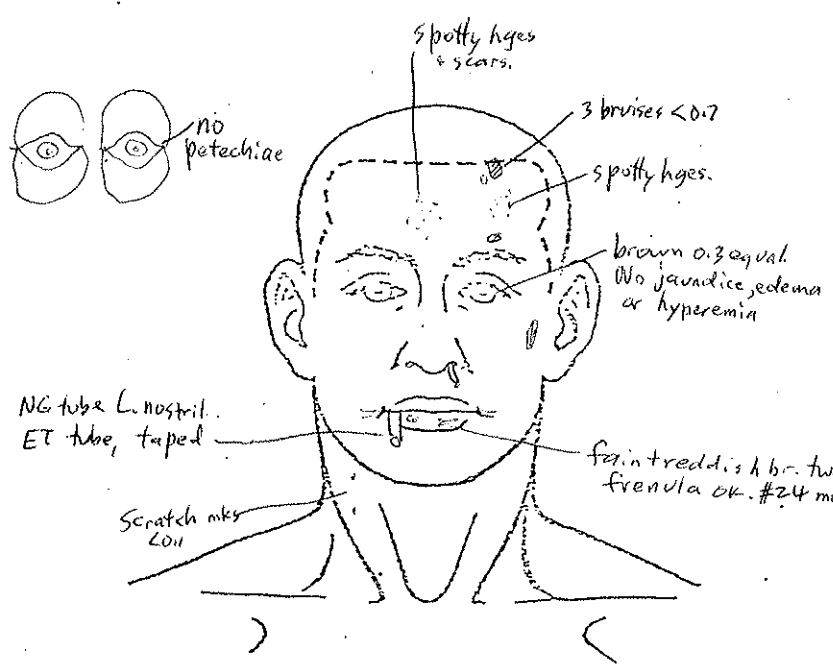
Dakota Arndt

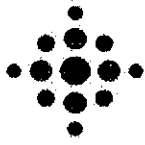
9-2-14 at 10:15 am by JEM

see chart G



Dakota James Arndt





# AIT Laboratories

A HIGHER STANDARD OF SERVICE®

C14-1507

2265 Executive Drive, Indianapolis, IN 46241

Telephone: (800)875-3894 / Fax: (317)243-2789

Toxicology: (317)381-5678

<b>Laboratory Case Number:</b> 2788290	<b>Subject's Name:</b> ARNDT, DAKOTA J
<b>Client Account:</b> 10073 / HCME01 <b>Physician:</b> <b>Report To:</b> Hamilton Co. Medical Examiner ATTN: Forensic Pathologist 3202 Amnicola Hwy Chattanooga, TN 37406 FX: 423-493-5176	<b>Agency Case #:</b> ME14-138 <b>Date of Death:</b> 08/29/2014 <b>Test Reason:</b> Other <b>Investigator:</b> R. SMITH <b>Date Received:</b> 09/11/2014 <b>Date Reported:</b> 10/01/2014

<b>Laboratory Specimen No:</b> 40441034	<b>Date Collected:</b> 08/26/2014 21:45
<b>Container(s):</b> 01:RTT Blood,HOSPITAL	<b>Test(s):</b> 70510 Comprehensive Drug Panel

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
AMPHETAMINES	Negative				
BARBITURATES	Negative				
BENZODIAZEPINES	Negative				
CANNABINOIDS	Negative				
COCAINE/METABOLITES	Negative				
FENTANYL	Negative				
METHADONE/METABOLITE	Negative				
OPIATES	Negative				
OXYCODONE/METABOLITE	Negative				
PHENCYCLIDINE	Negative				
PROPOXYPHENE/METABOLITE	Negative				
ALCOHOL	Negative				
Methanol	Negative				
Ethanol	Negative				
Acetone	Negative				
Isopropanol	Negative				
ANALGESICS	Negative				
ANESTHETICS	Negative				
ANTIBIOTICS	Negative				
ANTICONVULSANTS	Negative				
ANTIDEPRESSANTS	Negative				
ANTI HISTAMINES	Negative				
ANTIPSYCHOTICS	Negative				

ARNDT, DAKOTA J

Laboratory Case #: 2788290

Printed Date/Time: 10/01/2014, 09:01



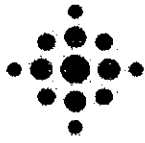
2265 Executive Drive, Indianapolis, IN 46241  
 Telephone: (800)875-3894 / Fax: (317)243-2789  
 Toxicology: (317)381-5678

Laboratory Specimen No: 40441034

Continued..

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
CARDIOVASCULAR AGENTS	Negative				
ENDOCRINE AGENTS	Negative				
GASTROENTEROLOGY AGENTS	Negative				
NARCOTICS	Negative				
NEUROLOGY AGENTS	Negative				
SEDATIVES/HYPNOTICS	Negative				
STIMULANTS	Negative				
UROLOGY AGENTS	Negative				

Specimens will be kept for at least one year from the date of initial report.



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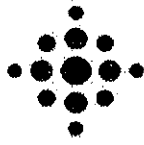
Telephone: (800)875-3894 / Fax: (317)243-2789

Toxicology: (317)381-5678

Laboratory Specimen No: 40441035  
Container(s): 02:LAV Blood,HOSPITAL

Date Collected: 08/26/2014 21:45  
Test(s): 49900 Not Tested

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
< No Testing Performed	>				



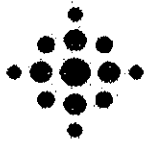
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 Toxicology: (317)381-5678

<b>Laboratory Specimen No:</b> 40441036	<b>Date Collected:</b> 08/30/2014 00:15
<b>Container(s):</b> 01:GRT Blood,AUTOPSY	<b>Test(s):</b> 49900 Not Tested

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
< No Testing Performed	>				



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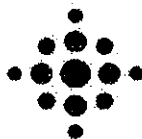
Toxicology: (317)381-5678

Laboratory Specimen No: 40441037  
 Container(s): 01:GRT Blood,AUTOPSY

Date Collected: 08/30/2014 00:15  
 Test(s): 49900 Not Tested

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
< No Testing Performed	>				





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Toxicology: (317)381-5678

<b>Laboratory Specimen No:</b> 40441038	<b>Date Collected:</b> 08/30/2014 00:15
<b>Container(s):</b> 02:LAV Blood,AUTOPSY	<b>Test(s):</b> 49900 Not Tested

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
< No Testing Performed	>				

**RECEIVED**  
 OCT 01 2014  
 Hamilton County  
 Medical Examiner

The Specimen identified by the Laboratory Specimen Number has been handled and analyzed in accordance with all applicable requirements.

**Laboratory Director**  
Andrea Terrell, Ph.D., DABCC

**ARNDT, DAKOTA J**  
Laboratory Case #:2788290  
Print Date/Time:10/01/2014, 09:01  
Page: 6 of 6

**Case Reviewer**  
*George A. Bukovich*

This individual may not have performed any of the analytical work.