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**SC Court of Appeals**

STATE OF SOUTH CAROLINA  
IN THE SUPREME COURT

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CERTIORARI TO LEXINGTON COUNTY  
Court of Common Pleas  
Honorable Daniel McLeod Coble, Circuit Court Judge

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Appellate Case No. 2024-000060

WILLIAM CRAIG CAUGHMAN,..... PETITIONER

v.

STATE OF SOUTH CAROLINA,..... RESPONDENT.

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**SUPPLEMENTAL APPENDIX**

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ATTORNEYS FOR RESPONDENT

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COUNTY OF LEXINGTON )  
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) )  
William Craig Caughman, )  
SCDC #355503, )  
) )  
Applicant, )  
) )  
v. )  
) )  
State of South Carolina, )  
) )  
Respondent. )  
) )  
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IN THE COURT OF COMMON PLEAS  
FOR THE ELEVENTH JUDICIAL CIRCUIT

Case No. 2020-CP-32-00388

ORDER DENYING APPLICANT'S  
MOTION TO AUTHORIZE  
DISCOVERY AND FOR FUNDING  
FOR PROFESSIONAL SERVICES

LISA M. COMERS  
CLERK OF COURT  
LEXINGTON, SC

2023 MAR - 7 AM 10:45

FILED


This matter comes before this Court by way of a post-conviction relief (PCR) action commenced by William Craig Caughman (Applicant) on January 27, 2020. The State made its return, motion to dismiss, and motion for a more definite statement on June 23, 2020.

On November 16, 2020, Applicant, through PCR counsel Ola Johnson, filed a motion to authorize discovery and a motion for professional services. A hearing on Applicant's motions convened before the undersigned on April 11, 2022, at the Lexington County Courthouse. Applicant was present at the hearing and represented by Mr. Johnson. Assistant Attorney General Lillian L. Meadows represented the State.

Before this Court are the Lexington County Clerk of Court records regarding the subject convictions; Applicant's records from the South Carolina Department of Corrections; Applicant's appellate records, including the trial transcript and the pathologist's report on the victim; and the records of the current PCR action.

**I. PROCEDURAL HISTORY**

Applicant is presently confined in the South Carolina Department of Corrections. During

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its May 2013 term, the Lexington County Grand Jury indicted Applicant for hit and run accident resulting in death (2010-GS-32-02294) and obstruction of justice (2010-GS-32-02842). H. Wayne Floyd, Esquire (Counsel), represented Applicant. Deputy Solicitor Suzanne Mayes and Assistant Solicitor Robert E. McNair, III, of the Eleventh Circuit Solicitor's Office prosecuted the case. On May 20, 2013, Applicant proceeded to a jury trial before the Honorable Clifton Newman.

On May 23, 2013, the jury found Applicant guilty of hit and run accident resulting in death.<sup>1</sup> Judge Newman sentenced Applicant to a term of twenty years' imprisonment. On May 31, 2013, Counsel filed a motion for a new trial and reconsideration of sentence. The court convened a hearing on Applicant's motion on May 21, 2015. R. pp. 585–633. Judge Newman denied Applicant's motion by order dated July 25, 2015.

Applicant filed a timely notice of appeal. Appellate Defender John H. Strom initially represented Applicant on appeal. On June 17, 2016, Counsel Strom filed a motion to hold appeal in abeyance and to remand for reconstruction of the record. The Court of Appeals granted the motion and remanded to the circuit court for reconstruction of the record. The court convened two reconstruction hearings on September 16, 2016, and May 1, 2017. R. pp. 657–726. On May 26, 2017, Judge Newman issued an order finding the record had been sufficiently reconstructed so as to provide a full and complete record and allow for meaningful appellate review. R. pp. 765–76.

Appellate Defender Taylor Gilliam represented Applicant for the remainder of his appellate proceedings. Both parties submitted briefs on the following issues:

- I. Did the trial judge err in denying Appellant's motion to suppress, where law enforcement lacked jurisdiction to execute a search warrant on Appellant's property because the multijurisdiction agreement was invalid?

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<sup>1</sup> The trial court granted Applicant's motion for a directed verdict on the obstruction of justice charge. R. pp. 514–38



- II. Did the trial court err by improperly considering Appellant's alleged alcohol use, where witnesses offered conflicting statements on whether Appellant had been drinking hours before a motor vehicle accident, where there was no testimony that Appellant had any alcohol with his evening meal prior to the accident, and where the trial court suggested immediately prior to sentencing that things might have been different if Appellant had not been drinking?

Following briefing and oral argument, the Court of Appeals affirming Applicant's conviction and sentence in an unpublished per curiam opinion. *State v. Caughman*, Op. No. 2020-UP-009 (S.C. Ct. App. filed Jan. 15, 2020). The case was returned to the circuit court on January 31, 2020. Applicant commenced this PCR action on January 27, 2020.

## **II. CURRENT APPLICATION**

In his application for post-conviction relief, Applicant alleges he is being held in custody unlawfully based on (verbatim):

1. Ineffective Assistance of Counsel (Richard Breibart)
  - a. "Richard Breibart I paid \$40,000 to, he got suspended and arrested while my case pending."
2. Ineffective Assistance of Trial Counsel (Wayne Floyd)
  - a. "Wayne Floyd went to trial for me but didn't get me an expert witness to challenge the State's."
  - b. "Wayne Floyd was ineffective for not trying to get me a plea deal when he knew the State had overwhelming evidence on me."

## **III. MOTIONS FOR DISCOVERY**

On November 16, 2020, Applicant, through PCR counsel Ola Johnson, filed a motion to authorize discovery and a motion for professional services. Specifically, Applicant seeks discovery in the form of the victim's medical records<sup>2</sup> and professional services of an expert in pathology to

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<sup>2</sup> Applicant originally stated in his motion for discovery that these records were in trial counsel's possession. However, he informed the Court at the hearing that this was an error and trial counsel does not in fact have any of the victim's medical records.



examine these records.<sup>3</sup> In support of these motions, PCR counsel asserted that trial counsel was ineffective for failing to hire an expert to challenge the pathologist's report and finding as to the victim's cause of death.

In response, the State pointed to the proffered testimony of Dr. Elizabeth J. Moffatt, the pathologist from Lexington Medical Center (LMC) that conducted the autopsy on the victim. This testimony was proffered as a result of trial counsel's objection that any judgment or finding as to injuries, treatment received, or anything concerning the hospital was inadmissible hearsay since Dr. Moffatt did not treat the victim. (Trial Tr. 195–97; R. 441–43).

During her *in camera* testimony, trial counsel questioned Dr. Moffatt about whether she used information obtained from the victim's LMC medical records to assist her with the autopsy. In response, Dr. Moffatt explained that, since she is a LMC pathologist, she was able to access any of the victim's LMC records "as needed" to conduct the autopsy and make the medical findings required. (Trial Tr. 200; R. 446). Trial counsel then asked Dr. Moffatt whether she would have been able to make her final findings without those records. Dr. Moffatt responded that she would have still reached the same conclusion in terms of the diagnosis. (Trial Tr. 200–01; R. 446–47). Finally, he asked if the records were necessary to forming her opinion in this case. She explained that the records were necessary in that they exist and are available. She further clarified that it would be malpractice not to review them. (Trial Tr. 201; R. 447).

After trial counsel concluded his cross-examination, Deputy Solicitor Mayes asserted that

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<sup>3</sup> At the hearing, the State informed the Court that this motion originally was heard in 2021 by Judge McCaslin. At the time, AAG Meadows advised Judge McCaslin that she would reach out to the solicitor's office to see if they were in possession of the medical records sought by Applicant. She has since confirmed with Deputy Solicitor Mayes that the State did not obtain any of the victim's medical records from Lexington Medical Center. However, she did obtain a copy of the pathologist's report, which was provided to trial counsel in discovery, and has since been provided to PCR counsel.



Dr. Moffatt's testimony regarding her findings is consistent with Rule 703, SCRE,<sup>4</sup> which allows for an expert to make reference to any information that she had reasonably relied upon as other input and in reaching an informed decision. (Trial Tr. 201; R. 447). Deputy Solicitor Mayes states, that would be Dr. Moffatt's ultimate opinion not only as to the cause of death but the medical findings in general. (Trial Tr. 201; R. 447).

In response, trial counsel asserted that the State was attempting to produce evidence through Dr. Moffatt regarding the victim's medical records that do not provide any sort of connection with the represented cause of death. (Trial Tr. 201-02; R. 447-48). Since the State did not provide trial counsel with the information Dr. Moffatt relied upon, trial counsel requested sanctions under Rule 5(C)(2), which would prohibit the Stat from using the information at trial. (Trial Tr. 202; R. 448). Finally, trial counsel argued the State was required to prove the cause of death in the victim in a manner that would satisfy the cause authorities as to the nexus between the leaving the scene of the accident and the death of the victim. (Trial Tr. 202; R. 448).

The Court ultimately found:

You have mentioned Rule Five and mentioned hearsay. An expert can rely upon hearsay in forming an expert opinion. The Rule Five issue deals with whether the statute requires the State to provide the defense with records that they are going to use with an expert reviewing medical records; that that must be provided to you, the medical records.

The State says, well, we provided the autopsy report which gives the witness' findings, and that satisfies Rule Five. The autopsy report gives the witness' findings and opinions.

Outside of this position, I don't find the State is required to provide or produce every record that formed the basis of the party's opinion generally, since the autopsy report was provided to the defense. The

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<sup>4</sup> Rule 703 provides that "[t]he facts or data in the particular case upon which an expert bases an opinion or inference may be those perceived by or made known to the expert at or before the hearing. If of a type reasonably relied upon by experts in the particular field in forming opinions or inferences upon the subject, the facts or data need not be admissible in evidence."



autopsy report provided her findings and conclusions.

Had the Defendant attempted to provide some independent autopsy proceeding which alluded to the medical records of the deceased, then they would have been provided to the Defendant. I don't think that that constitutes a Rule Five violation.

I will allow the question.

(Trial Tr. 202-03; R. 448-49).

The Uniform Post-Conviction Relief Procedure Act provides the following regarding discovery:

A party in a noncapital post-conviction relief proceeding shall be entitled to invoke the processes of discovery available under the South Carolina Rules of Civil Procedure if, and to the extent that, the judge in the exercise of his discretion and for good cause shown grants leave to do so, but not otherwise.

S.C. Code Ann § 17-27-150(A).

As aforementioned, PCR counsel asserts the record supports their argument that trial counsel was ineffective for failing to hire an expert to challenge the pathologist's report and finding as to the victim's cause of death. Specifically, he points to Judge Newman's above statement that the records would have been provided to the defendant had he hired an independent pathologist or had an independent autopsy proceeding. PCR counsel stated further argued that trial counsel was caught arguing that the prosecution should have provided records, but he did not have the records lined up for an expert to review them. Therefore, PCR counsel asserted, he needs to obtain these records and assistance from an expert to determine what the records mean.

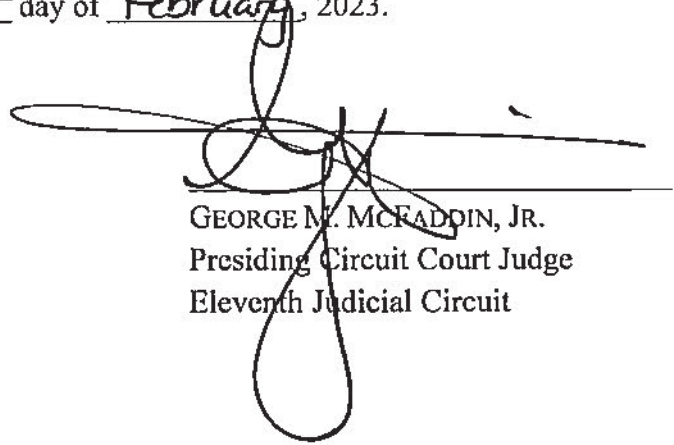
This Court disagrees and finds that granting Applicant's motions would be a step toward creating a "backdoor" trial. Specifically, this Court finds Applicant has not established that the records are needed, nor has he shown any reason that the pathologist's report should be questioned. At trial, Dr. Moffatt testified the victim died days later from a pulmonary embolism that formed



as a result of the injuries sustained in the hit and run. The jury was well-aware of this fact. Further, nothing in the hit and run resulting in death statute requires the victim to be dead at the scene.

Because Applicant failed to establish good cause to obtain the victim's medical records, this Court **DENIES** Applicant's motions to obtain the victim's medical records and for professional services of an expert in pathology.

AND IT IS SO ORDERED this 21<sup>st</sup> day of February, 2023.



GEORGE M. MCFADDIN, JR.  
Presiding Circuit Court Judge  
Eleventh Judicial Circuit

Sumter, South Carolina

CUN.03.2010 09:15

#7419 P.001 / 001



## DEPARTMENT OF PATHOLOGY &amp; LABORATORY MEDICINE

2720 SUNSET BOULEVARD, WEST COLUMBIA, SC 29169  
 PATHOLOGY PHONE: (803) 791-2410 FAX: (803) 791-2331  
 CYTOLOGY PHONE: (803) 791-2159 FAX: (803) 939 4516  
 www.palpath.com

Erin B. Shaw, MD  
 John B. Carter, MD  
 Keith R. McFadden, MD  
 Beverly W. Daniels, MD  
 E. Jayne Moffatt, MD  
 William R. Amstrong, MD  
 Robert C. Jones, MD  
 M. John Spalring, MD

Patient Name:	[REDACTED]	Client:	Lexington Medical Center	Accession #:	FA10-47
Med. Rec. #:	M000320574	Location:	PAA	Expiration Date:	2/28/2010
DOB:	[REDACTED]	Billing #:	H00044251429M	Autopay Date:	3/1/2010
Gender:	M	Copy To:		Reported:	3/30/2010
Soc. Sec #:	[REDACTED]			Chart #:	
Physician(s):	Corley, James R. Hannon, Charles W, MD (C) Powers, Melanie Risk, Management LMC				

**Autopsy Restrictions:** None  
 Pathologist: Elizabeth J. Moffatt, MD

**Final Autopsy Diagnoses**

YEAR-OLD MALE DIES SUDDENLY AT LEXINGTON MEDICAL CENTER SEVERAL DAYS FOLLOWING  
 HIT-AND-RUN MOTORCYCLE - AUTOMOBILE ACCIDENT (2/21/10).

## I) HISTORY:

- A) DECEDENT STRUCK ON MOTORCYCLE BY HIT-AND-RUN DRIVER OF ONCOMING AUTOMOBILE AT INTERSECTION IN CAYCE, SOUTH CAROLINA.
- B) MULTIPLE FRACTURES AND PULMONARY CONTUSIONS IDENTIFIED UPON ADMISSION TO LEXINGTON MEDICAL CENTER ADMISSION; ORIF FOR LEFT WRIST FRACTURE (2/24/10).
- C) IMPROVEMENT IN OVERALL CONDITION DURING ADMISSION WITH SUBSEQUENT SUDDEN DECOMPENSATION WHILE AMBULATING ON HOSPITAL STAIRWAY.

## II) POSTMORTEM FINDINGS:

- A) LARGE PULMONARY THROMBOEMBOLI, BILATERAL PULMONARY ARTERIES.
- B) BILATERAL PULMONARY CONTUSIONS AND PULMONARY CONGESTION AND EDEMA.
- C) HEMATOMA OF RIGHT ADRENAL GLAND, 3.5 CM MAXIMUM.
- D) MESENTERIC SOFT TISSUE HEMATOMA.
- E) MULTIPLE FRACTURES CONSISTENT WITH TRAUMA.
- F) FATTY METAMORPHOSIS OF LIVER.
- G) CONGESTION OF SPLEEN (250 GRAMS).
- H) NO EVIDENCE OF INTRACRANIAL HEMATOMA, VERTEBRAL ARTERY DISSECTION, OR BRAIN STEM HERNIATION.

## III) TOXICOLOGY STUDIES: NOT APPLICABLE.

**CAUSE OF DEATH:** PULMONARY THROMBOEMBOLISM, BILATERAL PULMONARY ARTERIES.

**MANNER OF DEATH:** ACCIDENTAL.

EJM:sh 3/29/10

Date Finalled: 3/30/2010

\*\*\*Electronically Signed Out By Elizabeth J. Moffatt, MD\*\*\*

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FA10-47

Autopsy Report Accredited continuously from 1977-2008 by CAP; by CO: A from 2008 present. Not all testing in this report cleared by FDA, such clearance not being HUA-necessary, the value and performance being anticipated to be certified PALM/LM/LMC, special items, and other studies performed by DAC, at LMC and LML, unless otherwise stated.

A-2010-32-01685

LE Case # 10-01243

**SUPP. APPENDIX 8**



## DEPARTMENT OF PATHOLOGY &amp; LABORATORY MEDICINE

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 E. Jayne Moffatt, MD  
 William R. Armstrong, MD  
 Robert O. Jones, MD  
 M. John Spalding, MD

Patient Name: [REDACTED]  
 Med. Rec. #: M000320574  
 DOB: [REDACTED]  
 Gender: M  
 Soc. Sec. #: [REDACTED]  
 Physician(s): Corley, James R.  
 Harmon, Charles W, MD (C)  
 Powers, Melanie  
 Risk, Management LMC

Client: Lexington Medical Center  
 Location: PAA  
 Billing #: H00044251429M  
 Copy To:

Accession #: FA10-47  
 Expiration Date: 2/28/2010  
 Autopsy Date: 3/1/2010  
 Reported: 3/30/2010  
 Chart #:

**Autopsy Restrictions:** None  
 Pathologist: Elizabeth J. Moffatt, MD

**Final Autopsy Diagnoses**

36-YEAR-OLD MALE DIES SUDDENLY AT LEXINGTON MEDICAL CENTER SEVERAL DAYS FOLLOWING HIT-AND-RUN MOTORCYCLE - AUTOMOBILE ACCIDENT (2/21/10).

## I) HISTORY:

- A) DECEDENT STRUCK ON MOTORCYCLE BY HIT-AND-RUN DRIVER OF ONCOMING AUTOMOBILE AT INTERSECTION IN CAYCE, SOUTH CAROLINA.
- B) MULTIPLE FRACTURES AND PULMONARY CONTUSIONS IDENTIFIED UPON ADMISSION TO LEXINGTON MEDICAL CENTER ADMISSION; ORIF FOR LEFT WRIST FRACTURE (2/24/10).
- C) IMPROVEMENT IN OVERALL CONDITION DURING ADMISSION WITH SUBSEQUENT SUDDEN DECOMPENSATION WHILE AMBULATING ON HOSPITAL STAIRWAY.

## II) POSTMORTEM FINDINGS:

- A) LARGE PULMONARY THROMBOEMBOLI, BILATERAL PULMONARY ARTERIES.
- B) BILATERAL PULMONARY CONTUSIONS AND PULMONARY CONGESTION AND EDEMA.
- C) HEMATOMA OF RIGHT ADRENAL GLAND, 3.5 CM MAXIMUM.
- D) MESENTERIC SOFT TISSUE HEMATOMA.
- E) MULTIPLE FRACTURES CONSISTENT WITH TRAUMA.
- F) FATTY METAMORPHOSIS OF LIVER.
- G) CONGESTION OF SPLEEN (250 GRAMS).
- H) NO EVIDENCE OF INTRACRANIAL HEMATOMA, VERTEBRAL ARTERY DISSECTION, OR BRAIN STEM HERNIATION.

III) TOXICOLOGY STUDIES: NOT APPLICABLE.

**CAUSE OF DEATH:** PULMONARY THROMBOEMBOLISM, BILATERAL PULMONARY ARTERIES.

**MANNER OF DEATH:** ACCIDENTAL.

EJM:sh 3/29/10

Date Finalled: 3/30/2010

\*\*\*Electronically Signed Out By Elizabeth J. Moffatt, MD\*\*\*

**Clinical History:**

██████████ was a ██████-year-old male who was reportedly stopped at an intersection on his motorcycle when he was struck by an automobile, 2/21/10, in Cayce, South Carolina. This was witnessed and the automobile left the scene. Mr. Morriss was helmeted and in full motorcycle gear. The decedent claimed that he only recalled that he was at a stop at the intersection, but was otherwise amnesic to the event. He was admitted to Lexington Medical Center on 2/22/10 with bilateral pleural contusions, bilateral 1<sup>st</sup> rib fractures, left wrist fracture, right occipital condylar chip fracture, and T2 and T8 level vertebral fractures. Cervical spine MRI demonstrated a questionable small quantity of epidural blood at the C2 level, tracking along the right anterior lateral space in an epidural location, but without evidence of cervical central stenosis, disc herniation, or any central canal compromise. There was no evidence of aortic injury or intracranial hematoma or mass effect. He was admitted to the ICU for treatment of his multiple fractures and bilateral pulmonary contusions. Since the CT scan and MRI showed no evidence of central canal encroachment, he was allowed to ambulate with assistance. While in the ICU he remained neurologically intact and hemodynamically stable, with good oxygenation, stable hemoglobin and improving chest x-ray. On 2/24/10 he underwent ORIF of his distal radius fracture, and tolerated the procedure well. He tolerated dietary advance. He was able to ambulate independently and void without difficulty once the Foley catheter was removed. His only complaint was reportedly of constipation, treated with Milk of Magnesia and magnesium citrate.

On 2/28/10 he was ambulating up the stairs and became dizzy as he approached the top floor. This was part of his recuperation therapy. The decedent's girlfriend was accompanying him and reported that his breathing became abnormal. When the nursing staff arrived, they noticed that he was answering some questions, but then shortly after that became apneic and pulseless. CPR and a full code were performed for over 45 minutes. Despite this, he remained pulseless with pupils dilated and fixed during the entire code. He was pronounced at 1:37 p.m. on 2/28/10.

Autopsy was performed by Dr. Jayne Moffatt on 3/1/10 at 8:30 am, assisted by Brett Porth and Will Truett. James R. Corley was the Deputy Coroner.

EJM:sh 3/29/10

**External Examination:**

The body is identified as that of ██████████ (left hospital toe tag and right hospital armband). It is the body of an adult, well-nourished Caucasian male measuring 70 inches in length and weighing 164 pounds. He is clothed in a hospital gown. Hands are not bagged. Multiple leads are noted on the chest and left flank, and a thumper pad is on the left flank. He has long brown hair. Irides are brown and pupils are 6.0 mm bilaterally. Small quantities of blood are noted in the nasal cavity. Original teeth are present with good dentition. Livor mortis is noted over the back and posterior neck. The skin is cool and dry. There is a soft cast on the left lower arm; beneath the cast is a 5.5 cm, partially healed, incision site. An adjacent, partially healed, 1.0 cm incision site with stitches is noted in the left inner arm at the wrist.

EJM:sh 3/29/10

**Internal Examination:**

A standard Y-shaped incision is made for evisceration of the organs. Rib fractures are noted for 5<sup>th</sup> and 6<sup>th</sup> ribs on the right and 3<sup>rd</sup>, 5<sup>th</sup>, 6<sup>th</sup>, and 8<sup>th</sup> ribs on the left. There is no evidence of hemothorax or hemoperitoneum.

**HEART:** The pericardial surface is smooth and there is no evidence of adhesions or pericardial effusion. The pulmonary artery is opened and there is a bulging dark red blood clot in both pulmonary arteries, measuring about 0.8 cm maximum diameter. This appears to be focally and very loosely attached to the intima. At one side the clot measures about 4.0 cm in length. This is sectioned and shows a thin rim of pale pink lamellation consistent with organization. Representative sections in block #1-3. The heart weighs 300 grams. Its surface is smooth. Coronary arteries show minimal atherosclerosis and there are no areas of occlusion or thrombosis. Upon sectioning the ventricle has a maximum thickness of about 1.4 cm and there is no abnormal discoloration or obvious necrosis. Valvular leaflets are smooth and freely mobile. Chordae tendinae are thin and delicate. Papillary muscles are intact. Representative sections of coronary arteries and left ventricular myocardium submitted.

**LUNGS:** The right lung weighs 520 grams and the left lung weighs 400 grams. The pleural surfaces of both lungs are shiny and the lower 2/3 of the lungs is hemorrhagic. The pleural surface is mottled pink to purple in color. On sectioning, both lungs are mostly congested and hemorrhagic with areas of pink spongy parenchyma. No parenchymal thrombi are seen grossly. There are no tumors. Sections as follows: Blocks #4-6 right lung, #7-10 left lung.

LARYNX/TRACHEA: Old hemorrhage is noted in the peritracheal and paralaryngeal soft tissues. There are foci of purplish discoloration in the larynx, along the vocal cords and vocal folds, and inferior to this. There is no evidence of acute hemorrhage. No foreign bodies are present. There is no evidence of obstruction. The epiglottis appears normal.

**THYROID:** Symmetrical and normal in size and shape with no nodules on sectioning. Representative section in block #11.

**SPLEEN:** The spleen weighs 250 grams and is grossly normal. A representative section is in block #12.

**LIVER:** The liver weighs 2100 grams. Its capsular surface is smooth and mahogany brown with no evidence of contusions or fracture. The gallbladder is present and has a thin wall. It contains bile and bile sludge. No stones are present. Sectioning the liver reveals homogeneous parenchyma with no evidence of hematoma or tumors. No infarcts are present. Representative section in block #12.

**KIDNEYS:** The right kidney weighs 270 grams and the left kidney 280 grams. The perirenal and peri-adrenal soft tissues are hemorrhagic (old hemorrhage, consistent with a resolving hematoma). On sectioning, there is a large adrenal hematoma that is about 3.5 cm maximum dimension and abuts the kidney. There is no evidence of intraparenchymal renal hemorrhage, and the parenchyma appears normal. The corticomedullary junction is distinct and cortical width averages 0.4 cm. The left kidney and adrenal gland are unremarkable. Representative sections of the left kidney in block #12. Section of the right kidney and right adrenal hematoma in block #13. Representative section of the left adrenal gland in block #14.

**PANCREAS:** Old soft tissue hemorrhage (hematoma) is noted in the mesenteric tissues around the duodenum and pancreas. There is no evidence of gastrointestinal perforation or pancreatic hemorrhage. No intraparenchymal pancreatic hematoma is seen. Representative section of pancreas in block #14.

**STOMACH:** The stomach contains brown fluid and small amounts of partially digested food material. No tumors or perforations are seen. There is no evidence of gastric hemorrhage.

**BRAIN:** The skin of the scalp is reflected and there is no evidence of subgaleal hemorrhage. No cranial fracture is seen. The skull is opened and there is no evidence of an intracranial hematoma. The brain is removed. The brain weighs 1540 grams. The interior of the cranial vault is carefully examined, including the upper cervical cord, brain stem, and area of the skull around the occipital condyle. None of these areas show any significant hemorrhage and no fractures can be identified. There is no evidence of brain stem herniation. On sectioning through the brain, parenchyma appears normal with no evidence of hemorrhage, necrosis, or malignancy. There is no evidence of meningitis or encephalitis.

EJM:sk/sh 3/01/10:3/29/10

**Microscopic Description:**

**LUNGS:** Sections of the pulmonary artery contents confirm organizing thromboembolus with alternating layers of fresh blood and fibrin, granulation tissue and focal intimal endothelial attachment. Sections of the lungs show pulmonary edema and acute and chronic passive congestion. No microemboli are identified in sections of the lung parenchyma.

**HEART:** Sections of the coronary vessels show minimal atherosclerotic plaque. Sections of the left ventricle show no evidence of myocarditis or infarction.

**THYROID:** The thyroid is histologically normal.

**SPLEEN:** The spleen shows mild acute congestion.

**LIVER:** Sections of liver show moderate fatty metamorphosis.

**KIDNEYS:** Sections of the kidneys show mild acute congestion.

**ADRENAL GLANDS:** Sections confirm the right adrenal hematoma, which shows organization. The surrounding adrenal parenchyma is essentially normal.

**PANCREAS:** The pancreas is histologically normal.

**BRAIN:** Section of neocortex, mid brain, cerebellum, and pons/medulla show no evidence of encephalitis, meningitis, intraparenchymal hemorrhage, necrosis, or malignancy. The pituitary has a normal appearance.

EJM:sh 3/29/10

**Interpretation and Case Summary:**

██████████ was a ██████ year-old male who sustained multiple fractures and pulmonary contusions in a motor vehicle accident on 2/24/10. ██████ was riding a motorcycle. This occurred in the town of Cayce and was witnessed as a hit-and-run accident. ██████ was admitted to Lexington Medical Center for treatment of his injuries, which included surgical repair of a left wrist fracture (2/24/10). During his hospitalization he continued to improve. He was ambulating as part of therapy on 2/28/10, during which he was witnessed to become light-headed and reportedly dyspneic, shortly followed by collapse and unresponsiveness. Full code and resuscitative measures were unsuccessful and he was pronounced dead on 2/28/10.

Postmortem examination demonstrated a large pulmonary embolus involving the right and left pulmonary arteries. Injuries consistent with the history of trauma were identified, including bilateral rib fractures, bilateral pulmonary contusions, and a hematoma of the right adrenal gland. Other findings included pulmonary edema and congestion, congestion of spleen, and fatty metamorphosis of the liver. There was no evidence of vertebral artery dissection, intracranial hematoma, or brain stem herniation.

The cause of death is determined to be pulmonary thromboembolism. The manner of death is accidental.

EJM:sh 3/29/10