

Medical Examiner
Monroe County
New York



CASE SUMMARY
REPORT

Case Number: 20-00902
Pathologist: Nadia A. Granger, MD
Pronounced: Mar 30 2020 8:22PM
ME Case
County/Origin: Monroe Co.

Name: Daniel T. Prude

Date of Birth: 09/20/1978

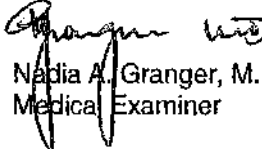
Manner of Death: Homicide

Age: 41 Years

Cause of Death: Complications of asphyxia in the setting of physical restraint
Excited delirium
Acute phencyclidine intoxication

FINAL FINDINGS

- I. Complications of asphyxia in the setting of physical restraint:
 - a. Bilateral organizing bronchopulmonary pneumonia.
 - b. Acute myocarditis.
 - c. Severe respiratory acidosis (clinical history).
 - d. Profound global hypoxic ischemic injury (clinical history).
 - i. Cerebral edema.
 - ii. Subfalcine and transtentorial herniation.
 - e. History of physical restraint in prone position (incident report).
- II. Excited delirium:
 - a. Suicidal ideation and possible auditory hallucinations and paranoia (clinical history).
 - b. Agitation and combative behavior (clinical history).
- III. Acute phencyclidine intoxication (toxicology studies).
- IV. Status post donor after cardiac death organ (liver and left kidney) procurement.


Nadia A. Granger, M.D. 03/22/2020
Medical Examiner



Name: Daniel T. Prude

Date of Birth: 09/20/1978

Residence: 6444 S Wood St, Chicago IL 60636

External Exam Start: Mar 31 2020 11:07AM

External Exam End: Mar 31 2020 11:50AM

Internal Exam Start: Mar 31 2020 12:40PM

Internal Exam End: Mar 31 2020 1:15PM

GROSS FINDINGS

POSTMORTEM EXAMINATION: An autopsy is performed on the body initially identified as Daniel Prude, later confirmed as Daniel T. Prude by antemortem and postmortem fingerprint comparison performed by the Rochester Police Department, on the 31st day of March, 2020, commencing at 11:07 AM.

EXTERNAL EXAMINATION: The body is that of a well-developed, well-nourished, adult black male, who weighs 186 pounds, is 68 1/2 inches in length, and appears compatible with the reported age of 41 years at the time of examination. There is an identification tag secured around the left ankle with the following handwritten information: 20-00902; Daniel Prude; 3-31-20. A hospital identification band is secured around the right wrist with the following printed information: CSN: 5058204741 E3322775 3/23/2020 S:5043369 H:5043369 DOB: 9/20/1978 (41 yrs) Prude, Daniel. There are hospital identification bands encircling the bilateral ankles with the following printed information: Donor ID: AHC3121 DOB: 09/20/1978 Donor Init: DP Local ID: FLD03/2920DP-JM Donor ID Band. The body is received unclad. The body is cool. Rigor mortis is partially fixed. Fixed purple-red livor mortis extends over the posterior surfaces of the body, except in areas exposed to pressure. Evidence of organ and tissue donation includes sutured incised wounds of the chest and abdomen; a medial sternotomy incision; an incised wound opening the pericardial sac; and recent surgical absence of the liver, gallbladder, left kidney, segments of the descending aorta, and a fragment of the spleen. The scalp hair is black and gray stubble. The irides are brown. The pupils are round, measuring 0.4 cm in diameter bilaterally. The corneae are translucent. The sclerae are white and the conjunctivae are clear. No petechial hemorrhages are identified on the sclerae, bulbar conjunctivae, facial skin, or oral mucosa. The nose is unremarkable. The ears are normally formed with a single pierce mark in each earlobe. The decedent wears a black and gray mustache, trimmed to 1/16 inch, and a black and gray goatee, trimmed up to 1/2 inch. Beard stubble covers the remainder of the hair-bearing face. The teeth are natural and in adequate condition. The frenula are intact. The neck is unremarkable. The thorax is well developed and symmetrical. The abdomen is scaphoid. The anus and back are unremarkable. The external genitalia are consistent with that of a normal adult male. The penis is circumcised. The testes are bilaterally descended within the scrotum. The upper and lower extremities are well developed and symmetrical, without absence of digits. Identifying marks and scars include a 1 1/2 inch hypopigmented scar on the left eyebrow; illegible tattoos on the right neck and midline upper chest; a tattoo of "Rip Byron" on the left neck; a 1 1/2 inch hyperpigmented nevus on the lateral left chest; a 1 1/2 inch hyperpigmented scar on the left hip; a 1 inch hyperpigmented scar on the right buttock; scattered hypo- and hyperpigmented scar, up to 1 inch, on the bilateral arms; tattoos of "Stank", "Lil Rell", and "Shyra" on the right upper arm; a 1 1/2 inch hair-bearing mole on the dorsal right upper arm; tattoos of hands in prayer with "Lord Knows" and "Leroy" on the ventral right forearm; two hyperpigmented scars, 3 inches and 1 1/2 inches, on the ventral right forearm; a tattoo of "RIP ZOID" on the ventral right wrist; tattoos of "Omar" and "Waye" on the dorsal right wrist; tattoos of "2 Street" and "Only The Strong Survive" with a wooden stake piercing the skin on the left upper arm; tattoos of a tombstone inscribed with "072 Limp 1987" and "A Loving Memory" on the ventral left forearm, along with tattoos of "Weno" and "Main"; a tattoo of "R.I.P GIG" on the ventral left wrist; tattoos of crown and "Mari" on the dorsal left forearm; scattered hypo- and hyperpigmented scars, up to 1 1/2 inches, on the anterior lower extremities; and a 2 1/2 inch hypopigmented scar of the medial left calf.



EVIDENCE OF RECENT MEDICAL/SURGICAL INTERVENTION: Evidence of medical intervention includes a triplelumen catheter in the lateral right neck (secured with clear adhesive); five electrocardiograph patches attached to leads on the bilateral and mid back; intravenous catheters in the bilateral antecubital fossae (secured with clear adhesive); ventral right forearm (secured with clear adhesive) and the ventral right wrist (secured with clear adhesive and tubing secured by a brace to the right hand and dorsal right upper arm); and a pulse oximeter lead on the left index finger tip.

On internal examination, there is hemorrhage into the right neck muscles surrounding the intravenous catheter and hemorrhage into the oropharyngeal mucosa, consistent with intubation.

EVIDENCE OF INJURY/RECENT TRAUMA:

DESCRIPTION OF BLUNT FORCE INJURIES:

HEAD AND NECK: On the forehead are multiple scabbed abrasions, up to 2 % inches. There is a 1/2 inch diameter black scabbed abrasion on the right cheek. On the left cheek is a 1 1/2 x 1 inch scabbed abrasion.

On internal examination, there is patchy subgaleal and subscalpular hemorrhage lining the frontal scalp.

THORAX AND ABDOMEN: On the left upper back is a 1 1/4 inch scabbed abrasion. There is a 1/2 inch L-shaped red abrasion of the left lower back.

UPPER EXTREMITIES: On the dorsal right forearm is a 1/2 inch red-yellow abrasion. Scattered scabbed abrasions, up to 1 inch, are present on the dorsal right forearm. On the dorsal left upper arm are scattered scabbed red-yellow to black abrasions, up to 3 % inches in greatest dimension.

LOWER EXTREMITIES: On the anterior surfaces of the bilateral legs are scattered scabbed abrasions, up to 1 1/4 inches in greatest dimension. On the medial left heel is a 2 1/4 x 1 3/4 inch green contusion.

INTERNAL EXAMINATION:

BODY CAVITIES: The body is opened with a standard Y-shaped incision. No adhesions or abnormal collections of fluid are in any of the body cavities. Except for previously described organ procurement related findings, all body organs are present in normal and anatomic position with the exception of the right kidney (located in the pelvis) and the appendix (remotely surgically absent). The serous surfaces are smooth and glistening.

CENTRAL NERVOUS SYSTEM: The scalp is without laceration. The skull is intact. The brain weighs 1510 grams. The dura mater and falx cerebri are intact and not adherent to the surface of the brain. The leptomeninges are thin and delicate. There is no epidural, subdural, or subarachnoid hemorrhage. The cerebral hemispheres appear edematous with flattening of the gyri and effacement of the sulci. The structures at the base of the brain, including cranial nerves and blood vessels, arise normally and are free of abnormality. Sections through the cerebral hemispheres reveal slight leftsided deviation of the corpus callosum and right cingulate gyrus, consistent with early subfalcine herniation. There is diffuse dulling of the gray-white junction. The cerebral ventricles are of normal caliber. Sections through the brainstem and cerebellum show hemorrhage into the brainstem, consistent with transtentorial herniation.

NECK: Except as described in the ~~ME~~**EVIDENCE OF RECENT MEDICAL/SURGICAL INTERVENTION**+section, examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact. Special examination of the tongue is unremarkable.



CARDIOVASCULAR SYSTEM: The heart weighs 390 grams. The pericardial sac is free of significant fluid or adhesions. The epicardial surfaces are smooth, glistening, and unremarkable. The coronary arteries arise normally and follow the distribution of a right dominant pattern with no significant arteriosclerosis. The chambers and valves bear the usual size/position relationship and are unremarkable. The following circumferential valve measurements are obtained: tricuspid valve, 11 cm; pulmonic valve, 7 cm; mitral valve, 11 cm; and aortic valve, 6.5 cm. The myocardium is dark red- brown, firm, and free of local or regional fibrosis, erythema, pallor, or softening. The atrial and ventricular septa are intact and the septum and free walls are free of muscular bulges. The right ventricle measures 0.3 cm and the left ventricle measures 1.5 cm in thickness as measured 1 cm below the respective atrioventricular valve annulus. The interventricular septum thickness is 1.8 cm. Except for previously described organ procurement related findings, the aorta and its major branches arise normally and follow the usual course, with no significant atherosclerosis and the vena cava and its major tributaries return to the heart in the usual distribution and are unremarkable.

RESPIRATORY SYSTEM: The right and left lungs weigh 480 and 380 grams, respectively. The pleural surfaces are smooth, glistening, and unremarkable. The upper and lower airways are unobstructed, and the mucosal surfaces are smooth, yellow-tan and lined with a thin layer of mucus. The pulmonary parenchyma is dark red-purple and variegated. Cut surfaces exude moderate amounts of blood, frothy fluid and exudate. The pulmonary arteries are normally developed and patent. Specifically, no thromboemboli or saddle embolus are seen.

HEPATOBIILIARY SYSTEM: The liver and gallbladder are procured for organ donation prior to autopsy.

GASTROINTESTINAL SYSTEM: The esophagus is lined by gray-white smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains trace amounts of yellow mucoid material. The loops of small and large bowel are unremarkable. The appendix is remotely surgically absent. The colon contains progressively formed stool. The pancreas has a normal, tan, lobulated appearance.

GENITOURINARY SYSTEM: The left kidney is procured for organ donation prior to autopsy. The right kidney weighs 120 grams. The renal capsule is smooth, thin, semitransparent, and strips with ease from the underlying smooth, red- brown, firm cortical surface. The cortex is of normal thickness and delineated from the medullary pyramids. The calyx, pelvis, and ureter are not dilated and free of stones. The urinary bladder contains no urine; the mucosa is gray-tan and trabeculated with blistering of the surface. The prostate is not enlarged.

HEMOLYMPHATIC SYSTEM: The residual splenic fragment weighs 90 grams and has a smooth intact capsule covering red-purple, firm parenchyma. The splenic white pulp is grossly indiscernible.

ENDOCRINE SYSTEM: The thyroid gland is of normal position, size, and texture. The adrenal glands are not identified.

MUSCULOSKELETAL SYSTEM: Except for previously described organ procurement related findings, the bony framework, supporting musculature, and soft tissues are not unusual.

AUTOPSY TECHNICIANS:

Ms. A. Gordon and Mr. A. Tobey Cassette #1:

MICROSCOPY:

Heart, lungs, right kidney No samples are

TOXICOLOGY:

collected at the time of autopsy. Blood.

DNA SPECIMEN:

None.

SPECIAL STUDIES:



EVIDENCE COLLECTED: Pulled head hair, fingerprint and palmprint cards, DNA card.

X-RAYS: Total body x-rays show no evidence of recent trauma.

CAUSE OF DEATH: Complications of asphyxia in the setting of physical restraint due to Excited delirium due to Acute phencyclidine intoxication. The manner of death is Homicide.



**AUTOPSY
REPORT**
Case Number: 20-00902
Pathologist: Nadia A. Granger, MD
ME Case
County/Origin: Monroe Co.

MICROSCOPIC EXAMINATION

HEART: Scattered foci of interstitial macrophages, neutrophils and eosinophils with focal myocyte necrosis; patchy epicardial chronic inflammation.

LUNGS: Foci of atelectasis; pulmonary edema; patchy intra-alveolar neutrophils; increased intra-alveolar type II pneumocytes; areas of early fibrosis; mucus plugging and numerous neutrophils in respiratory epithelium in medium-sized airways.

RIGHT KIDNEY: No significant histopathologic abnormality.

Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory

Positive Findings:

To	Compound	Result	Units	Matrix Source
Re	Caffeine	Positive	mcg/mL	001 - Hospital Blood
	Cotinine	Positive	ng/mL	001 - Hospital Blood
	Phencyclidine	18	ng/mL	001 - Hospital Blood
	Delta-9 Carboxy THC	13	ng/mL	001 - Hospital Blood
	Delta-9 THC	1.2	ng/mL	001 - Hospital Blood

Rochester, NY 14623

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See Detailed Findings section for additional information **Testing**

Requested:

Analysis Code	Description
90025B	Postmortem, Expanded, Blood (Forensic) (CSA)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
1	Lavender Vial	2mL	03/23/2020 04:01	Hospital Blood	
2	Red Vial	2 mL	03/23/2020 04:01	Hospital Blood	

All sample volumes/weights are approximations.
 Specimens received on 04/01/2020.

Reference Comments:

5. Phencyclidine (Angel Dust; PCP; Sherm) - Hospital Blood:

Phencyclidine (PCP) is a DEA Schedule II controlled dangerous hallucinogenic drug. There exists a dearth of pharmacokinetic data of PCP usage in humans; however, it has been reported that blood levels of phencyclidine ranged from 7 - 240 ng/mL (mean, 75 ng/mL) in individuals stopped for driving under the influence of drugs or for being intoxicated in public.

Ataxia, agitation, combativeness, seizures, spasticity, coma and respiratory depression are associated with phencyclidine concentrations ranging from 90 - 220 ng/mL plasma.

The physiological effects of PCP can be classified as low or high dose. In low doses, PCP can elicit visual disturbances, drowsiness, agitation, hallucinations, aggressiveness, increased pulse rate and blood pressure, bronchospasm, increased respiratory rate and hyperthermia. In high doses, PCP can elicit convulsions, opisthotonos, coma, arrhythmias, decreased blood pressure and respirations and rhabdomyolysis.

There appears to be no relation between plasma levels of phencyclidine and degree of intoxication. Even so, death has been reported following the use of only 120 mg of phencyclidine. Blood concentrations in phencyclidine-related fatalities have been reported to range from 300 - 25000 ng/mL (mean, 5000 ng/mL).

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) months from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

CERTIFICATION: Pursuant to New York Criminal Procedure Law Section 190.30(2), I certify that this report was made by me or is a true copy thereof for testing conducted at NMS Laboratories. I further certify that I am authorized by NMS Laboratories to make this certification.

For discovery information according to NY Article 245, please email the workorder number (upper right portion of this report) to ExpertServices@NMSLabs.com as soon as possible. Once collated, the information may be accessed via NMS Labs secure web portal.

Workorder 20110633 was electronically signed on 04/08/2020 16:03 by:

Erik Flail, B.A.
Certifying Scientist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 50017B - Phencyclidine Confirmation, Blood - Hospital Blood

-Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Phencyclidine	5.0 ng/mL		

Acode 52198B - Cannabinoids Confirmation, Blood - Hospital Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>RpjJj.mil</u>
11 -Hydroxy Deltas THC	1.0 ng/mL	Delta-9 THC	0.50
Delta-9 Carboxy THC	5.0 ng/mL		ng/mL

Acode 90025B - Postmortem, Expanded, Blood (Forensic) (CSA) - Hospital Blood