



AUTOPSY REPORT

Case No. ML19-1450

May 3, 2019

ON THE BODY OF

Alberto Lileo Nduli

CAUSE OF DEATH: Multiple blunt force injuries

MANNER OF DEATH: Accident

DATE OF DEATH: May 2, 2019

Handwritten signature of Darshan R. Phatak in blue ink.

Darshan R. Phatak, M.D.
Assistant Medical Examiner

Handwritten date stamp "05/22/19" in blue ink.

MMDDYY

Alberto Lileo Nduli

ML19-1450

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POSTMORTEM EXAMINATION ON THE BODY OF

Alberto Lileo Nduli

HISTORY: The decedent is a 71 year-old black man whose death was pronounced on May 2, 2019, at 7:28 a.m. at 7400 South Gessner, Houston, Texas. Positive identification was confirmed by fingerprint comparisons.

AUTOPSY: The autopsy is performed at the Harris County Institute of Forensic Sciences by Assistant Medical Examiner Darshan R. Phatak, M.D., pursuant to Article 49.25, Texas Code of Criminal Procedure, and beginning at 10:00 a.m. on May 3, 2019. Photographs and fingerprints are taken.

EXTERNAL APPEARANCE: When first viewed, the decedent is clad in a torn bloodstained white T-shirt and partially bloodstained plaid blue and gray boxer shorts. A pamphlet is clenched in the decedent's left hand and a blue bracelet encircles the left wrist. The clothing is retained. The other items are released. A plastic bag that accompanies the decedent contains 860 grams of partially pulpified cerebrum and bone fragments which are reincorporated subsequent to the exam. The remains are those of a well-developed, well-nourished, adult male whose appearance is compatible with the aforementioned stated age. The 173 pound body is 69 inches long. The cold, unembalmed body is well preserved and has full rigor and indistinct lividity.

The scalp is shaved bald. No beard or mustache is present. The body hair follicle distribution is that of an adult male. The eyes have brown irides. The nose and lips have no injuries. The abdomen, external genitalia, anus, and perineum have no injuries. The penis appears circumcised and the left testis is descended into the scrotum. The head, neck, torso, and extremities will be discussed further under EVIDENCE OF INJURY.

IDENTIFYING MARKS AND SCARS: The upper left-sided chest has an oblique 2 inch hyperpigmented scar that overlies a palpable subcutaneous electronic object that is labeled "St. Jude Medical, ASSURITY." The left shoulder has an irregular 3/4 inch immunization type scar.

EVIDENCE OF THERAPY: None.

EVIDENCE OF INJURY:

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- I. BLUNT FORCE HEAD AND NECK TRAUMA: The frontal, temporal and parietal regions of the scalp have a gaping 9 inch laceration with exposure of the fractured calvarium and near completely empty intracranial space. The vertex left parietal scalp has a superficial 4 inch laceration. The medial left occipital scalp has a 3 inch laceration that extends into the subscalpular soft tissues. The left ear has multiple lacerations through the external ear and helix. The diffusely abraded right ear is nearly torn from the side of the face. Hypopigmented sheet-like abrasions extend from the right temporal scalp to the right ear and involve the right-sided face, mandibular angle, and upper right-sided neck. The right-sided chin has a 1 inch laceration.

The fifth and sixth cervical vertebrae (C5-C6) have an intervertebral fracture.

The cervical spinal cord has no epidural, subdural, or subarachnoid hemorrhages. No spinal cord contusions are present.

- II. BLUNT FORCE INIURIES OF THE TORSO: The lateral right-sided neck, right trapezial shoulder region, anterior right shoulder and chest have a discontinuous 9 inch abrasion. The upper posterior left shoulder, both sides of the back, and right trapezial shoulder region have sheet-like abrasions. The lateral convexity of the left buttock has a 3 inch abrasion.

The proximal right pectoralis major muscle is hemorrhagic and overlies the fractured right clavicle. No fractures of the left clavicle, sternum, ribs, pelvis, or thoracolumbar vertebral column are present.

The body cavities contain no hemorrhages. No visceral contusions or lacerations are present.

- III. BLUNT FORCE INIURIES OF THE EXTREMITIES: The dorsal right hand has multiple irregular abrasions measuring up to 3/16 inches. The dorsal proximal right arm has a sheet-like abrasion that is contiguous with the aforementioned abrasions of the back.

The dorsal left elbow has a 1 inch abrasion.

The anterior right knee has two abrasions measuring 3/4 inches and 3/8 inches.

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The anterior left knee has multiple abrasions measuring up to 1 inch. The dorsolateral left ankle has a 1/4 inch abrasion.

A layered examination of the bilateral lower extremities reveals no subcutaneous soft tissue hemorrhages or muscular hematomas. No palpable appendicular fractures are present.

INTERNAL EXAMINATION:

BODY CAVITIES: The body cavities have no adhesions.

HEAD AND CENTRAL NERVOUS SYSTEM: See EVIDENCE OF INJURY. Aside from injuries, the scalp, subscalpular soft tissues, skull, dura, brain and cervical vertebrae are unremarkable. The hyoid bone and laryngeal cartilages have no fractures. No hemorrhages of the cervical strap muscles, scalene muscle, or prevertebral fascia are present.

CARDIOVASCULAR SYSTEM: The aorta, its branches, and the great veins are normally distributed. The intimal surface of the aorta is diffusely involved by raised yellow streaks. No fissures, calcifications, or aneurysms are present. The pericardium, epicardium, and endocardium of the 360 gram heart is smooth and glistening. The right-dominant coronary arterial system has noncalcified atherosclerotic plaque with up to 40 percent stenosis of the left anterior descending coronary artery, 30 percent stenosis of left circumflex coronary artery, and 20 percent stenosis of the right coronary artery. The foramen ovale is closed. No thrombi are in the atria or ventricles. The atrial and ventricular septa are intact. The thin and translucent tricuspid, pulmonic, and aortic valves are devoid of redundancies and vegetations, having respective circumferences of 11.0, 9.0, and 8.0 centimeters. The 10.0 centimeter circumference mitral valve has ballooning degeneration. The left and right ventricles have respective maximal wall thicknesses of 1.4 and 0.4 centimeters. The interventricular septum has an average width of 2.0 centimeters. No myocardial scarring or hemorrhages are present. The ventricles are not dilated.

RESPIRATORY SYSTEM: The epiglottis is thin. The upper respiratory tract is not obstructed. No mucosal hemorrhages of the larynx or trachea are present. The major bronchi are unremarkable. The 480 gram right lung and 390 gram left lung have

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congested magenta parenchyma with dense intraparenchymal and pleural anthracotic deposits. No masses, hemorrhages, or consolidations are present. The apical pleural surfaces have gaseous blebs. The pulmonary arteries do not contain thromboemboli or atherosclerotic streaks.

GASTROINTESTINAL SYSTEM: The esophageal mucosa is gray-white and smooth. No erythema or varices of the gastroesophageal junction are present. The stomach contains no intact tablets, capsules, or chyme. No gastric or duodenal mucosal ulcers are present. The small and large intestines are externally unremarkable and the appendix is present. The lobulated yellow pancreas has no masses, cysts, or hemorrhages.

HEPATOBIILIARY SYSTEM: The 1230 gram liver has sharp contours and is covered by intact capsule. The congested brown hepatic parenchyma has no masses, cysts, or hemorrhages. The gallbladder contains 10 milliliters of bile and no calculi. The extrahepatic biliary ducts are not obstructed.

RETICULOENDOTHELIAL SYSTEM: The 120 gram spleen is covered by intact, purple capsule and has firm magenta parenchyma with pinpoint white pulp. The hilar lymph nodes are anthracotic. The remainder of the lymph nodes are unremarkable.

ENDOCRINE SYSTEM: The pituitary, thyroid, parathyroid, and adrenal glands have no masses, cysts, or hemorrhages.

GENITOURINARY SYSTEM: The 140 gram right kidney and 130 gram left kidney each have smooth and slightly lobulated subcapsular surfaces. The cortices have average thickness and have distinct corticomedullary junctions. The calyces, pelves, and ureters are unremarkable. The distended urinary bladder contains 110 milliliters of clear yellow urine and has smooth gray-white mucosa. The prostate gland has multiple nodules, measuring up to 2.0 centimeters which are devoid of necrosis or hemorrhage. The bladder has trabeculated mucosa. The left testis and seminal vesicles have no masses, cysts, or hemorrhages. The right testis is absent.

MUSCULOSKELETAL SYSTEM: See EVIDENCE OF INJURY. Aside from injuries, the vertebral column and right clavicle are unremarkable. The diaphragm is intact.

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TOXICOLOGY: Aliquots of blood, vitreous, urine and bile are submitted for analysis. See separate report.

HISTOLOGY: Sections of the heart (A, B, C), lungs (A, B), kidneys (A, B), spleen (C), pancreas (C), liver (D), and brain (E) are retained.

EVIDENCE: The following items are collected and placed into appropriately labeled containers which are then sealed and submitted to the Criminal Investigation Laboratory: The aforementioned clothing as well as a DNA blood standard card.

PATHOLOGICAL FINDINGS

- I. Multiple blunt force injuries:
 - A. Fractures of the skull, cervical vertebral column and right clavicle
 - B. Cerebral avulsion
 - C. Lacerations of the scalp and left ear with near avulsion of the right ear
 - D. Abrasions of the face, torso, upper extremities, back, and lower extremities
 - E. Fell off of a tow truck and subsequently struck by sports utility vehicle that was being towed (investigation)
- II. Other findings:
 - A. Atherosclerotic and valvular cardiovascular disease:
 1. Mild aortic atherosclerosis
 2. Moderate coronary atherosclerosis
 3. Ballooning mitral valve degeneration (10.0 centimeter circumference)
 - B. Left subclavian pacemaker implantation
 - C. Pulmonary and hilar lymph node anthracosis
 - D. Nodular prostatic hyperplasia:
 1. Mucosal bladder trabeculation
 2. Urinary retention (110 milliliters)
 - E. Absent right testis
- III. Positive identification via fingerprint comparisons (investigation)

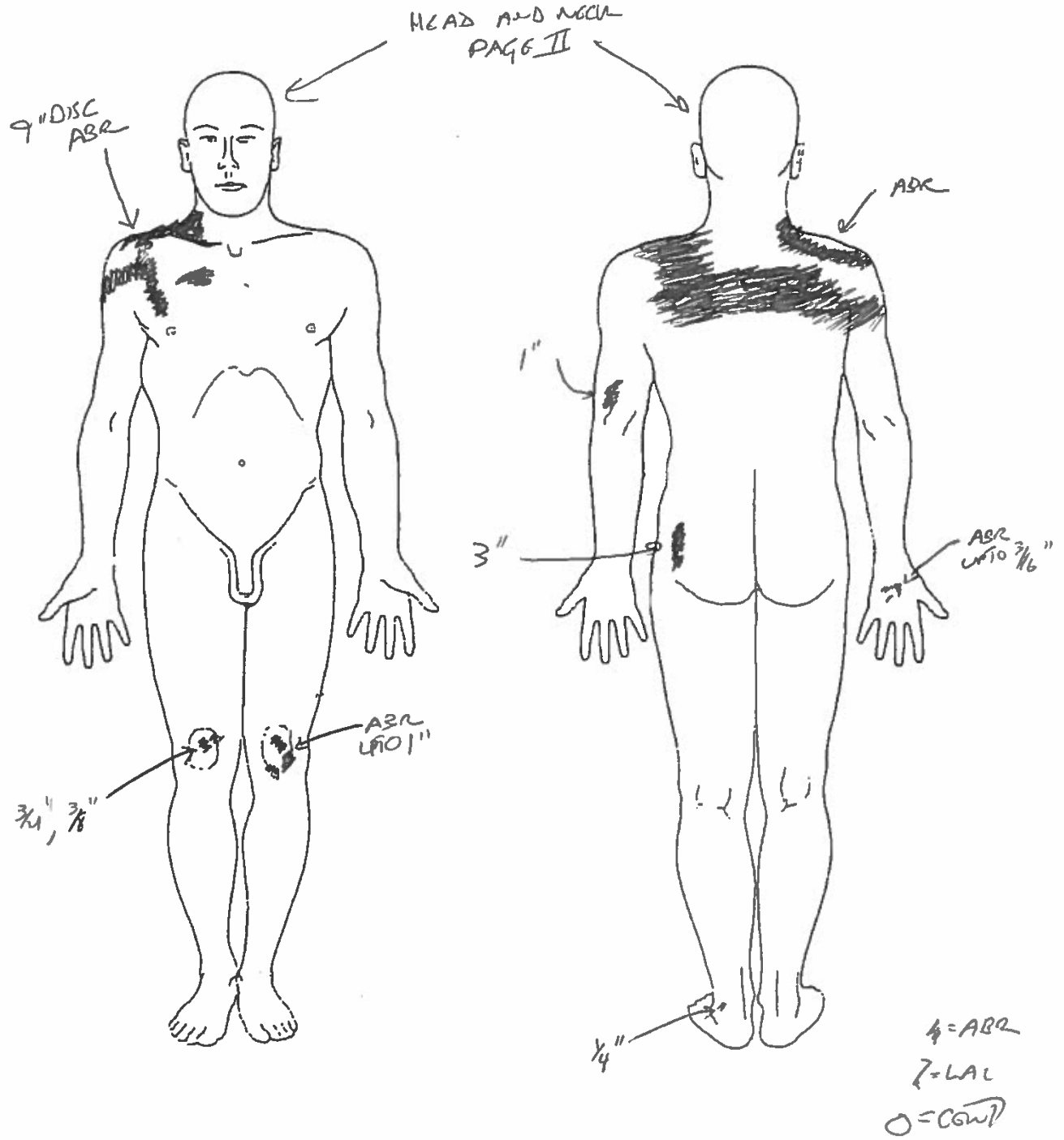
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Case Number: ML19-1450	Page: I of II
Decedent's Name: NDULL, A	Length: 69 Weight: 173
Examiner: Dahb Phoh	Date: 5/3/19 Time: 10:00A



Section: Pathology	Authorized by: DA Wolf
Form Title: Autopsy Diagram - Adult Male, Front/ Back	Form No.: PAT.001
Rev.:	Rev. date: 11/5/13



Harris County Institute of Forensic Sciences

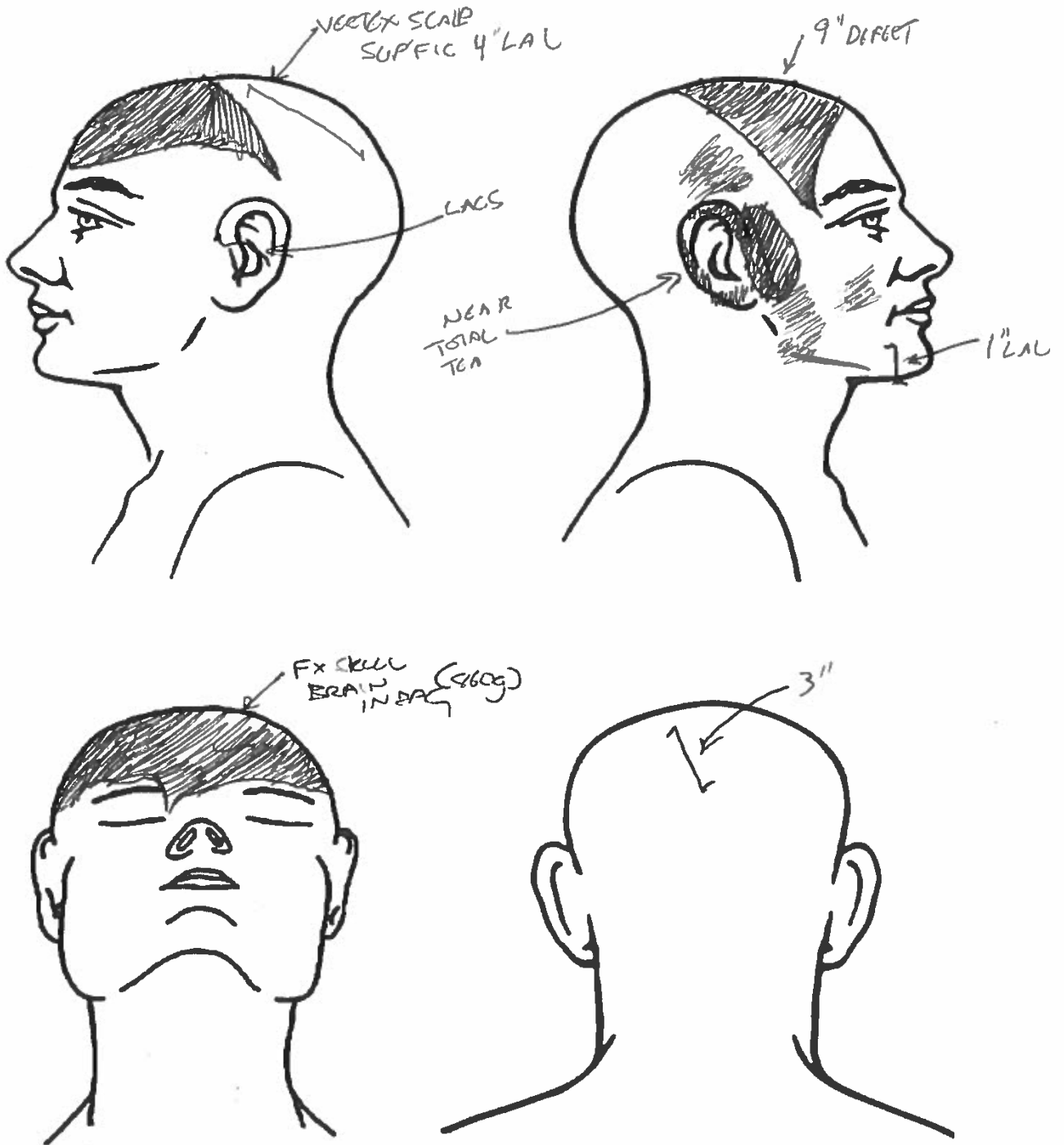
Case Number: MAL9-1450

Decedent's Name: NDULI, A

Examiner: *Dr. R. Patel*

Date: 05/03/19

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Section: Pathology	Authorized by: DA Wolf
Form Title: Autopsy Diagram - Neck All Views	Form No.: PAT.006
Rev.:	Rev. date: 11/5/13

HARRIS COUNTY INSTITUTE OF FORENSIC SCIENCES

1861 Old Spanish Trail

Houston, TX 77054-2001

Phone: 832-927-5005 FAX: 832-927-2876

TOXICOLOGY REPORT

May 31, 2019

LABORATORY NUMBER: ML19-1450

SERVICE REQUEST: 0001



Deceased: ALBERTO LILEO NDULI

Submitted By:

Submission Date: May 03, 2019

Darshan R. Phatak, M.D.
Assistant Medical Examiner
Harris County Institute of Forensic Sciences
1861 Old Spanish Trail
Houston, TX 77054

RESULTS:

001 - Blood (head)

Analyte	Result	Analytical Method	Analyst
Acetone	None Detected	Headspace GC/FID	L. Leon
Ethanol	None Detected	Headspace GC/FID	L. Leon
Isopropanol	None Detected	Headspace GC/FID	L. Leon
Methanol	None Detected	Headspace GC/FID	L. Leon

002 - Blood (head)

Analyte	Result	Analytical Method	Analyst
Benzoylcegonine	None Detected	Immunoassay - ELISA	F. Chavez
Amphetamine / MDA	None Detected	Immunoassay - ELISA	C. Porter
Methamphetamine / MDMA	None Detected	Immunoassay - ELISA	C. Porter
Phencyclidine	None Detected	Immunoassay - ELISA	C. Porter

Only those items listed in the results section were tested.

Evidence Disposition: All items will be retained by the laboratory for at least one year following the issuance of an original Toxicology Report.

INSTITUTE OF FORENSIC SCIENCES

MAY 31 2019

RECEIVED
RECORDS CUSTODIAN



Jessica Lynn Ayala, M.S., D-ABFT-FT
Case and Expert Reviewer
Contract Reviewer
May 31, 2019

Medical Examiner's Initials and Date DRP 6/03/19

All testing is accredited by the Texas Forensic Science Commission and by the laboratory's ISO/IEC 17025 and American Board of Forensic Toxicology accreditation issued by the ANSI National Accreditation Board.

Refer to certificate and scope of accreditation FT-0076.

We welcome your feedback at <http://ifs.harriscountytexas.gov/Pages/CrimeLaboratoryService.aspx>