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COUNTY MICHIGAN
L. BROOKS PATTERSON, OAKLAND COUNTY EXECUTIVE

OFFICE OF THE MEDICAL EXAMINER
L. J. Dragovic, M.D., Chief Medical Examiner
K. Virani, M.D., Deputy Chief Medical Examiner
B. Pacris, M.D., Deputy Medical Examiner
R. Ortiz-Reyes, M.D., Deputy Medical Examiner
C. Loewe, M.D., Deputy Medical Examiner

PUBLIC SERVICES
R. Gerds, Administrator

January 20, 2015

DDM Consulting
ATTN: Paul Sheridan
22357 Columbia St.
Dearborn, MI 48124-3431

Re: Kayla White
O.C.M.E. # 14-5786

Dear Mr. Sheridan:

We received your written request for the autopsy report regarding Kayla White, who died on November 11, 2014, in Southfield, Michigan. Once we receive payment from you, the report will be mailed.

CHARGES: **$20.67 (1 Hour Clerical Time)**
00.30 (10 pages)

$20.97 GRAND TOTAL

Please make your check payable to the Oakland County Medical Examiner and mail to:
1200 North Telegraph Road, Building 28 East, Pontiac, MI 48341-0438.
The Federal I.D. Number for this office is 38-6004876.

Sincerely,

Oakland County Medical Examiner's Office

/la

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AUTOPSY PROTOCOL

NAME OF DECEASED: KAYLA LUCILLE WHITE
(UNKNOWN FEMALE #14-11)

CASE NUMBER: 14-5786

GENDER: Female **AGE:** 23 Years **RACE:** White

DATE OF DEATH: November 11, 2014 **TIME:** Approx. 4:38 p.m.

PLACE OF DEATH: Vehicle/Road

DATE PRONOUNCED: November 11, 2014 **TIME:** 5:10 p.m.

PLACE PRONOUNCED: Southfield

DATE OF AUTOPSY: November 12, 2014 **TIME:** 8:50 a.m.

CAUSE OF DEATH: THERMAL INJURY and SMOKE INHALATION

MANNER OF DEATH: ACCIDENT

1200 N TELEGRAPH RD DEPT 438 BUILDING 28 EAST • PONTIAC, MI 48341-0438 • (248) 858-5097 FAX • (248) 452-9173

EXTERNAL EXAMINATION

The body is that of a severely burned white female, 60", 116 pounds with abdominal girth of 36", normally developed, normally nourished and appearing consistent with the stated age of 23 years. Small burned pieces of a shirt, pants and underwear are present on the body.

The body is cold. Rigor mortis and livor mortis cannot be determined due to thermal injury.

The scalp hair is brown and severely singed. Thermal injuries are present on the head and face. The eye color cannot be determined due to thermal injury. The corneae are severely cloudy. The sclerae are white. There are no conjunctival petechiae or hemorrhage. Natural teeth are present. Soot is present in the nostrils and mouth. The ears show thermal injury. Thermal injury is present on the neck, chest and abdomen. The abdomen is protuberant. Minimal thermal injury is present on the genitalia and groin. The extremities show severe thermal injury. The back also has severe thermal injury.

SCARS: None visible.

TATTOOS: A partially burned tattoo is present on the left side of the groin.

EVIDENCE OF THERAPY: None.

EVIDENCE OF INJURY: Second and third degree thermal injury is present on the body surface occupying the head, face, neck, chest, abdomen, extremities and back. It covers 90% of the body surface. The maximum thermal injury is present on the lower extremities with exposure of the muscles and deep soft tissue.

INTERNAL EXAMINATION

BODY CAVITIES: The body cavities are entered in the usual manner. All body cavities are free of excess or abnormal fluid accumulation. The serosal surfaces are smooth. There is no evidence of blunt force or penetrating injury to the thoraco-abdominal region.

HEAD AND BRAIN: The brain weighs 1203 grams. The scalp is unremarkable. The skull is intact. The dura is unremarkable. The venous sinuses are unremarkable. There is no evidence of epidural, subdural or subarachnoid hemorrhage. The leptomeninges are thin and transparent. The cerebrospinal fluid is clear. The vessels at the base of the brain are unremarkable. The cerebral hemispheres are symmetrical. Serial sectioning of the brain does not reveal any focal abnormality. The surface of the brain is unremarkable. The cerebellum and brain stem are unremarkable.

NECK ORGANS: The soft tissues and muscles of the neck are unremarkable. The laryngeal cartilages are unremarkable. The hyoid bone and cervical vertebrae are intact. Dense soot is present on the surface of the larynx and upper trachea. The pharynx is unremarkable.

CARDIOVASCULAR SYSTEM: The heart weighs 259 grams. The myocardium has a homogeneous brown appearance without myocardial fibrosis or focal myocardial infarction. The left ventricle measures 1.4 cm and the right ventricle measures 0.2 cm in thickness. The endocardium is smooth. The cardiac valves are unremarkable. The cardiac chambers are within normal limits. The tricuspid valve is 12 cm, pulmonic 6.5 cm, mitral 8.5 cm, and aortic 5.5 cm circumference. The coronary arteries are normally distributed with right dominant circulation. The aorta, its major branches and major veins are unremarkable.

RESPIRATORY SYSTEM: The right lung weighs 366 grams and the left lung weighs 358 grams. Soot is present on the mucosa of the trachea and bronchi. Mild pulmonary edema and congestion are present. The pleural surfaces are smooth and glistening. The airways are clear. The pulmonary arteries are unremarkable.

DIGESTIVE SYSTEM: The tongue and esophagus are unremarkable. The stomach contains about 500 grams of digested semi-solid food. The small and large intestines are unremarkable. The appendix is present. The pancreas is unremarkable.

LIVER: The liver weighs 1788 grams. The surface is smooth and glistening. The parenchyma has a homogeneous brown appearance without fatty degeneration or focal abnormality. The gallbladder is absent.

SPLEEN: The spleen weighs 142 grams. The capsule is intact. The parenchyma is unremarkable.

THYMUS GLAND: The thymus weighs 13 grams. The capsule is intact. The parenchyma is unremarkable.

GENITO-URINARY SYSTEM: The right kidney weighs 113 grams and the left kidney weighs 122 grams. The capsules are easy to separate. The subcapsular surfaces are smooth. The parenchyma is unremarkable. Cortico-medullary demarcation is well-distinct. The calyces and pelves are unremarkable. The ureters are patent. The urinary bladder contains about 2 cc of turbid urine. The mucosa is unremarkable. The uterus is gravid

GENITO-URINARY SYSTEM (con't): containing a male fetus. The fetus weighs 1955 grams and measures 43 cm in length. The head circumference is 30.5 cm. There are no identifiable abnormalities or injuries in the uterus, placenta or the fetus. The fallopian tubes and ovaries are unremarkable.

LYMPH NODES: Small lymph nodes are present in the hilum of both lungs and mediastinum measuring up to 0.5 cm.

ENDOCRINE SYSTEM: The pituitary, thyroid and adrenals are unremarkable.

MUSCULOSKELETAL SYSTEM: Thermal injuries are present in the skeletal muscles. The bony skeleton is intact.

AUTOPSY FINDINGS:

I. Thermal Injury and Smoke Inhalation with

A. 90% second and third degree thermal injury on the body surface
B. Presence of soot on the mucosa of the larynx, trachea and bronchi
C. 10% blood carbon monoxide levels
D. Pulmonary mild edema and congestion

OPINION: This 23-year-old white female, Kayla White, died of thermal injuries and smoke inhalation. Careful examination did not reveal any identifiable physical injuries in the internal organs. The manner of death is accident.

Kanu Virani M.D. 11-24-14

KANU VIRANI, M.D.
DEPUTY CHIEF MEDICAL EXAMINER

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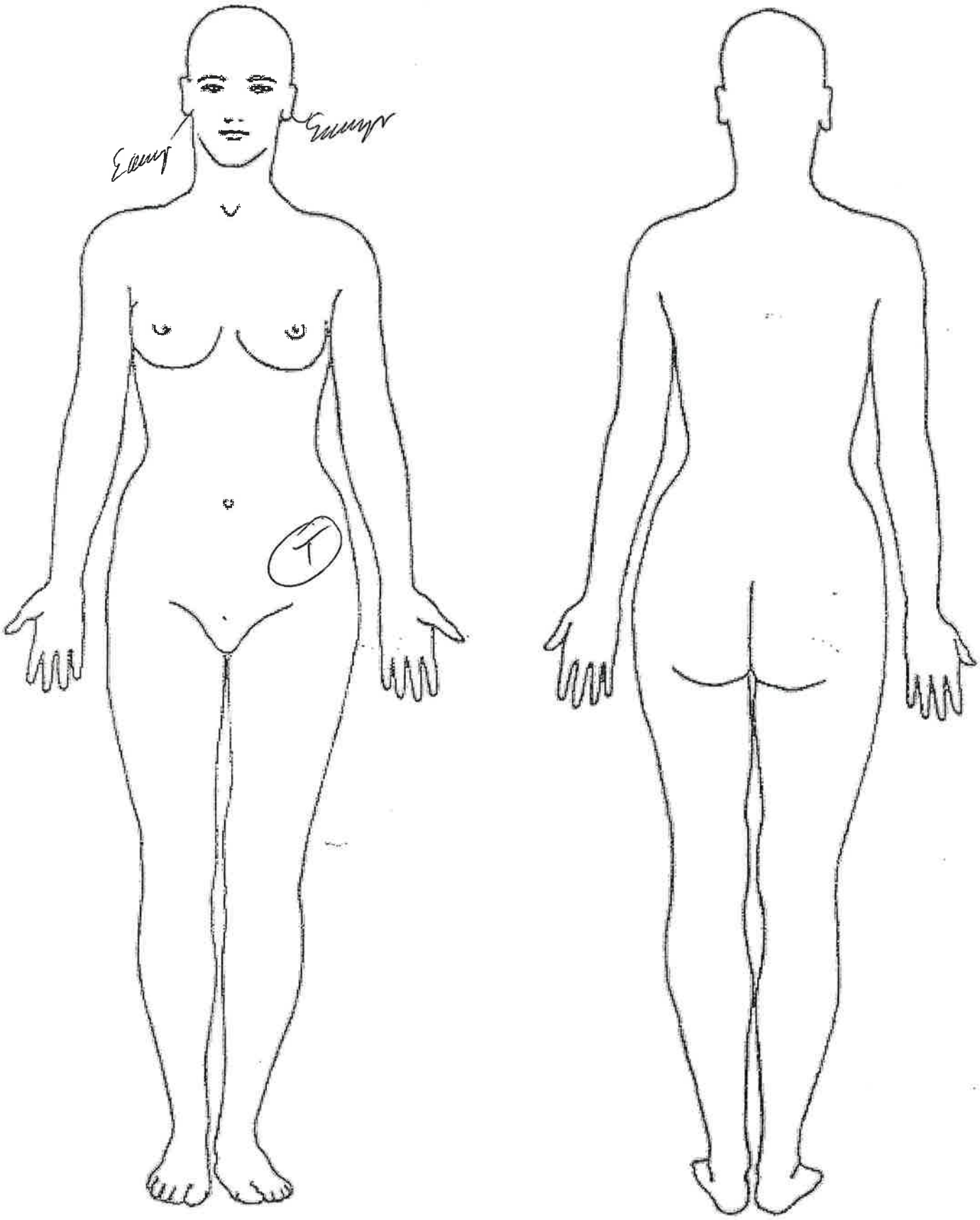
Oakland County Medical Examiner

Kayla White

NAME: Female# 14-11 Unknown **CASE #: 14-05786**



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TOXICOLOGY REPORT

NAME: **KAYLA WHITE**
CASE # **14-5786**

VOLATILE SCREEN

INCLUDES: ACETONE, ETHYL ALCOHOL, ISOPROPYL ALCOHOL, METHYL ALCOHOL

REPORT: **FEMORAL BLOOD – None detected**

VITREOUS – None detected

HEART BLOOD DRUG SCREEN*

INCLUDES: ACETAMINOPHEN, AMPHETAMINES/METHAMPHETAMINES, BARBITURATES, BENZODIAZEPINES, CANNABINOIDS, CARISOPRODOL, COCAINE/COCAINE METABOLITES, FENTANYL, FLUOXETINE, METHADONE, METHYLPHENIDATE, OPIATES, SALICYLATES, TRICYCLIC ANTIDEPRESSANTS

REPORT: **Cannabinoids detected**

SERUM DRUG SCREEN*

INCLUDES: ANTICONVULSANTS, TRICYCLIC ANTIDEPRESSANTS

REPORT: **Specimen not suitable for toxicological analysis**

URINE DRUG SCREEN*

INCLUDES: AMPHETAMINES, BARBITURATES, BENZODIAZEPINES, CANNABINOIDS, COCAINE/COCAINE METABOLITES, METHADONE, OPIATES, PHENCYCLIDINE

REPORT: **None detected**

FEMORAL BLOOD CARBON MONOXIDE

REPORT: **19% Carboxyhemoglobin Saturation**

DATE: 01/7/2015

DENICE M. TEEM, BS
CERTIFYING SCIENTIST, FOR NMS LABS

ds

*This is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.

NMS LABS

NMS Labs
3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

CONFIDENTIAL

Toxicology Report

Report Issued 12/04/2014 10:00

To: **10062**
Oakland County Medical Examiner
Attn: Toxicology
1200 N Telegraph Rd-Bldg 28 E
Pontiac, MI 48341

Patient Name WHITE Kayla
Patient ID 14-5786
Chain 28829
Age Not Given **DOB** Not Given
Gender Female
Workorder 14299614

Positive Findings:

Compound	Result	Units	Matrix Source
Carboxyhemoglobin	**21**	**%Saturation**	**001 - Femoral Blood**
Delta-9 THC	**1.5**	**ng/mL**	**001 - Femoral Blood**

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
1009B	Carbon Monoxide Exposure, Blood
8061B	Postmortem Toxicology - Basic w/o Alcohol, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Lavender Vial	6 mL	11/12/2014	Femoral Blood	

All sample volumes/weights are approximations.

Specimens received on 11/21/2014.

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Carboxyhemoglobin	21	%Saturation	2	001 - Femoral Blood	GC/MS
Delta-9 THC	1.5	ng/mL	1.0	001 - Femoral Blood	GC-GC-GC/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Carboxyhemoglobin (COHb) - Femoral Blood:

   Hemoglobin is a protein found in red blood cells that is responsible for the oxygen carrying capacity of blood. In normal conditions, hemoglobin receives oxygen via blood circulation through the lungs and delivers the oxygen to tissues and organs throughout the body. In situations where the inspired air is high in carbon monoxide concentration, the hemoglobin then binds the carbon monoxide in place of oxygen. This leads to a functional deficiency in oxygen delivery to the organs and tissues of the body.

   Measurement of carbon monoxide hemoglobin saturation gives an indication of the carbon monoxide concentration in the inspired air and its possible sequelae. Normal endogenous carboxyhemoglobin levels are generally up to 4% in non-smokers and up to 8% in smokers (although it may be higher); toxic symptoms may be noted at levels >10%. Concentrations over 10% saturation have been reported to produce adverse effects, e.g., headache and nausea. Deaths from carbon monoxide, in the absence of resuscitative measures, generally have associated carboxyhemoglobin levels >40%. However, individuals with a compromised cardiovascular system are at a potentially greater risk of toxic effects at much lower carbon monoxide hemoglobin saturation values.

2. Delta-9 THC (Active Ingredient of Marijuana) - Femoral Blood:

   Marijuana is a DEA Schedule I hallucinogen. Pharmacologically, it has depressant and reality distorting effects. Collectively, the chemical compounds that comprise marijuana are known as Cannabinoids.

   Delta-9-THC is the principle psychoactive ingredient of marijuana/hashish. It rapidly leaves the blood, even during smoking, falling to below detectable levels within several hours. THC concentrations in blood are usually about one-half that of serum/plasma concentrations. The active metabolite, 11-hydroxy-THC, may also fall below detectable levels shortly after inhalation. Delta-9-carboxy-THC (THCC) is the inactive metabolite of THC with peak concentrations attained 32 to 240 minutes after smoking and may be detected for up to one day or more in blood. Both delta-9-THC and THCC may be present substantially longer in chronic users.

   Reported usual peak THC concentrations in serum after smoking 1.75% or 3.55% THC marijuana cigarettes are 50 - 270 ng/mL after beginning of smoking, decreasing to less than 5 ng/mL by 2 hrs. Corresponding delta-9-carboxy-THC concentrations range from 10 - 101 ng/mL about 32 to 240 minutes after the beginning of smoking and decline slowly. Passive inhalation of marijuana smoke has been reported to produce blood THC concentrations up to 2 ng/mL. Delta-9-carboxy THC concentrations in blood may not be present following passive inhalation of marijuana smoke.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 14299614 was electronically signed on 12/04/2014 09:57 by:

Daniel S. Isenschmid, Ph.D., F-ABFT
Forensic Toxicologist

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 1009B - Carbon Monoxide Exposure, Blood - Femoral Blood

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Carboxyhemoglobin	2 %Saturation		

Acode 50013B - Cannabinoids Confirmation, Blood (Forensic) - Femoral Blood

-Analysis by Multi-dimensional Gas Chromatography/Mass Spectrometry (GC-GC-GC/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
11-Hydroxy Delta-9 THC	5.0 ng/mL	Delta-9 THC	1.0 ng/mL
Delta-9 Carboxy THC	5.0 ng/mL		

Acode 8061B - Postmortem Toxicology - Basic w/o Alcohol, Blood (Forensic) - Femoral Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Amphetamines	20 ng/mL	Methadone	25 ng/mL
Barbiturates	0.040 mcg/mL	Methamphetamine	20 ng/mL
Benzodiazepines	100 ng/mL	Opiates	20 ng/mL
Cannabinoids	10 ng/mL	Oxycodone	10 ng/mL
Cocaine / Metabolites	20 ng/mL	Phencyclidine	10 ng/mL
Fentanyl	0.50 ng/mL		

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Buprenorphine / Metabolite	0.50 ng/mL		