



# REGIONAL PATHOLOGY AND AUTOPSY SERVICES

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## ***AUTOPSY PROTOCOL***

Case No: **MCSO18-09877**

Name: **Hart, Ciera (aka Jane Doe)**

DOB: **4/20/05**

Age: 12 years

Height: 59 inches

Weight: 73 pounds

Sex: Female

Date of Autopsy: 4/10/2018

Time of Autopsy: 1320 Hours

Pathologist: Greg B. Pizarro, M.D.

Client: Mendocino County Sheriff-Coroner

**INVESTIGATIVE INFORMATION:** According to investigative information, the human remains of this 12-year-old female, initially known as a Jane Doe, were found in the surf near North Highway 1 by two bystanders on 4/7/18. On 3/27/2018 at 1645 hours, the Mendocino County Sheriff's Office responded to a fatal traffic accident, located at the area of Juan Creek Bridge of Westport. The accident occurred on a large dirt turnout located west of Highway 1, on the south side of the Juan Creek Bridge. The vehicle was located on the shoreline, approximately 140 feet down the vista view's Cliffside. The vehicle was positioned on its roof, sustained significant damage and the roof had subsequently collapsed. Personnel from the California Highway Patrol (CHP), Westport Volunteer Fire Department, Fort Bragg Volunteer Fire Department and Cal Fire were on the scene to assist in recovery efforts. There was a total of five decedents found during the initial recovery; two were inside the vehicle and the remaining three were located in the vicinity of the vehicle. The driver of the vehicle was subsequently identified as Jennifer Hart (please refer to report MCSO18-08630-1) and the front seat passenger was subsequently identified as Sarah Hart (please refer to report MCSO18-08630-2). The three other decedents who were in the vicinity of the vehicle were subsequently identified as Markis Hart (please refer to report MCSO18-08630-3), Abigail Hart (please refer to report MCSO18-08630-4) and Jeremiah Hart (MCSO18-08640-5) It was later determined that three additional people were in the vehicle at the time of the accident, one of which washed ashore several weeks later and was subsequently identified as Ciera Hart. The other two passengers in the car, identified as Devonte Hart and Hannah Hart are still missing and have not been recovered at the time of this report. The CHP was investigating the accident (please refer to CHP report #9150-2018-00207). The decedent had an unknown past medical history. The autopsy is ordered by the Mendocino County Sheriff-Coroner.

**WITNESSES:** Outside observers include California Highway Patrol (CHP) Ukiah Investigator J. Slates

and CHP Multidisciplinary Accident Investigation Team (MAIT) Officer T. Roloff. I am assisted by E. Mandel.

**PRELIMINARY EXAMINATION:** The body is received secured in a red plastic pouch with the presence of a red Coroner's seal on the eyelets of the plastic pouch with the inscription "SEALED 0003963" on a preparatory table at Eversole Mortuary, Ukiah, CA. When first viewed at gross examination, the decedent is clad in (all clothes are wet) (a) blue denim jeans, (b) a white sports bra and (c) light pink panties; all of which were eventually returned with the body.

**EVIDENCE OF MEDICAL THERAPY:** There is no medical therapy.

**EXTERNAL EXAMINATION:** The body is that of a well-developed, well-nourished, possible adolescent African American female whose appearance cannot be determined due to extensive skeletonization of the head and mandible, secondary to marine depredation. The body also presents with a moderate degree of decomposition, as evidenced by (a) skin slippage all over with multiple and extensive areas of depigmentation of the skin, (b) greenish discoloration on the abdomen, (c) marine depredation causing complete skeletonization of the head and mandible; along with openings on the right shoulder with exposed shoulder joint, opening of the left lower back and exposure of skin and subcutaneous tissue of the anterior aspect of both legs.

The head is completely skeletonized but is normocephalic. The scalp is completely absent with no hair. The face is completely skeletonized but without visible injury or lesion. The nose and facial bones are intact by palpation. All eyelids, eyes, nose, mouth, oral cavity and ears are absent due to the skeletonization of the skull and mandible described previously. The maxilla and mandible show many missing teeth but are in good condition characterized by the absence of caries.

The neck appears supple, normally formed, symmetric, and with exposed thyroid and cricoid cartilages due to marine depredation. The trachea is palpable in the midline and symmetric. The breasts are small sized, symmetric, atraumatic, and unremarkable, without palpable masses. The chest is normally formed, symmetric, and apparently without visible injury or lesion. The abdomen is mildly protuberant, soft and tympanic to percussion, without apparent visible injury or palpable masses. The back is straight and symmetric, without apparent visible injury or lesion. The atraumatic external genitalia are those of a normally developed adolescent female. The anus is patent, without visible injury or lesion.

The upper extremities are normally formed, symmetric, and unremarkable, without visible injury or lesion. There are fractures of both proximal humerus of both arms, the left arm has the presence of surrounding hemorrhage, while the right humerus has no evidence of hemorrhage. There are no needle punctures or track marks. There are no ventral wrist scars. Both hands are wrinkled and there are exposed left 2<sup>nd</sup> and right 3<sup>rd</sup> fingers with skin slippage. The fingernails are clean, trim, and do not extend beyond the fingertips. There are closed fractures of both femurs with absence of surrounding hemorrhage, suggestive of a postmortem injury. The lower extremities are normally formed, symmetric, and unremarkable, without apparent visible injury or lesion. There are closed fractures of both femurs with absence of surrounding hemorrhage. The lower extremities are free of edema. Both feet are wrinkled due to prolonged immersion to water. The toenails are clean, trim, and short.

**IDENTIFYING MARKS AND SCARS:**

Scars: There are no surgical scars.

Tattoos: None identified.

**EVIDENCE OF POSTMORTEM CHANGES:** The body is well preserved, cold (having been refrigerated), and has not been embalmed. Rigor mortis is absent in the jaw and extremities. Livor mortis is pink-purple, fixed and in a posterior distribution.

**EVIDENCE OF INJURY:** Other than the fractures of both humerii and both femura, there is a 2 x 1-1/2 inch contusion of the left arm, corresponding to the closed fracture of the left humerus. The cutaneous injuries on the remaining parts of the body cannot be fully determined due to the presence of moderate decomposition with skin slippage with multiple and extensive areas of depigmentation.

**INTERNAL EXAMINATION:** The subcutaneous fat is approximately 0.5 centimeters in its maximum thickness at the mid-abdomen. The pleural cavities are free of adhesions. The right pleural cavity contains 500 milliliters of clear reddish serosanguinous fluid, consistent with decomposition fluid. The left pleural cavity contains 425 milliliters of clear yellow serous fluid. The visceral and parietal pleurae are intact and unremarkable with smooth, glistening surfaces. The pericardial sac is intact and unremarkable without abnormal fluid collection. The abdominal cavity is intact and unremarkable without excess fluid, hemorrhage, exudates, or adhesions. The thoracoabdominal organs are in their usual positions. The diaphragm is intact.

**NECK:** The neck is exposed due to marine depredation exposing the thyroid and cricoid cartilages. The superficial and deep muscles of the neck are firm, red-brown, intact, and unremarkable, without hemorrhage or laceration. The tongue is absent due to the skeletonization of the skull and mandible from marine depredation described previously. The hyoid bone is intact without fracture or periosteal soft tissue hemorrhage. The thyroid and cricoid cartilages are intact without fracture or adjacent soft tissue hemorrhage. The mucosa of the larynx and trachea are unremarkable without intraluminal obstructive lesion, ulceration, laceration, or fistula. There are no prevertebral fascial hemorrhages or underlying cervical vertebral fractures.

**CARDIOVASCULAR SYSTEM:** The 150 gram heart has a smooth, glistening, unremarkable epicardium. The cardiac contour is unremarkable. The coronary arteries arise from the aorta in a normal fashion and follow their usual anatomic pathways. The coronary ostia are patent. The posterior interventricular septum receives its blood supply from the left circumflex coronary artery. The coronary arteries are patent and have no significant atherosclerosis. There is no occlusive thrombus of the epicardial vessels. The myocardium is red-brown, firm, and uniform, without focal fibrosis, softening, or hyperemia. The right ventricle, left ventricle, and interventricular septum measure 0.4 cm, 1.0 cm, and 0.7 cm respectively. The endocardium is intact, smooth, and glistening, without thickening or fibrosis. The valve cusps and leaflets are of normal number, pliable, intact, and free of vegetations. The chordae tendineae

are thin and delicate. The papillary muscles are intact. Valvular circumferential measurements are tricuspid 10.5 cm, pulmonic 5.5 cm, mitral 8.5 cm, and aortic 5.0 cm. The cardiac chambers are normally dilated. The atrial and ventricular septa are free of defects. The aorta and its major branches have normal pathways and are unremarkable, without atherosclerosis. There are no vascular anomalies or aneurysms. The venae cavae and major veins are all patent, intact, and unremarkable, with smooth, yellow-tan intima.

**RESPIRATORY SYSTEM:** The right and left lungs weigh 330 grams and 240 grams, respectively, and have the usual lobation. The pleural surfaces are smooth and glistening. The lungs have slight anthracotic pigment. The parenchyma is pink tan to dark red, subcrepitant, moderately to severely congested and minimally edematous. The lungs have no consolidation, hemorrhage, infarct, tumor, gross fibrosis, or enlargement of airspaces. The tracheobronchial tree has pink-tan, unremarkable mucosa and is patent without intraluminal obstructive lesion. The pulmonary vessels are patent and have a yellow-tan, smooth intima without thromboemboli.

**HEPATOBIILIARY SYSTEM:** The 580 gram liver has a smooth, intact capsule with a sharp anterior margin. The hepatic parenchyma is red-brown with multiple small air pockets secondary to decomposition, and uniform without yellow discoloration, palpable fibrosis, hemorrhage, or mass lesion. The hepatic artery and portal vein are patent and intact. The gallbladder is intact and is devoid of bile. The gallbladder wall is thin and uniform, with a velvety, green mucosa.

**HEMATOPOIETIC SYSTEM:** The 60 gram spleen is intact and has a smooth, gray, translucent capsule. The splenic pulp is soft, purple-red, and unremarkable, with conspicuous corpuscles. The thymus weighs 20 grams and is unremarkable. The thoracoabdominal and cervical lymph nodes are not enlarged. The visible bone marrow is unremarkable.

**ENDOCRINE SYSTEM:** The pituitary gland is intact, normally developed, and unremarkable without laceration, hemorrhage, or mass lesion. The thyroid gland is symmetric and unremarkable, with a firm, red-brown, granular parenchyma without cyst, hemorrhage, fibrosis, or mass lesion. The adrenal glands are normally situated and have soft, yellow cortices and soft, grey-brown medullae. The pancreas weighs 70 grams and has a soft, tan parenchyma with a normal lobular architecture without saponification, pseudocyst, neoplasm, fibrosis, hemorrhage, or mineralization.

**GASTROINTESTINAL SYSTEM:** The oropharynx is absent due to the skeletonization of the skull and mandible described previously. The laryngopharynx has a tan, smooth, unremarkable mucosa, without erythema, ulceration, or mass lesion. The esophagus has a smooth, mildly congested reddish-tan mucosa. The stomach has a smooth, tan serosa and a smooth, mildly congested reddish-tan mucosa with normal rugal folds. The gastric wall is not thickened or indurated. The gastric contents consist of approximately 40 milliliters of reddish, turbid fluid without identifiable food material. The stomach does not contain identifiable tablets, capsules, or pill fragments. The duodenum has a smooth, bile-stained mucosa without ulcers. The small intestine has a smooth, tan serosa and is not dilated or obstructed. The large intestine has normal haustral markings and a vermiform appendix without descending or sigmoid colonic

diverticula. The rectum has a smooth, tan mucosa.

**GENITOURINARY SYSTEM:** The right and left kidneys weigh 80 grams and 80 grams, respectively. The renal capsules are intact and strip with ease from the underlying cortices. The kidneys have smooth cortical surfaces with persistent fetal lobulations. The renal parenchyma is firm, dark red-brown, and has a good corticomedullary definition with an average cortical thickness measuring 0.5 cm. The pyramids and papillae are unremarkable. The pelvicalyceal systems are normal without dilatation or obstruction. The ureters are normal in course and caliber to the urinary bladder. The renal arteries and veins are unremarkable. The urinary bladder is intact with a smooth, tan mucosa without thickening, erythema, hemorrhage, ulcer, or mass lesion. The urinary bladder is devoid of urine.

The vaginal mucosa is tan, smooth, and unremarkable, without abrasion, laceration, ulcer, or mass lesion. The ectocervix is smooth, tan, and unremarkable, with a 1.0 cm os. The endocervical canal is tan and unremarkable, without mass lesion, induration, or necrosis. The uterine serosa is smooth, tan, and unremarkable, with a tan, homogeneous myometrium and a tan, smooth endometrium. The uterus is free of hemorrhage or mass lesion. The fallopian tubes have a smooth, tan serosa and are unremarkable. The ovaries have a white, opaque, cerebriform serosa with a tan, homogeneous, fibrotic parenchyma, without cyst, hemorrhage, or mass lesion. No intrauterine or extrauterine pregnancy is identified.

**MUSCULOSKELETAL SYSTEM:** The musculoskeletal system is well developed and free of deformity. The skeletal muscle is red-brown and firm, without focal lesions. The skeleton is normally developed and with fractures of both extremities as described above. The cervical spinal column's stability cannot be fully evaluated due to the skeletonization of the skull, mandible and upper neck and is disassociated with the rest of the body as described above.

**HEAD AND CENTRAL NERVOUS SYSTEM:** The reflected scalp, galeal tissues and temporalis muscle are completely absent due to the skeletonization of the skull, mandible and upper neck as described above. The calvarium is intact and without fracture. The dura mater is intact and unremarkable. The epidural and subdural spaces are free of blood. The 1030 gram brain has minimal to mild global edema but with symmetric cerebral and cerebellar hemispheres covered by thin, congested, transparent leptomeninges, without subarachnoid hemorrhage, exudate, or cortical contusions. The brain is mostly softened and partially liquefied due to decomposition. The cerebral cortex is grayish-tan and uniform, with a normal gyral pattern. There is no flattening of the gyri, narrowing of the sulci, midline shift, or evidence of herniation. The cerebral white matter is uniform throughout. The caudate nuclei, basal ganglia, and thalami are tan, uniform, and symmetric. The ventricles are normal in caliber and contain congested choroid plexus. The midbrain, cerebellum, pons, and medulla oblongata are free of abnormalities. The substantia nigra is normally pigmented. The cranial nerves and mammillary bodies are symmetric and unremarkable. The arteries at the base of the brain are free of atherosclerosis and aneurysms. The anterior, middle, and posterior cranial fossae are free of fractures. The proximal cervical spinal cord is firm, symmetric, but disassociated with the rest of the body due to the skeletonization of the skull, mandible and upper neck as described previously.

The remaining spinal cord is not examined.

**SPECIMENS RETAINED:**

RETAINED TISSUE: Representative sections of major organs and other tissues are collected in formalin and retained.

TOXICOLOGY: Samples of liver, spleen and right quadriceps muscle were collected and sent for toxicology.

PHOTOGRAPHS: Full body overall photographs and photographs of the extremity fractures, skull and brain are taken by CHP MAIT Officer T. Roloff, G.B. Pizarro, M.D. and E. Mandel.

RADIOGRAPHS: No radiographs are taken.

EVIDENCE: Evidence taken includes the maxilla and mandible, liver, spleen, right quadriceps muscle and pulled pubic hair for DNA and identification.

**AUTOPSY FINDINGS:**

1. Extensive skeletonization of skull, mandible and upper neck due to marine depredation.
2. Disassociation of the skull and mandible from the rest of the body secondary to skeletonization described above.
3. Body is in a state of moderate decomposition with skin slippage with foci of multiple and extensive depigmentation of skin.
4. Closed fractures of both humerus and both femurs.
5. Pleural effusions, bilateral, serosanguinous type, consistent with decomposition fluid (425 ml left, 500 ml right).
6. Pulmonary vascular congestion, bilateral, moderate to severe.
7. Generalized visceral congestion.
8. **Toxicology:** Negative (Please refer to separate Toxicology report).

**CAUSE OF DEATH: PROBABLE ATLANTO-OCCIPITAL DISLOCATION (SECONDS) (SEE COMMENT)**

**DUE TO: MOTOR VEHICLE ROLLOVER OVER CLIFF WITH EJECTION (SECONDS)**

**COMMENT:** The probable cause of her demise cannot be fully evaluated due to the extensive skeletonization of the head, mandible and upper neck, secondary to marine depredation; but most likely may be related to the similar cause of death that occurred to other members of the family at the time of the incident.

A handwritten signature in blue ink, appearing to read 'Greg B. Pizarro, M.D.', with a stylized flourish at the end.

Greg B. Pizarro, M.D.  
Pathologist

Electronically signed under the express direction of Greg Pizarro, M.D. on 8/5/2018