



**Milwaukee County Medical Examiner
933 W. Highland Avenue**

**Milwaukee, WI 53233
(414) 223-1200 Fax (414) 223-1237**

**Case Number:
14-02058**

Final Cause Of Death

Name of Deceased	Date of Death	Time of Death	Age
Dontre D. Hamilton,	4/30/2014	17:09	31 Years

**Immediate Cause of Death
Multiple Gunshot Wounds**

Due To (A)

Due To (B)

Due To (C)

Other Significant Conditions

Final Manner of Death

Homicide

**Death Certificate Signed By
Wieslawa Tlomak, M.D.**

**Date Signed
7/16/2014**

MKE14-02058 HAMILTON, DONTRE D.

**Milwaukee County Medical Examiner
933 W. Highland Avenue
Milwaukee, WI 53233**

AUTOPSY PROTOCOL

NAME: HAMILTON, DONTRE D. SEX: MALE AGE: 31 YEARS
DOB: 01/20/1983
DATE OF DEATH: APRIL 30, 2014 TIME: 1709 HOURS
DATE OF AUTOPSY: MAY 1, 2014 TIME: 0900 HOURS
PLACE OF AUTOPSY: Milwaukee County Medical Examiner's Office
PERFORMED BY: Wieslawa Tlomak, MD
Deputy Chief Medical Examiner
WITNESSED BY: Stephanie Murphy
Forensic Pathology Assistant
John Chisholm
Milwaukee County District Attorney
Special Agent Aaron Koehler
State of Wisconsin Department of Justice
Division of Criminal Investigation
Michael Braunreiter, PSSI
Milwaukee Police Department
CAUSE OF DEATH: Multiple Gunshot Wounds
MANNER OF DEATH: Homicide

Signed W. Tlomak, MD 7/16/2014
Wieslawa Tlomak, MD Date Signed
Deputy Chief Medical Examiner

NOTES BY: WE TYPE/SG, MEDICAL TRANSCRIBER

**Milwaukee County Medical Examiner
933 West Highland Avenue
Milwaukee, WI 53233**

AUTOPSY PROTOCOL

Final Diagnoses:

- I. Gunshot wound of the neck with exit (Wounds 1 and 12)
- II. Gunshot wound of the right anterior shoulder without exit (Wound 2)
- III. Gunshot wound of the right anterior chest and right upper extremity without exit (Wound 3)
- IV. Gunshot wound of the right anterior chest with exit (Wounds 4 and 13)
- V. Gunshot wound of the right anterior chest without exit (Wound 5)
- VI. Gunshot wound of the right anterolateral chest without exit (Wound 6)
- VII. Gunshot wound of the right lateral chest without exit (Wound 7)
- VIII. Gunshot wound of the right anterolateral lower chest without exit (Wound 8)
- IX. Gunshot wound of the left shoulder and left upper extremity with exit (Wounds 9 and 16)
- X. Gunshot wound of the right forearm with exit (Wounds 10 and 11)
- XI. Gunshot wound of the right back without exit (Wound 14)
- XII. Gunshot wound of the right upper arm and right shoulder without exit (Wound 15)
- XIII. Gunshot wound of the left upper arm with exit (Wounds 18 and 17)
- XIV. Gunshot wound of the left forearm with exit (Wounds 21 and 19)
- XV. Gunshot wound of the right thumb (Wound 20)
- XVI. Blunt force injuries
 - A. Abrasion of the chin
 - B. Abrasion of the right parietal scalp
 - C. Contusions of the parietal scalp
 - D. Abrasions of the neck
 - E. Contusions of the right upper extremity

The body is received within a sealed body bag.

WITNESSES:

Personnel present during portions of the autopsy include Wieslawa Tlomak, MD, Deputy Chief Medical Examiner; Stephanie Murphy, Forensic Pathology Assistant; John Chisholm, Milwaukee County District Attorney; Special Agent Aaron Koehler, State of Wisconsin Department of Justice, Division of Criminal Investigation; and Michael Braunreiter, PSSI, Milwaukee Police Department.

RADIOGRAPHS:

Radiographs of the head and neck reveal no radiopaque shadows. Radiographs of the chest, abdomen, and upper extremities reveal radiopaque shadows consistent with projectiles recovered at autopsy. Radiographs of the left upper extremity show a fracture of the left humerus.

CLOTHING:

The body is received dressed in a navy blue jacket, brand "AE77", size M; a gray short-sleeve shirt, brand "Nike", size XXL; a pair of blue jeans, brand "Enyce", size 34; a black belt; a pair of blue, gray, and white shorts; a pair of blue/gray plaid underpants, brand "Croft and Barrow"; two black socks and two gray shoes, brand "Nike", size 10-1/2.

GENERAL EXTERNAL EXAMINATION:

The body is that of a well developed, overweight (body mass index of 26.5), adult black male that weighs 169 pounds, is 67 inches in length, and appears compatible with the reported age of 31 years.

The body is cold. At the time of autopsy, rigor mortis is fully fixed. Fixed purple livor mortis extends over the posterior surfaces of the body, except in areas exposed to pressure.

HEAD: The head is normocephalic. The scalp hair is black-gray, straight, and measures 1/16 inch in length over the crown. **EYES:** The irides are brown. The pupils are round. The corneae are translucent. The sclerae are white and the conjunctivae are unremarkable. No petechial hemorrhages are identified on the sclerae or conjunctivae. **NOSE:** The nose is normally formed and the septum is in the midline. **MOUTH:** The anterior teeth are natural and in good condition. No petechial hemorrhages are on the

EVIDENCE OF MEDICAL INTERVENTION:

Evidence of medical intervention includes: a curved plastic airway and two defibrillator pads.

EVIDENCE OF INJURY:

DESCRIPTION OF GUNSHOT WOUNDS:

The wounds are numbered for identification purpose only and do not imply the sequence or severity.

GUNSHOT WOUND OF NECK (WOUNDS 1 AND 12):

ENTRANCE: On the right anterolateral neck, below the right ear, with its midpoint 8-1/2 inches below the top of the head, 3 inches right of the anterior midline is a 1/4 x 1/4 inch defect with a circumferential dark red marginal abrasion consistent with an entrance gunshot wound (Wound 1). The marginal abrasion is widest at the 1:00 position (3/16 inch) tapering at the 10:00 and 3:00 positions. Soot is not visible on the skin edges or within the hemorrhagic wound track. No stippling or unburned or burned gunpowder particles are on the skin surrounding the entrance gunshot wound.

PATH: The hemorrhagic wound track perforates soft tissues of the neck.

PROJECTILE: No projectile is recovered.

EXIT: On the left side of the posterior-inferior neck, 8 inches below the top of the head, 3/4 inch left of the posterior midline is a 3/4 x 1/4 inch irregular laceration without marginal abrasion consistent with an exit gunshot wound (Wound 12).

TRAJECTORY: The trajectory is from the decedent's front-to-back, right-to-left with no significant upward/downward deviation.

GUNSHOT WOUND OF THE RIGHT ANTERIOR SHOULDER (WOUND 2):

ENTRANCE: On the right anterior shoulder, with its midpoint 11 inches below the top of the head, 6-1/2 inches right of the anterior midline is a 3/4 x 1/2 inch oval gaping defect with a circumferential dark red, irregular marginal abrasion consistent with an entrance gunshot wound (Wound 2). The marginal abrasion is widest between the 8:00 and 1:00 positions and measures 5/16 inch in width. Soot is not visible on the skin edges or

within the hemorrhagic wound track. No stippling or unburned or burned gunpowder particles are on the skin surrounding the entrance gunshot wound.

PATH: The hemorrhagic wound track penetrates soft tissues of the right shoulder.

PROJECTILE: A 181 grain copper-jacketed projectile is recovered from the soft tissue of the right shoulder next to the head of the right humerus.

EXIT: There is no exit gunshot wound.

TRAJECTORY: The trajectory is from the decedent's front-to-back, and downward with no significant right/left deviation.

GUNSHOT WOUND OF THE RIGHT ANTERIOR CHEST AND RIGHT UPPER EXTREMITY (WOUND 3):

ENTRANCE: On the right side of the anterior upper chest, close to the anterior midline and below the right clavicle, with its midpoint 12 inches below the top of the head, 3 inches right of the anterior midline is a 1/4 x 1/4 inch defect with a circumferential dark red dried marginal abrasion consistent with an entrance gunshot wound (Wound 3). The marginal abrasion measures 1-1/4 x 1/2 inch between the 12:00 and 6:00 positions. Soot is not visible on the skin edges or within the hemorrhagic wound track. No stippling or unburned or burned gunpowder particles are on the skin surrounding the entrance gunshot wound.

PATH: The hemorrhagic wound track sequentially perforates the soft tissues of the right anterior chest wall and penetrates the muscles of the right proximal upper arm.

PROJECTILE: A 180 grain copper-jacketed projectile is recovered from the soft tissue of the right shoulder next to the head of the right humerus.

EXIT: There is no exit gunshot wound.

TRAJECTORY: The trajectory is from the decedent's front-to-back, left-to-right and downward.

GUNSHOT WOUND OF THE RIGHT ANTERIOR CHEST (WOUNDS 4 AND 13):

ENTRANCE: On the right side of the anterior upper chest, above the right nipple, with its midpoint 14-1/4 inches below the top of the head, 3-3/4 inches right of the anterior midline is a 1/4 x 1/4 inch defect with a 1/16 inch in width circumferential dark red dried marginal abrasion consistent with an entrance gunshot wound (Wound 4). Soot is not visible on the skin edges or within the hemorrhagic wound track. No stippling or unburned or burned gunpowder particles are on the skin surrounding the entrance gunshot wound.

PATH: The hemorrhagic wound track sequentially perforates the anterior right 2nd intercostal space, right lung, and right posterior 6th intercostal space.

ASSOCIATED INJURIES: Associated injuries include right hemothorax (150 mL of blood in the right pleural cavity).

PROJECTILE: No projectile recovered.

EXIT: On the right side of the upper back, 16 inches below the top of the head, 3-1/2 inches right of the posterior midline is a 5/8 x 5/8 inch irregular laceration without marginal abrasion consistent with an exit gunshot wound (Wound 13).

TRAJECTORY: The trajectory is from the decedent's front-to-back and downward with no significant right/left deviation.

GUNSHOT WOUND OF RIGHT ANTERIOR CHEST (WOUND 5):

ENTRANCE: On the right side of the anterior chest, above the right nipple, with its midpoint 16-1/4 inches below the top of the head, 4 inches right of the anterior midline is a 1/2 x 1/4 inch oval defect with a circumferential dark red marginal abrasion consistent with an entrance gunshot wound (Wound 5). Soot is not visible on the skin edges or within the hemorrhagic wound track. No stippling or unburned or burned gunpowder particles are on the skin surrounding the entrance gunshot wound.

PATH: The hemorrhagic wound track sequentially perforates the right anterior 3rd intercostal space, right lung, pericardial sac, heart (right atrium, atrial septum, left atrium), pericardial sac, aorta, left lung, and diaphragm).

ASSOCIATED INJURIES: Associated injuries include right hemothorax (150 mL of blood in the right pleural cavity), left hemothorax (350 mL of blood in the left pleural cavity), and hemopericardium (100 mL of blood in the pericardial sac).

PROJECTILE: A 179 grain copper-jacketed projectile is recovered from the peritoneal cavity under the left hemidiaphragm.

EXIT: There is no exit gunshot wound.

TRAJECTORY: The trajectory is from the decedent's front-to-back, right-to-left and downward.

GUNSHOT WOUND OF THE RIGHT ANTEROLATERAL CHEST (WOUND 6):

ENTRANCE: On the right anterolateral chest, in front of the anterior axillary line, with its midpoint 17-1/2 inches below the top of the head, 6-1/2 inches right of the anterior midline is a 1/4 x 1/4 inch defect with a dark red dried circumferential marginal abrasion consistent with an entrance gunshot wound (Wound 6). The marginal abrasion measures 3/4 x 3/8 inch between the 12:00 and 6:00 positions. Soot is not visible on the skin edges or within the hemorrhagic wound track. No stippling or unburned or burned gunpowder particles are on the skin surrounding the entrance gunshot wound.

PATH: The hemorrhagic wound track sequentially perforates the right anterolateral 7th rib and 7th intercostal space, diaphragm, liver, 9th posterior paravertebral intercostal space, 8th and 9th thoracic vertebrae, spinal cord, left 8th posterior intercostal space and 9th posterior rib, and penetrates soft tissue of the left side of the back.

ASSOCIATED INJURIES: Associated injuries include hemoperitoneum (500 mL of blood in the abdominal cavity).

PROJECTILE: A 182 grain, copper-jacketed projectile is recovered from the subcutaneous tissue of the left side of the back, 17-1/2 inches below the top of the head, 5-1/2 inches left of the posterior midline.

EXIT: There is no exit gunshot wound.

TRAJECTORY: The trajectory is from the decedent's front-to-back, right-to-left with no significant upward/downward deviation.

GUNSHOT WOUND OF THE RIGHT LATERAL CHEST (WOUND 7)

ENTRANCE: On the right lateral chest, in the middle axillary line, with its midpoint 20-1/2 inches below the top of the head, 7 inches right of the anterior midline is a 1/4 inch in diameter round defect with a 1/16 inch in width circumferential red dried marginal abrasion consistent with an entrance gunshot wound (Wound 7). Soot is not visible on the skin edges or within the hemorrhagic wound track. No stippling or unburned or burned gunpowder particles are on the skin surrounding the entrance gunshot wound.

PATH: The hemorrhagic wound track sequentially perforates the right lateral 8th rib and right lateral 8th intercostal space, diaphragm, liver, right posterior paravertebral 11th intercostal space, and penetrates soft tissue of the left side of the back.

ASSOCIATED INJURIES: Associated injuries include hemoperitoneum (500 mL of blood in the abdominal cavity).

PROJECTILE: A 179 grain, copper-jacketed projectile is recovered from the subcutaneous tissue of the left side of the back, 21 inches below the top of the head, 2 inches left of the posterior midline.

EXIT: There is no exit gunshot wound.

TRAJECTORY: The trajectory is from the decedent's front-to-back, right-to-left with no significant upward/downward deviation.

GUNSHOT WOUND OF THE RIGHT ANTEROLATERAL LOWER CHEST (WOUND 8):

ENTRANCE: On the right anterolateral lower chest, with its midpoint 22 inches below the top of the head, 7 inches right of the anterior midline is a 5/16 x 1/4 inch defect with a dark red dried irregular marginal abrasion measuring up to 1/8 inch in width consistent with an entrance gunshot wound (Wound 8). Soot is not visible on the skin edges or within the hemorrhagic wound track. No stippling or unburned or burned gunpowder particles are on the skin surrounding the entrance gunshot wound.

PATH: The hemorrhagic wound track sequentially perforates the right lateral 8th intercostal space, liver, transverse colon, right kidney, and penetrates the 3rd lumbar vertebra.

ASSOCIATED INJURIES: Associated injuries include hemoperitoneum (500 mL of blood in the abdominal cavity).

PROJECTILE: A 179 grain, copper-jacketed projectile is recovered from the 3rd lumbar vertebra.

EXIT: There is no exit gunshot wound.

TRAJECTORY: The trajectory is from the decedent's front-to-back, right-to-left and downward.

GUNSHOT WOUND OF THE LEFT SHOULDER AND LEFT UPPER EXTREMITY (WOUNDS 9 AND 16):

ENTRANCE: On the left anterior shoulder, with its midpoint 10-1/2 inches below the top of the head, 8 inches left of the anterior midline is a 5/16 x 5/16 inch defect with a circumferential red marginal abrasion consistent with an entrance gunshot wound (Wound 9). The marginal abrasion is widest (1/4 inch) at the 9:00 position tapering at the 1:00 and 7:00 positions. Soot is not visible on the skin edges or within the hemorrhagic wound track. No stippling or unburned or burned gunpowder particles are on the skin surrounding the entrance gunshot wound.

PATH: The hemorrhagic wound track sequentially perforates soft tissues of the left shoulder, soft tissues of the left proximal upper arm, left humerus, and soft tissues of the left lateral proximal upper arm.

ASSOCIATED INJURIES: Associated injuries include fracture of the left humerus.

PROJECTILE: No projectile is recovered.

EXIT: On the left lateral proximal upper arm, 5 inches below the left acromion, is a 3/4 x 3/8 inch irregular laceration without marginal abrasion consistent with an exit gunshot wound. (Wound 16).

TRAJECTORY: The trajectory is from the decedent's front-to-back, right-to-left and downward.

GUNSHOT WOUND OF THE RIGHT FOREARM (WOUNDS 10 AND 11):

ENTRANCE: On the right posterolateral proximal forearm, with its midpoint 15 inches below the right acromion is a 1/4 x 1/4 inch defect with a circumferential red marginal abrasion consistent with an entrance gunshot wound (Wound 10). The marginal abrasion is widest (5/16 inch) at the 9:00 position tapering at the 12:00 and 6:00 positions. Soot is not visible on the skin edges or within the hemorrhagic wound track. No stippling or unburned or burned gunpowder particles are on the skin surrounding the entrance gunshot wound.

PATH: The hemorrhagic wound track perforates subcutaneous tissue of the right forearm.

PROJECTILE: No projectile is recovered.

EXIT: On the right anteromedial proximal forearm, 16-1/2 inches below the right acromion, is a 1/2 x 1/2 inch gaping laceration without marginal abrasion consistent with an exit gunshot wound. (Wound 11).

TRAJECTORY: The trajectory is from the decedent's back-to-front, right-to-left and slightly downward.

GUNSHOT WOUND OF THE RIGHT BACK (WOUND 14):

ENTRANCE: On the right side of the back, with its midpoint 19-1/2 inches below the top of the head, 3 inches right of the posterior midline is a 1/4 x 5/16 inch defect with a circumferential pink marginal abrasion consistent with an entrance gunshot wound (Wound 14). The marginal abrasion is widest (1/4 inch) at the 3:00 position, tapering at the 10:00 and 4:00 positions. There is a 1/2 x 3/16 inch superficial, irregular, nearly horizontal, pink abrasion on the skin next to the entrance gunshot wound located between the 1:00 and 3:00 positions. Soot is not visible on the skin edges or within the hemorrhagic wound track. No stippling or unburned or burned gunpowder particles are on the skin surrounding the entrance gunshot wound.

PATH: The hemorrhagic wound track penetrates the subcutaneous tissue of the right side of the back.

PROJECTILE: A 178 grain copper-jacketed projectile is recovered from the subcutaneous tissue of the right side of the back, just medially to the entrance gunshot wound.

EXIT: There is no exit gunshot wound.

TRAJECTORY: The trajectory is from the decedent's right-to-left with no significant front/back or upward/downward deviation.

**GUNSHOT WOUND OF THE RIGHT UPPER ARM AND RIGHT SHOULDER
(WOUND 15):**

ENTRANCE: On the right posterior proximal upper arm, with its midpoint 5-1/2 inches below the right acromion, is a 5/16 inch in diameter round defect with a circumferential pink marginal abrasion consistent with an entrance gunshot wound (Wound 15). The marginal abrasion is widest (1/2 inch) at the 6:00 position, tapering at the 3:00 and 9:00 positions. Soot is not visible on the skin edges or within the hemorrhagic wound track. No stippling or unburned or burned gunpowder particles are on the skin surrounding the entrance gunshot wound.

PATH: The hemorrhagic wound track sequentially perforates soft tissues of the right proximal upper arm, and penetrates soft tissues of the right shoulder.

PROJECTILE: A 176 grain copper-jacketed projectile is recovered from the soft tissue of the right shoulder next to the head of the right humerus.

EXIT: There is no exit gunshot wound.

TRAJECTORY: The trajectory is from the decedent's back-to-front, right-to-left and upward.

GUNSHOT WOUND OF THE LEFT UPPER ARM (WOUNDS 18 AND 17):

ENTRANCE: On the left posterior upper arm, with its midpoint 9-1/2 inches below the left acromion, is a 3/4 x 1/2 inch gapping oval defect with a circumferential dark red

dried marginal abrasion consistent with an entrance gunshot wound (Wound 18). The marginal abrasion is irregular between the 12:00 and 6:00 positions and measures up to 1/4 inch in width. Soot is not visible on the skin edges or within the hemorrhagic wound track. No stippling or unburned or burned gunpowder particles are on the skin surrounding the entrance gunshot wound.

PATH: The hemorrhagic wound track perforates subcutaneous tissue of the left posterior upper arm.

PROJECTILE: No projectile is recovered.

EXIT: On the left posterior upper arm, 9-1/2 inches below the left acromion, is a 3/4 inch horizontal laceration without marginal abrasion consistent with an exit gunshot wound. (Wound 17).

TRAJECTORY: The trajectory is from the decedent's right-to-left with no significant upward/ downward or front/back deviation.

GUNSHOT WOUND OF THE LEFT FOREARM (WOUNDS 21 AND 19):

ENTRANCE: On the left posterior forearm, 15 inches below the left acromion is a 5/16 inch in diameter round defect with a circumferential pink marginal abrasion consistent with an entrance gunshot wound (Wound 21). The marginal abrasion is widest (1/8 inch) at the 4:00 position, tapering at the 1:00 and 7:00 positions. Soot is not visible on the skin edges or within the hemorrhagic wound track. No stippling or unburned or burned gunpowder particles are on the skin surrounding the entrance gunshot wound.

PATH: The hemorrhagic wound track perforates subcutaneous tissue of the left proximal forearm.

PROJECTILE: No projectile is recovered.

EXIT: On the anteromedial proximal left forearm, 12 inches below the left acromion, is a 1-1/2 x 3/4 inch irregular gapping laceration without marginal abrasion consistent with an exit gunshot wound. (Wound 19).

TRAJECTORY: The trajectory is from the decedent's left-to-right and upward with no significant front/back deviation.

GUNSHOT WOUND OF THE LEFT THUMB (WOUND 20):

On the left thumb, 23-1/2 inches below the left acromion is a perforating gunshot wound. The left thumb is nearly amputated below the fingernail. The entrance and exit gunshot wounds cannot be determined. No projectile is recovered.

RECOVERY: A 103 grain, markedly deformed copper-jacketed projectile is recovered from the jacket.

CLOTHING:

JACKET: On the right anterior panel there are two defects with torn edges measuring 3/4 x 1/2 inch and 5/16 x 1/4 inch, superior and inferior, respectively. On the left anterior upper panel is a 1/4 x 3/16 inch defect with torn edges.

On the posterior panel there are multiple defects with torn edges measuring from 1/4 x 1/4 inch to 4 x 1-1/2 inch.

On the right sleeve there are at least four defects measuring 1/4 x 1/4 inch, 3/16 inch, 1/4 inch and 1/4 inch. The right sleeve was cut for resuscitation by emergency medical services personnel hindering further examination.

On the left sleeve there are at least three defects measuring 1 inch, 5/16 x 5/16 inch, and 1/2 inch. The left sleeve was cut for resuscitation by emergency medical services personnel hindering further examination.

SHIRT: On the anterior panel there are multiple defects with torn edges measuring from 1/4 inch to 1 x 3/4 inch.

On the posterior panel there are multiple defects with torn edges measuring from 1/4 inch to 3/8 x 1/4 inch.

On the left sleeve there are at least three defects measuring 1/4 x 1/4 inch, 1/4 x 1/4 inch, and 1/2 x 1/4 inch.

On the right sleeve there are at least two defects measuring 3/8 x 3/8 inch and 1/4 x 3/8 inch.

No soot or gunpowder particles are identified by visual examination.

HANDS: No soot or high velocity blood is seen on hands by visual examination.

DESCRIPTION OF BLUNT FORCE INJURIES:

HEAD AND NECK: On the right side of the chin is a 3/8 x 3/8 inch red abrasion. On the right side of the posterior parietal scalp is a 1-1/2 x 1-1/4 inch area of crescent-shaped pink abrasion measuring up to 1/2 inch in width. In the midline of the posterior parietal scalp is a 1 x 1/8 inch horizontal linear purple contusion. On the left posterior parietal scalp close to the posterior midline is a 1-1/2 x 1/4 inch horizontal purple contusion.

In the midline of the anterior neck there are several small red abrasions measuring from 1/16 to 1/8 inch in diameter.

UPPER EXTREMITIES: On the right anterior upper arm, above the antecubital fossa, is a 1-1/2 x 1-1/2 inch purple contusion with subcutaneous hemorrhages measuring up to 3/8 x 3/8 inch. On the right anterior upper extremity, just below the right antecubital fossa, is a 1 x 3/4 inch area of purple-blue contusions measuring up to 1/4 x 1/4 inch.

GENERAL INTERNAL EXAMINATION:

The injuries described in "Evidence of Injury" will not be repeated here.

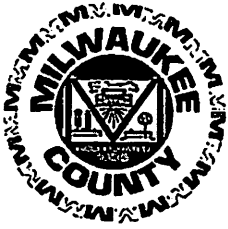
The body is opened with a routine thoracoabdominal incision. The skeletal muscle has a dark red-brown color and a normal smooth texture.

BODY CAVITIES:

There are 150 mL and 350 mL of blood in the right and left pleural cavity, respectively and 500 mL of blood in the peritoneal cavity. All body organs are in normal and anatomic position. Where intact, the serous surfaces are smooth and glistening.

HEAD:

Reflection of the scalp reveals no abnormalities. The skull is of normal thickness and without fracture. **BRAIN:** The brain weighs 1380 grams. The dura mater and falx



OFFICE OF THE MEDICAL EXAMINER

Milwaukee County

Date 5/28/2014

ME Case No. 14-2058

Name Hamilton, Dontre D.

Age 31 years

Autopsy Date 5/1/2014

Pathologist: Wieslawa Tomak, MD

Specimens Received 5/1/2014

REPORT OF TOXICOLOGICAL ANALYSIS

Ethyl Alcohol: HSGC	Cavity Blood gm% W/V None Detected	Subdural gm% W/V	Vitreous gm% W/V None Detected	AM Blood gm% W/V			
Vitreous Chemistries*:	Sodium mmol/l (130 - 155) 146	Potassium mmol/l N.A. 7.3	Chloride mmol/l (105 - 135) 119	Glucose mg/dl <200 23	Urea Nitrogen mg/dl (7 - 19) 16	Creatinine mg/dl (0.7 - 1.4) 0.22	Acetest

*Dynacare Laboratories; see separate report

Toxicology Screen:

Cavity Blood Immunoassay Screen:

Cocaine	None Detected
Opiates	None Detected
Oxycodone	None Detected
Methadone	None Detected
Buprenorphine	None Detected
Fentanyl	None Detected
Benzodiazepines	None Detected
Cannabinoids	None Detected
Amphetamine	None Detected
Methamphetamine	None Detected

Analyte Confirmation / Quantitation:

<u>Analyte</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
Cotinine	Cavity Blood	Indicated	GC/MS


 Gwyn Doss, B.S., MT(ASCP)
 Technical Supervisor


 Sara J. Schreiber, B.S., FTS-ABFT
 Technical Director