

**BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER**

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By _____

Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials) TONYA HOBBS	Age 37	Birth Date 11/29/1972	Race AmINDIAN	Sex F
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HOME ADDRESS - No. - Street, City, State
4024 S. DOUGLAS APT. 231, OKLAHOMA CITY, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) CHRISTINA, GERONIMO POLICE CHIEF				DATE 1/25/2010	TIME 3:05
INJURED OR BECAME ILL AT (ADDRESS) 203 MINNASOTA	CITY GERONIMO	COUNTY COMANCHE	TYPE OF PREMISES RSIDENCE	DATE Unknown	TIME Unknown
LOCATION OF DEATH 203 MINNASOTA	CITY GERONIMO	COUNTY COMANCHE	TYPE OF PREMISES RESIDENCE	DATE 1/24/2010	TIME 21:48
BODY VIEWED BY MEDICAL EXAMINER 901 NORTH STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 1/25/2010	TIME 13:30

IF MOTOR VEHICLE ACCIDENT: ☐ DRIVER ☐ PASSENGER ☐ PEDESTRIAN

TYPE OF VEHICLE: ☐ AUTOMOBILE ☐ LIGHT TRUCK ☐ HEAVY TRUCK ☐ BICYCLE ☐ MOTORCYCLE ☐ OTHER: _____

DESCRIPTION OF BODY	RIGOR	LIVOR	EXTERNAL OBSERVATION		NOSE	MOUTH	EARS
				BLOOD	☒	☒	☐
OTHER	☐	☐	☐				

EXTERNAL PHYSICAL EXAMINATION
Jaw ☐ Complete ☐
Neck ☐ Absent ☐
Arms ☐ Passing ☒
Legs ☐ Passed ☐
Decomposed ☐
Color FAINT PURPLE
Lateral ☒
Posterior ☐
Anterior ☒
Regional RIGHT

Beard _____ Hair GRAY BLACK
Eyes: Color BROWN Mustache _____
Opacities _____
Pupils: R 5 MM L 5 MM
Body Length 69 INCHES Body Weight 153 KG

Significant observations and injury documentations - (Please use space below)
SEE AUTOPSY PROTOCOL

Probable Cause of Death:

TRAUMATIC INJURIES OF HEAD, NECK AND ABDOMEN

Other Significant Medical Conditions:

PULMONARY EMBOLI, ACUTE AND RECENT, SEGMENTAL

Manner of Death:

Natural ☐ Accident ☐
Suicide ☐ Homicide ☒
Unknown ☐ Pending ☐

Case disposition:

Autopsy Yes ☒ No ☐
Authorized by MEDICAL EXAMINER
Pathologist CHAI S. CHOI M.D.
Not a medical examiner case ☐

MEDICAL EXAMINER:

Name, Address and Telephone No.

CHAI S. CHOI M.D.
901 N. STONEWALL
OKLAHOMA CITY, OK 73117

I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.

Chai S. Choi, M.D.

Signature of Medical Examiner

CHAI S. CHOI M.D.

1/27/2010

Date

Computer generated report

1000287



Board of Medicolegal Investigations
Office of the Chief Medical Examiner
901 N. Stonewall
Oklahoma City, Oklahoma 73117
(405) 239-7141 Voice
(405) 239-2430 Fax

CERTIFICATION

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By _____

Date _____

REPORT OF AUTOPSY

Decedent TONYA HOBBS	Age 37	Birth Date 11/29/1972 AM	Race F	Sex F	Case No 1000287
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Type of Death Violent, unusual or unnatural	Means	ID By Toe tag	Authority for Autopsy CHAI S. CHOI, M.D.
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Present at Autopsy
Steve Mullins

FINDINGS

- I. Blunt force injuries of head
 - A. Abraded lacerations (x10) top of head, right parietal, left forehead and seven on back of head
 - B. Oval-shaped fracture of right parietal (2.5 x 2.5 cm), underneath the #2 laceration
 - C. Semi-circular fracture of right parietal, underneath #4 laceration
 - D. Laceration subgaleal membranes with regional hemorrhages (x10)
 - E. Subarachnoid hemorrhages with focal superficial cortical contusive laceration, orbital lobes and inferior surface of temporal poles including basal cistern, focal
 - F. Diffuse cerebral edema (weight 1310 g)
- II. Stab wound, left lateral neck (stab wound #1), penetrating through the neck muscle, left side of thyroid cartilage to larynx with regional hemorrhages
 - A. Avulsive cut at the lateral end
 - B. Direction, backward, slightly upward medially to a depth approximately 5 cm from the skin surface
- III. Stab wound, right epigastrium (stab wound #2), penetrating through pericardium, inferior vena cava, right atrium, and liver
 - A. Vertical double linear superficial cut at the lower end
 - B. Direction, backward, upward medially
 - C. Depth of the wound is approximately 12 cm from the skin surface
 - D. Hemoperitoneum (approximately 1200 mL)
- IV. Injuries of the hands
 - A. Incised wounds of right second web, left fourth finger, and the lateral border of the left palm and multiple small abrasions over the dorsum of both hands with multiple contusions of both hands and a fracture of the fourth phalangeal joint, left

CONTINUED ON PAGE 2

CAUSE OF DEATH:	TRAUMATIC INJURIES OF HEAD, NECK AND ABDOMEN
OSC:	PULMONARY EMBOLI, ACUTE AND RECENT, SEGMENTAL
MANNER OF DEATH:	HOMICIDE

The facts stated herein are true and correct to the best of my knowledge and belief.

Chai S. Choi, M.D. OCME Central Division 1/25/2010 1:30 PM

CHAI S. CHOI, M.D.	Pathologist	Location of Autopsy	Date and Time of Autopsy
CME-2	Page 1		

EXTERNAL EXAMINATION

DESCRIPTION						
Height	Weight	Eyes	Pupils		Opacities, Etc.	Hair
69 in.	153 kg.	Brown	R 5 mm	L 5 mm		Gray-Black
RIGOR (jaw, neck, back, legs, arm, chest, abd., complete)			LIVOR (color, anterior, posterior, lateral, regional)			Body Heat
Passing			Faint, purple, lateral right, anterior			COOL

DESCRIPTION OF CLOTHING:

The body is received naked and wrapped with a bed sheet, brown, with a pillow, multiple designs and multicolored "Waverly." The right side of face is down onto the pillow. The pillow is soaked with blood with clotted blood attached.

MEDICAL APPLICATION:

None.

EXTERNAL EXAMINATION:

The body is that of a well developed, apparently obese, American-Indian female. The scalp hair is long, approximately between 4-5 inches. The overall face and hair is covered with blood, along with dark brownish fluid in and around the mouth on the right side of the cheek. The conjunctivae are white and show no petechiae. There is blood in the nose and mouth, but not ear canals. The inside of mouth shows edentulous upper jaw. The neck shows injury over the left lateral neck near the base which will be described below. The chest is of normal contour with pendulous breasts and shows tattoos over the upper chest, bilateral. There are blood smears over the chest and neck, as well. The abdomen is moderately elevated and blood smeared on the right side. There is a tattoo over the suprapubic region. There are numerous gray striae. There is horizontal linear scar over the right lower quadrant. The external genitalia are those of normal adult female and are unremarkable with no injury. The extremities are symmetric and show both hands have been previously secured by brown paper bags with plastic tape. There is blood smearing mainly on the right arm and upper left arm, and right thigh. On releasing the bags, the hands show blood smearing all over the dorsum and palm of the hands. There are injuries of the hands which will be described below. There are multiple tattoos over the right arm, left thigh, right leg. There is a white metal ring on the left fourth finger and a Mickey Mouse ring, white metal, on the left fifth finger. Both soles and left foot have been smeared with blood. The back shows numerous injuries over the back of the head, including the top of the head which will be described below. There is a tattoo over the upper back. There is blood smearing over the right back. There is a tattoo over the right and left buttocks. There is brown fecal material smearing in and around the anus.

EVIDENCE OF INJURY:**I. Blunt force injuries of head**

1. On top of the head, right of the midline, there is a horizontal abraded laceration that measures 4 x 0.3 cm, along with a 2 x 0.3 cm abrasion at the upper margins to a depth of 3.5 cm. It has underminings at the lower margins that are freely communicated to #2 abraded laceration, which will be described below.
2. Curvilinear abraded laceration over the right parietal region that measures 5 and 4 cm x 1.6 cm with a 0.5 cm abrasion at the upper and lateral margins to a depth approximately 3.5 cm. There is undermining downward. Underneath, there is a skull fracture which will be described below.
3. Horizontal abraded laceration over the left forehead that measures 1 x 3 cm with a 0.5 cm abrasion at the margins. There is undermining with tissue bridges in depth.
4. Stellate abraded laceration over the right parietal region that measures 3 x 4 cm with abrasion rim of 0.5 x 0.3 cm. There is undermining at the medial margins to a depth of 2 cm. It is freely communicated with #5 laceration which will be described below. There is a fracture underneath the laceration.
5. A vertical laceration with jagged margins over the back of the head on the right that measures 6 x 0.3 cm. There is undermining at the lateral margins to a depth of 1.5 cm.
6. A somewhat diagonal Y-shaped laceration having V-shaped upper end and jagged upper margins that measure 4.5 and 2 cm x 0.2 cm. There is undermining upward medially to a depth of 2.5 cm. It is located at the back of the head on the right.
7. Diagonal, somewhat V-shaped laceration that measures 2.5 and 1.2 x 0.2 cm over the left back of head on the parietal region. There is undermining downward and slightly forward to a depth of 3 cm.
8. Vertical laceration having jagged medial margin over the back of the head, left of the midline over occipital region. There is undermining. Slightly downward, laterally, to a depth of 1.5 cm. In the depth of the laceration, there is tissue bridge dividing two parts of the laceration in the middle.
9. Vertical laceration with jagged lateral margin over the left side of the back of head over occipital region that measures 5 x 1 cm. There is undermining medially to a depth of 2.5 cm.
10. Horizontal laceration with jagged left end and lower margin over the back of the head on the midline over the occipital region that measures 3 x 0.1 cm. It is surrounded by red contusion. Approximately 0.5 cm below the lower margin, there is a horizontal red contusion that measures 3 x 0.8 cm.

The overall location is between 2 inches right and left of the posterior midline and approximately 0 inch to 6 inches from the top of the head. #1 Stab wound, left lateral neck. Approximately 3 inches below and 1 ½ inch in front of the external earlobe there is a horizontal stab wound that measures 3 x 0.1 cm. The medial end is jagged while the lateral end is sharp with a V-shaped avulsive cut that measures 1.2 x 0.1 cm. It is located approximately 1 inch left of the anterior midline and 9 inches from the top of the head. The margins are sharp. The direction of the wound is backward, slightly upward medially penetrating through the neck muscle, left side of the thyroid cartilage to the larynx just below the junction of the epiglottis to a depth of overall 5 cm. There are regional hemorrhages through the tract. The muscle injury measures approximately 2.5 x 2.5 cm. The thyroid cartilage wound measures approximately 2.5 cm along with a 1.5 cm laryngeal cut just above the vocal cord. Just below the junction of the epiglottis, there is cut that measures 0.5 cm.

- External 3

#2 Stab wound, right epigastrium. There is vertical stab wound having sharp margins other than blunted upper and lower ends. It measures 3.1 x 1.7 cm. Over the lower end, there is a vertical double linear superficial cut that measures 3 x 0.3 cm. It is located just below the costal margin, 2" right of midline. The direction of the wound is backward, upward medially, penetrating through the pericardium, inferior vena cava, and right atrium at the lateral border, and the anterior surface of the liver to a depth approximately 12 cm from the skin surface. The inferior vena cava injury measures 2.5 cm. The right atrium measures 1.2 cm at the junction of the inferior vena cava. The liver shows a wedge-shaped stab wound that measures 2.7 x 0.2 cm. It is vertical and located on the anterior surface of the liver at the junction of the right and left lobes. The depth is approximately 3.8 cm from the capsule. The margins are sharp and coated with clotted blood. Overall depth is approximately 12 cm from the skin surface. There is approximately 1200 mL of mostly clotted blood in the hepatic flexure.

Injuries of the hands; the right hand shows diffuse purplish edema with contusions over the dorsum of the hand and the palm side of the base of the index finger, along with multiple small red abrasions over the dorsum of the hand and 2.1 x 0.1 cm cut of the second web to a depth of 0.1 cm. The left hand shows likewise reddish purplish contusions over the dorsum of the hand with two small abrasions that measure 0.7 x 0.2 and 0.6 x 0.2 cm. At the lateral border just below the fifth finger, there is skin avulsive cut that measures 0.6 x 1.2 cm surrounded by cutaneous hemorrhages. The fourth finger near the web there is a somewhat horizontal cut that measures 3.8 cm on the dorsum and 1.5 cm at the volar surface. The volar surface shows a diagonal cut that measures 3.2 x 0.8 cm. There is also a vertical cut that measures 0.5 x 0.2 cm on the dorsum of the fourth finger which is just above the horizontal cut. There are regional purplish hemorrhages. By x-ray, there is a fracture of the fourth phalangeal bone in the region of the cuts.

There is a 8 x 8 cm contusion with abrasion over the inner aspect of the left wrist.

GROSS EXAMINATION

The body is opened through the customary “Y” shaped incision.

Subcutaneous fat is excessively distributed, approximately 2 ½ inch thickness of the chest and approximately 3 inches of the abdominal fat, moist, and bright yellow. The musculature through the chest and abdomen is rubbery, maroon, and shows no gross abnormality.

The sternum is removed in the customary fashion. The organs of the chest and abdomen are in normal position and relationship. The liver edge extends 0 cm below the right costal margin at the midclavicular line. The diaphragms are intact bilaterally.

PARIETAL PLEURA:

Smooth, glistening membrane with focal fibrous adhesions on the left.

PERICARDIUM:

Otherwise unremarkable.

PERITONEUM:

The abdomen contains approximately 1200 mL of mostly clotted blood in the hepatic flexure described above.

HEART:

Weights 350 gm. It has a normal configuration and location. There are no adhesions between the parietal and visceral pericardium, and the latter is a smooth, glistening, excessive fat laden characteristic membrane. The coronary arteries arise and distribute normally with no significant atherosclerosis. The coronary ostia are normally located and widely patent. The chambers are dilated. The atrial appendages are otherwise unremarkable. The valves are normally formed and measure as follows: tricuspid 12.5 cm, pulmonic 8 cm, mitral 11 cm, and aortic 7.5 cm. The endocardium is a smooth, gray, glistening, translucent membrane uniformly. The myocardium is pale, grayish brown, flabby, with the left ventricle measuring 1.4 cm, the septum measuring 1.4 cm, and the right ventricle measuring 0.3 cm. The papillary muscles and chordae tendineae are intact and unremarkable. The arch of the aorta is classically formed with mild atherosclerosis. Other great vessels also arise and distribute normally and are widely patent, other than the origin of the left renal artery is approximately 4 cm below the right renal artery origin. The renal veins are about the same level and are unremarkable. Inferior vena cava injury is described above.

NECK ORGANS:

Musculature is otherwise unremarkable. There are regional hemorrhages of the left front neck muscle. The tongue is intact and normally papillated, without evidence of tumor or hemorrhage. The hyoid bone is intact. The thyroid cartilage injury described above. The thyroid gland is pale gray-brown, unremarkable. The epiglottis is a characteristic plate-like structure which shows no evidence of edema, trauma, other than cut described. The laryngeal injury is described above. There are no petechiae of the epiglottis, laryngeal mucosa, or thyroid capsule.

THYMUS:

No significant tissue is identified grossly.

LUNGS:

The right lung weighs 490 gm, and the left weighs 440 gm. Visceral pleurae are smooth, glistening, and intact with mild to moderate anthracosis with focal fibrous adhesions. The overall configuration is normal on the left. The trachea contains brownish mucoid material and lined by characteristic pink membrane. Likewise, the major bronchi and bronchioles contain similar brownish mucoid material, normally formed, and contain no significant occlusive material. The pulmonary arterial tree is free of emboli or thrombi, other than the right upper segment near the hilum there is a brownish thrombotic clot that measures 2.5 x up to 0.8 cm clot partly attached to the wall of the artery at right lower lobe and segmental thrombus that measures 0.8 x 0.7 cm in length is partly attached to the lower segment of the pulmonary artery near the hilum of left lower lobe. The lung parenchyma shows numerous purplish patches on cut surface of the right lung, while left lung is pale brownish, otherwise unremarkable. Hilar lymph nodes are within normal limits with relation to size, color, and consistency.

G.I. TRACT:

The esophagus contains similar brownish mucoid material. The esophagogastric junction is unremarkable. The stomach is normal and contains approximately 60 mL of brownish mucoid material with partly digested vegetable-like food material that has partly passed to the duodenum. The duodenum, itself, is patent, shows an unremarkable mucosa and no evidence of acute or chronic ulceration. Jejunum and ileum are unremarkable and contain soft brown fecal material. There is no Meckel's diverticulum. The ileocecal valve is intact and unremarkable. The appendix is not identified. There are focal pericecal fibrous adhesions. The colon is examined segmentally and shows no evidence of neoplasm or trauma. There are no diverticula. Anus and rectum are unremarkable.

LIVER:

Weights 2040 gm. It is yellowish brown, pale, and shows wedge-shaped stab wound described above. There is no other localizing area on cut surface. The depth of the stab wound is 3.0 cm.

GALLBLADDER:

Lies in its usual position, contains liquid bile, no calculi, and shows mucosa with yellow streaks. The biliary tree is intact and patent without evidence of neoplasm or calculi.

PANCREAS:

Lies in its normal position, shows a normal configuration, is pale yellowish gray, and characteristically lobulated with no apparent gross pathology.

SPLEEN:

Weights 130 gm. The capsule is intact. The parenchyma is smudged, maroon.

ADRENALS:

Lie in their usual location, show yellow cortices and tan to gray medullae.

KIDNEYS:

The right kidney weighs 110 gm and the left weighs 110 gm. Both are configured normally with no abnormality. Sections show the organs to be moderately congested with unremarkable cortices, medullae and pelves. Ureters and blood vessels are patent and unremarkable.

URINARY BLADDER:

Contains no urine. Its serosa and mucosa are unremarkable.

FEMALE GENITALIA:

The vagina is intact and shows no gross pathology. The exocervix has a somewhat V-shaped scar that measures 1.5 x 1.5 cm. There is no erosion. There are two fine long hairs placed into the cervical canal through the exocervix. The hairs are submitted for later evidence. The uterus has a symmetrical overall unremarkable configuration and is nongravid. The myometrium is light tan and rubbery. The endometrium is gray, thin. Bilateral adnexa show focal tuboovarian fibrous adhesions bilateral. The fimbriae are patent.

BRAIN AND MENINGES:

The scalp shows ten separate perforations described above. There are ten lacerations of the galeal membranes with regional hemorrhages corresponding to the lacerations described above. The calvarium is removed through the use of an oscillating saw and shows two separate fractures described. The #2 laceration over the right parietal region with an ovoid shaped fracture that measures 2.5 x 2.5 cm over the outer table, along with a 3 x 2.5 cm at the inner table with a depression to 0.3 cm. The #4 laceration is with a semicircular fracture with a slight depression that measures 2 cm. The brain weighs 1310 gm. Dura and leptomeninges are smooth, glistening, with a thin layer of subarachnoid hemorrhages over the orbital lobes and inferior surface of the temporal poles, mainly on the left and focally basal cistern. Cranial nerves and circle of Willis arise and distribute normally and show no significant pathology. Externally the brain is diffusely edematous with cerebellar tonsillar herniation, bilateral. Multiple serial sections of cerebral hemispheres, pons, medulla, and cerebellum show diffuse edema. The ventricular system is symmetric and unremarkable. The base of the skull is intact without osseous abnormality.

RIBS:

Intact.

PELVIS:

Intact.

VERTEBRAE:

Intact.

BONE MARROW:

Moist and dark red. Unremarkable.

MICROSCOPIC EXAMINATION

Brain and meninges sections confirm the gross diagnosis of acute subarachnoid hemorrhages with superficial microscopic contusion of the uppermost layer of the cortex in the region of the subarachnoid hemorrhages. The brain matter is diffusely congested with interstitial edema.

Heart section shows no significant pathology with focal calcific deposits of valvular tissue.

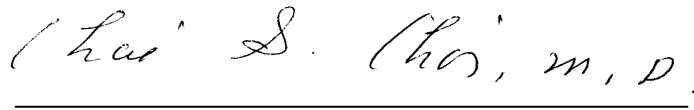
Renal section shows moderate autolysis with no significant pathology.

Sections of the lungs show diffuse vascular congestion with multifocal alveolar macrophages seen in the alveoli and focal collapses of the alveoli. There is also a focus of intraalveolar hemorrhages with a suggestion of possible early hemorrhagic infarction. The pulmonary thrombotic clot shows various stages of acute and chronic pulmonary emboli that there are foci of organization at the base of the thrombotic clot of the artery. The segment of the thrombotic clot shows likewise partial organizing thrombotic clot, as well as acute clot with fibrinoid mesh.

Liver section shows mostly autolytic liver tissue with scattered fatty changes, along with laceration with hemorrhagic margins with fibrinoid mesh.

Sections of the scalp laceration, including galeal hemorrhages and stab wounds, show hemorrhages in the tissue with no acute inflammation.

March 04, 2010
CSC/lv



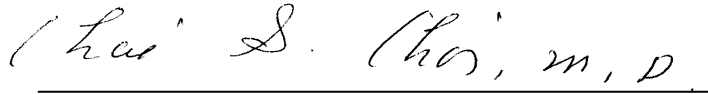
CHAI S. CHOI, M.D.

FINDINGS
(Continued)

- V. Abraded contusion of left wrist
- VI. Acute pulmonary congestion (combined weight 930 g)
 - A. Mild to moderate anthracosis with focal pleural adhesions
 - B. Segmental pulmonary emboli, acute and recent
 - C. Multifocal intraalveolar hemorrhages, right lung

COMMENT: The stab wounds could have been inflicted by a pointed end sharp-edged, possibly single-edged, knife-like instrument (approximately 3 cm in width and around 12 cm in length). The abraded lacerations of the head could have been inflicted by round-headed hammer with a claw-like instrument.

March 04, 2010
CSC/lv



CHAI S. CHOI, M.D.

BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER
901 N.Stonewall
Oklahoma City, Oklahoma 73117
REPORT OF LABORATORY ANALYSIS

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Re. _____ Co. _____

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and correct copy of the original
document. Valid only when copy
bear im-print by the office seal.

By _____

Date _____

ME CASE NUMBER: 1000287

LABORATORY NUMBER: 100345

DECEDENT'S NAME: TONYA HOBBS

DATE RECEIVED: 1/27/2010

MATERIAL SUBMITTED: BLOOD, VITREOUS, LIVER, GASTRIC

HOLD STATUS: 5 YEARS

SUBMITTED BY: STEVE MULLINS

MEDICAL EXAMINER: CHAI S. CHOI M.D.

NOTES:

ETHYL ALCOHOL:

Blood: NEGATIVE (HEART)

Vitreous:

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

NO OTHER TEST PERFORMED

RESULTS:

02/08/2010

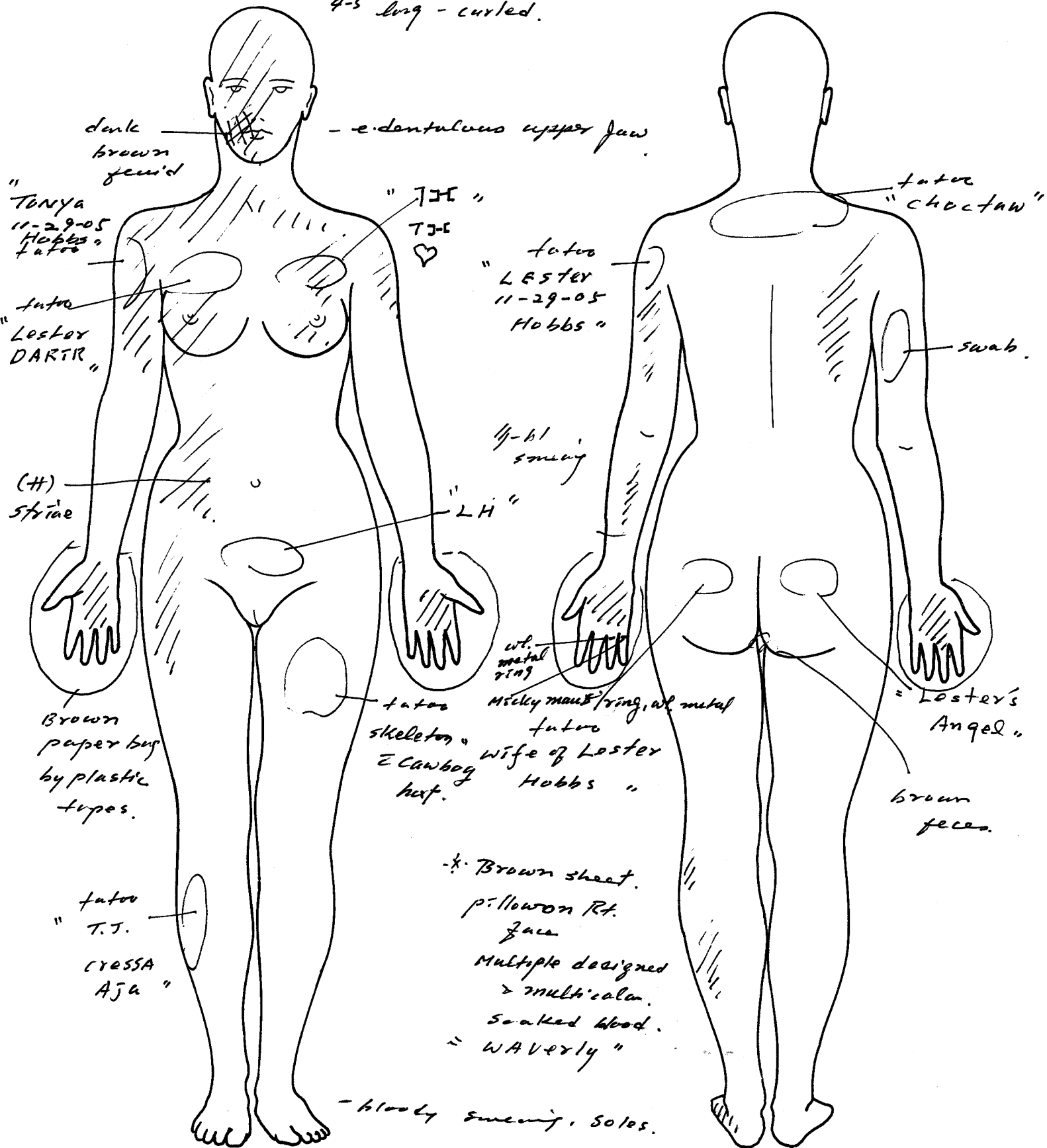
DATE



BYRON CURTIS, Ph.D., Chief Forensic Toxicologist

FULL BODY, FEMALE - ANTERIOR AND POSTERIOR VIEWS

4-5" long - curled.



CHIEF MEDICAL EXAMINER - STATE OF OKLA
CASE NUMBER: 1000287 DATE: 1/25/2010
NAME: TONYA HOBBS

Name Tonya Hobbs

SPECIMEN:

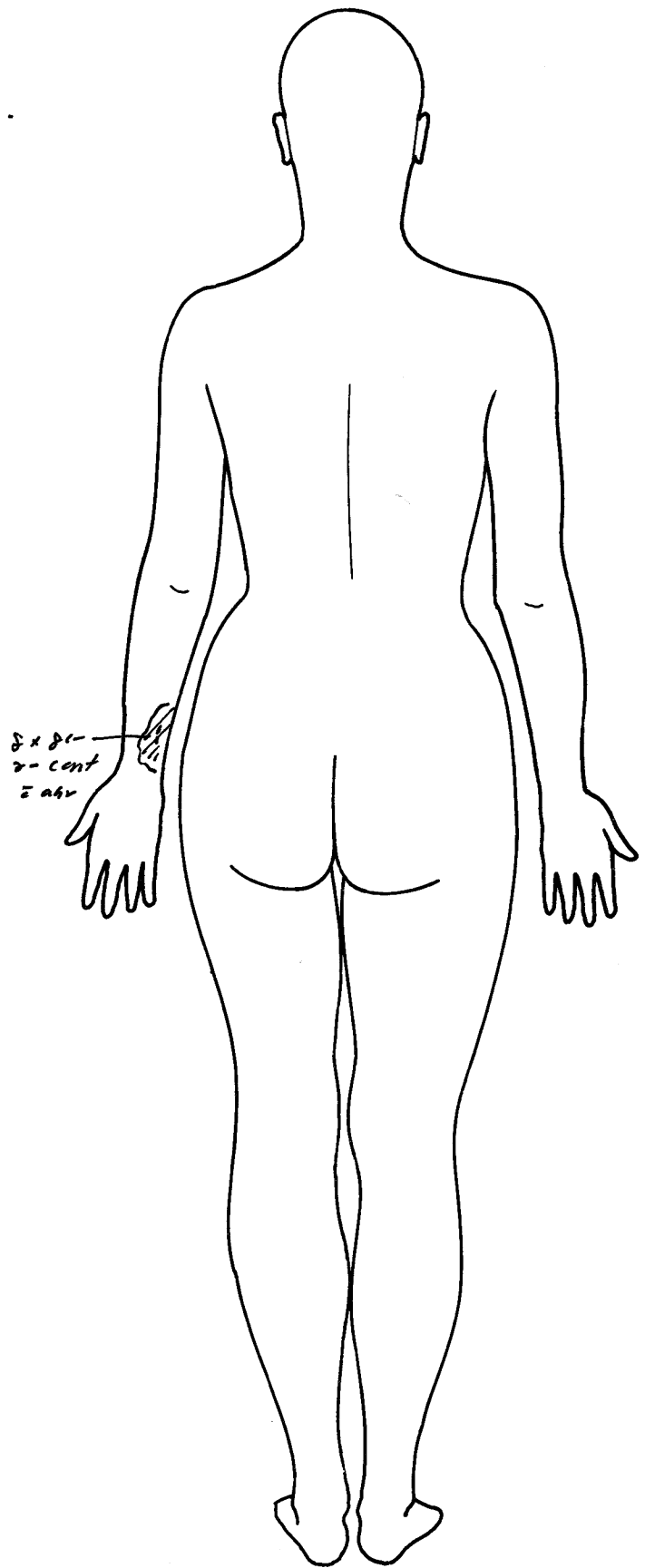
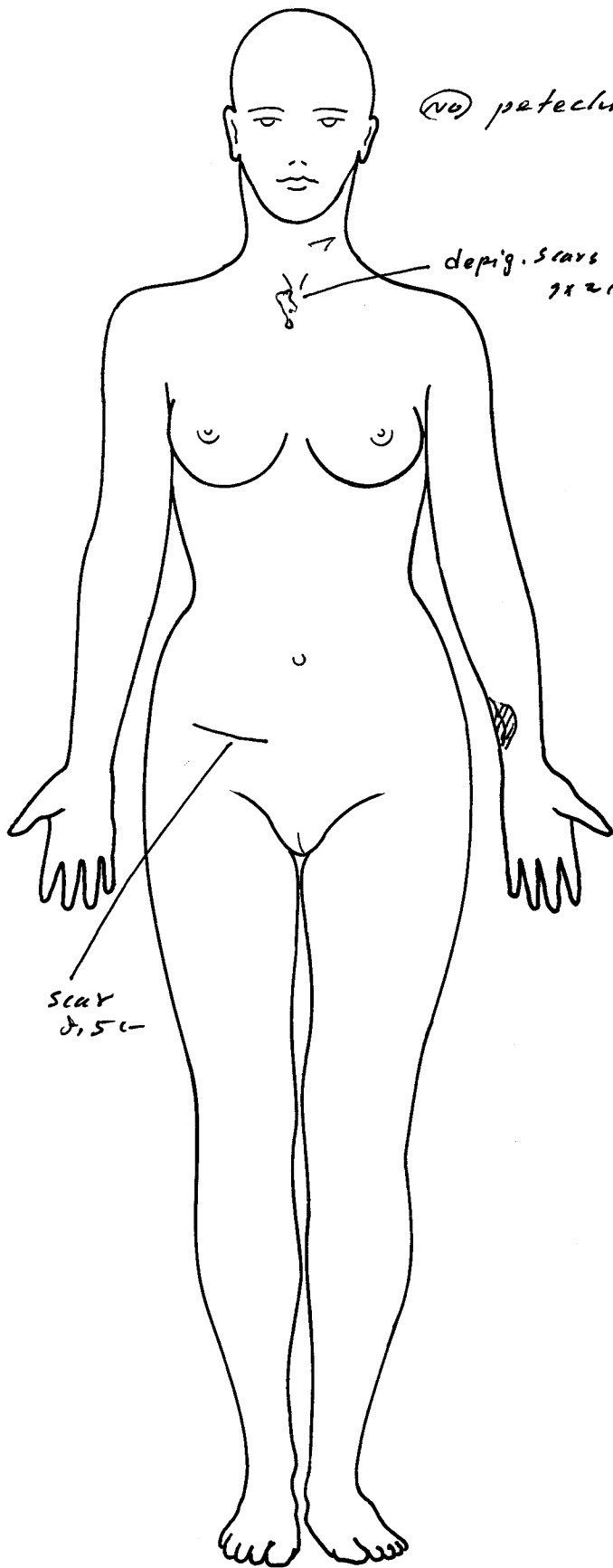
PATHOLOGIST:

TIME: 1330

1000287

1-25-70

FULL BODY, FEMALE - ANTERIOR AND POSTERIOR VIEWS



Name Tonya Hobbs

CME-1B2 (Series 1978)

CHIEF MEDICAL EXAMINER - STATE OF OKLA

CASE NUMBER: 1000287

NAME: TONYA HOBBS

SPECIMEN:

PATHOLOGIST:

DATE:

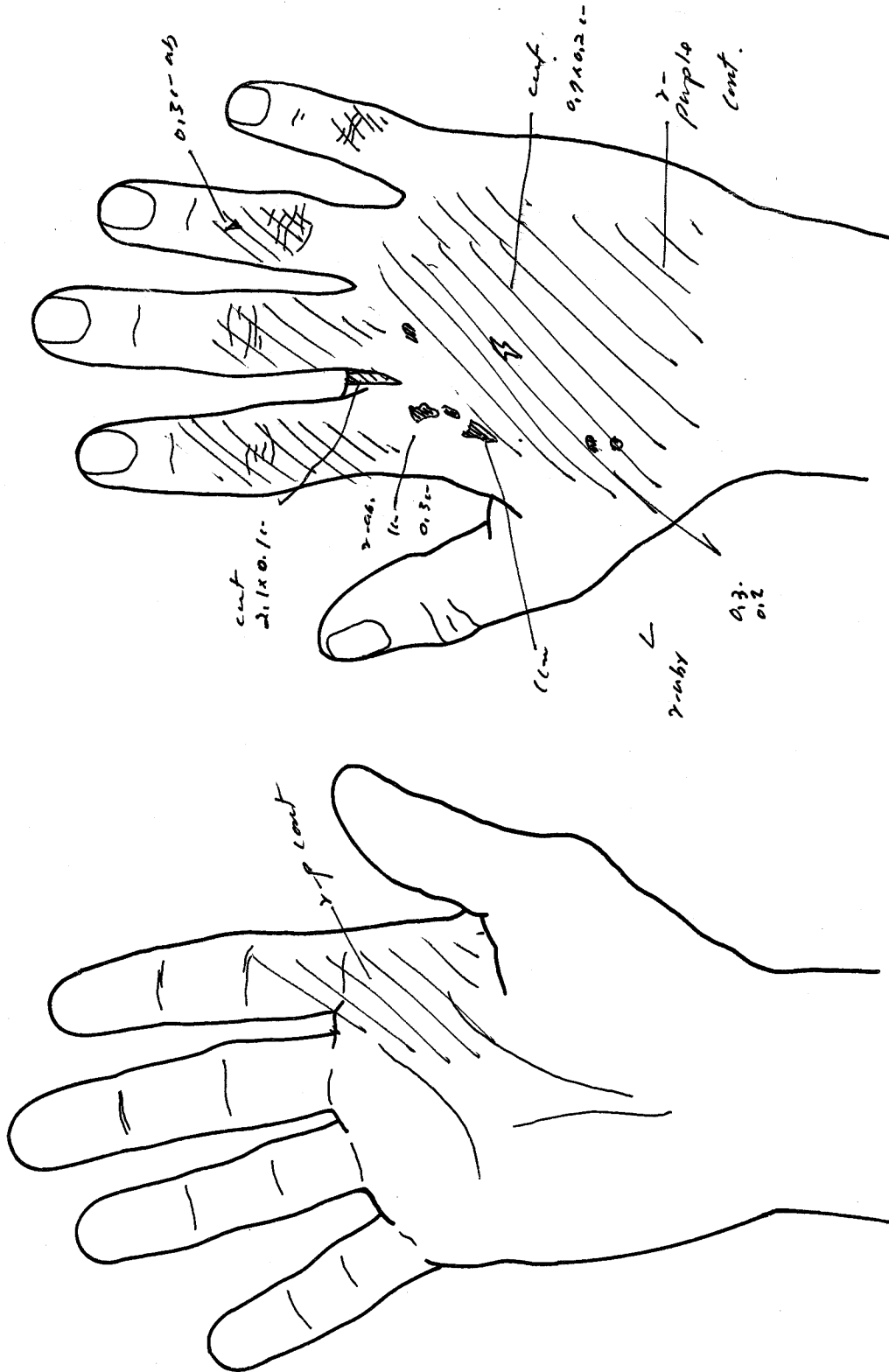
1/25/2010

TIME:

1000287

1-25-10

RIGHT HAND - PALMAR AND DORSAL



Name Tonya Hobbs

CME-1B8 (Series 1978)

CHIEF MEDICAL EXAMINER - STATE OF OKLA
CASE NUMBER: 1000287 DATE: 1/25/2010
NAME: TONYA HOBBS

SPECIMEN:

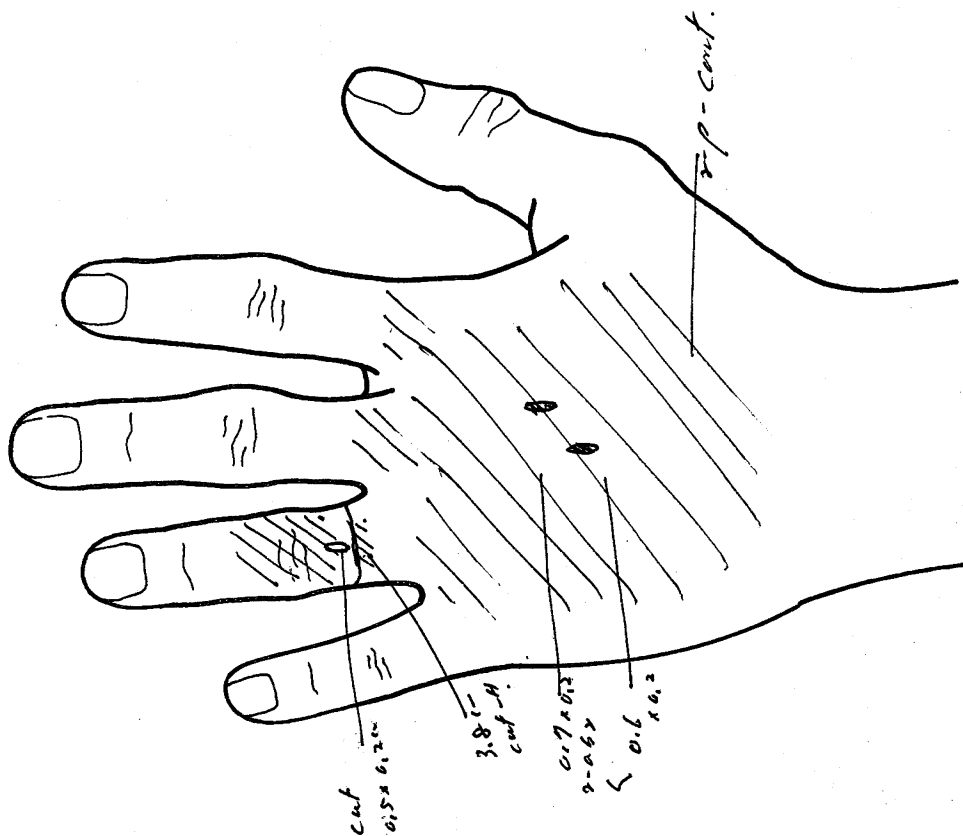
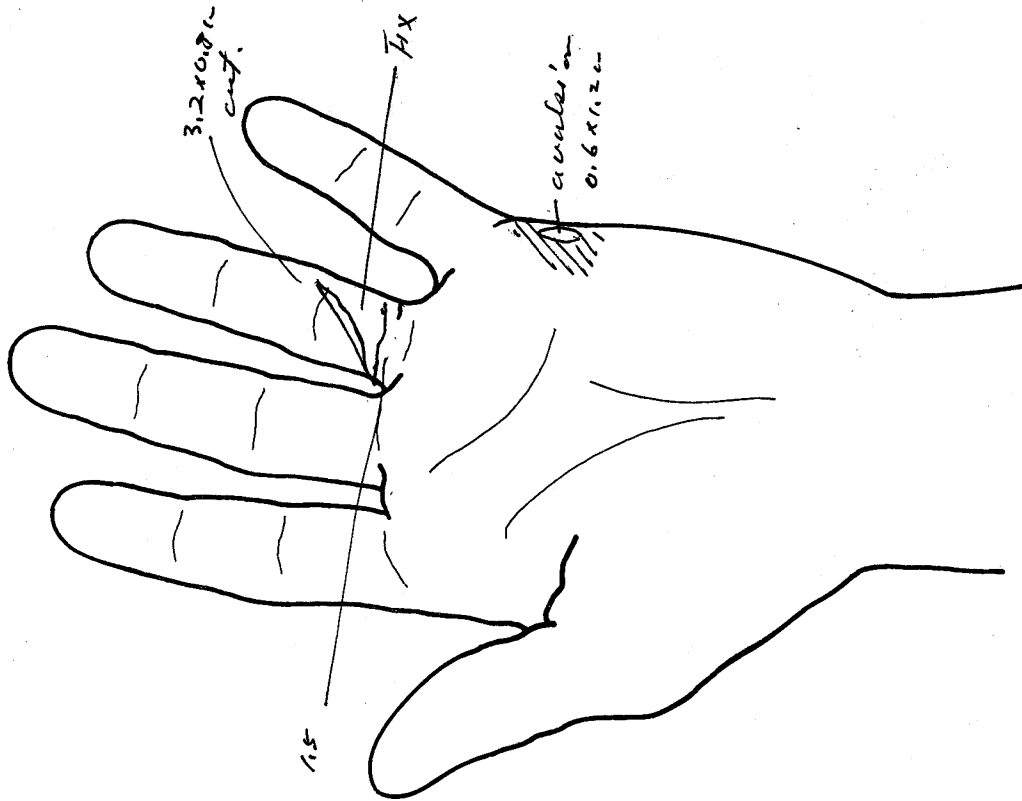
PATHOLOGIST:

TIME: 1330

1000287

1-25-10

LEFT HAND - PALMAR AND DORSAL



Name Tonya Hobbs

CME-1B9 (Series 1978)

CHIEF MEDICAL EXAMINER - STATE OF OKLA

CASE NUMBER: 1000287 DATE: 1/25/2010

NAME: TONYA HOBBS

SPECIMEN:

PATHOLOGIST:

TIME:

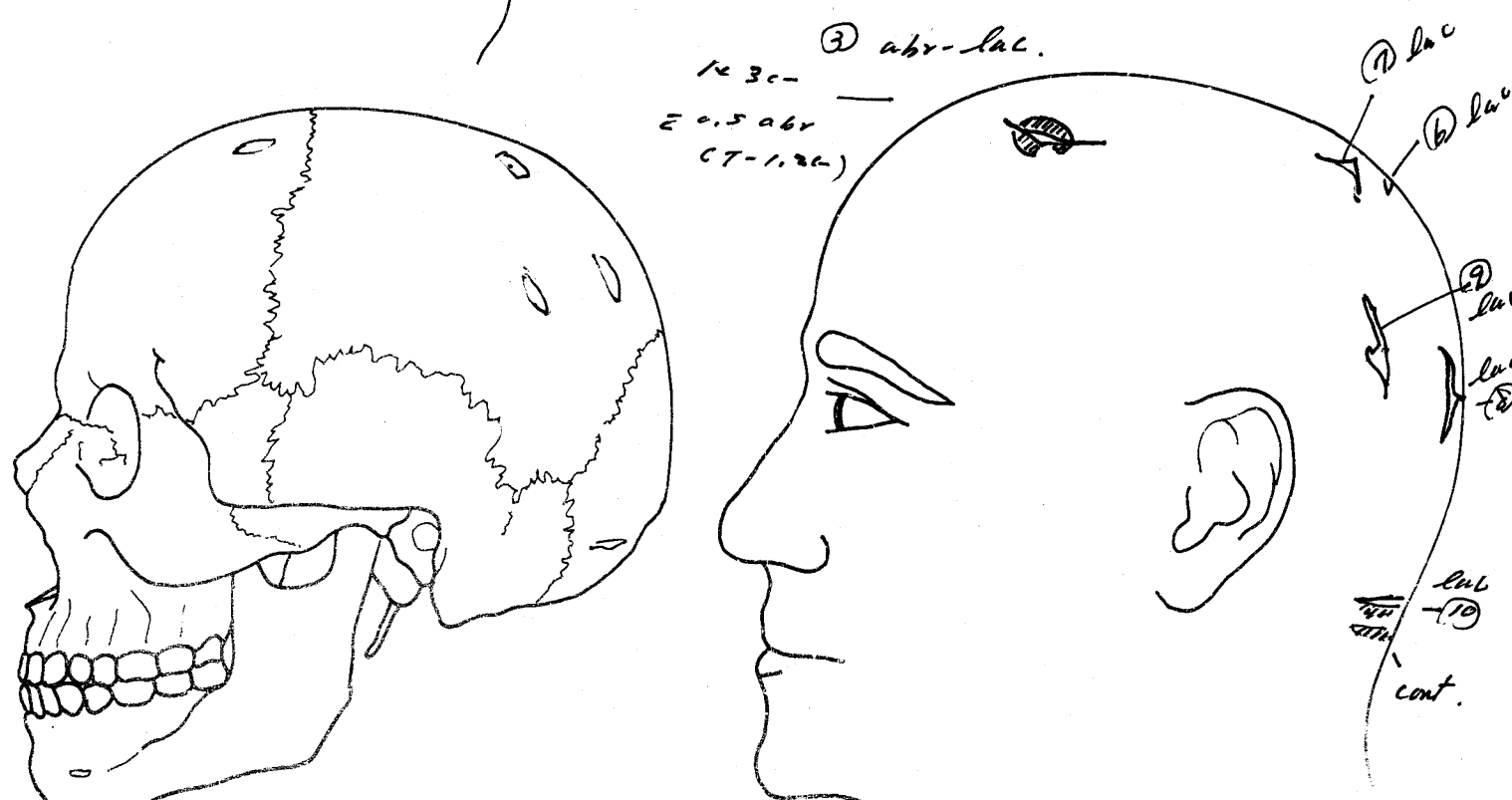
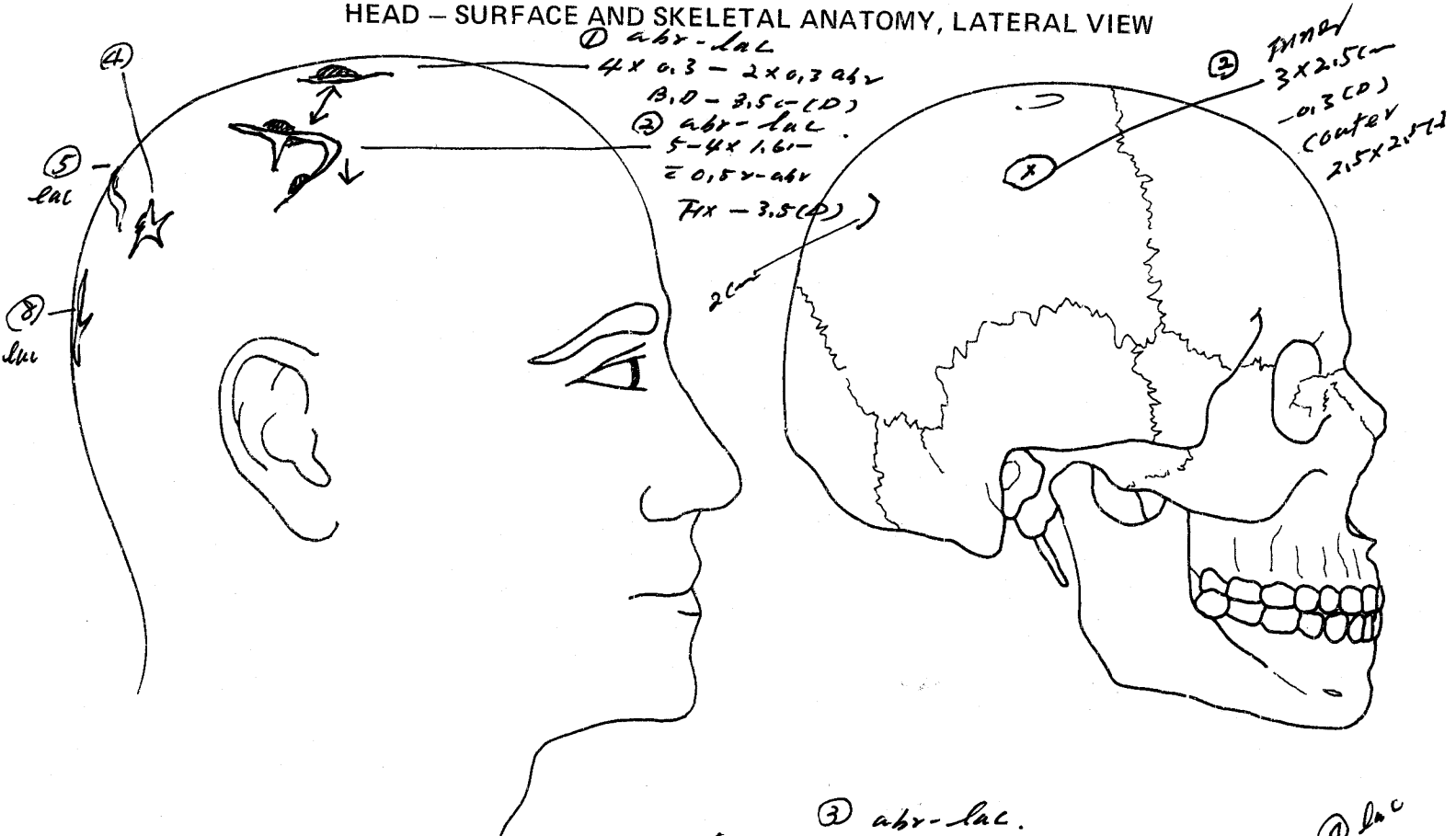
1000287

1-25-10

Hand-drawn geological cross-section of a mountain range. The diagram shows a central peak with a vertical line through its center. The left side of the peak is labeled with a circled 'C' and a 'V' below it. The right side is labeled with a circled 'C'. A horizontal line is drawn across the middle of the peak, with a vertical line segment labeled '3.1 x 1.7' and '0.2' - upper' and '0.3' - lower'. Below this line, the text 'Vertical Double Line' is written. To the right of the peak, the text '3 x 0.3' - 20" H. 2" RA' is written. Below this, the text 'Just below the last missing' is written. The entire diagram is labeled 'Q. Stal. w.' at the top left.

1-25-10

HEAD - SURFACE AND SKELETAL ANATOMY, LATERAL VIEW



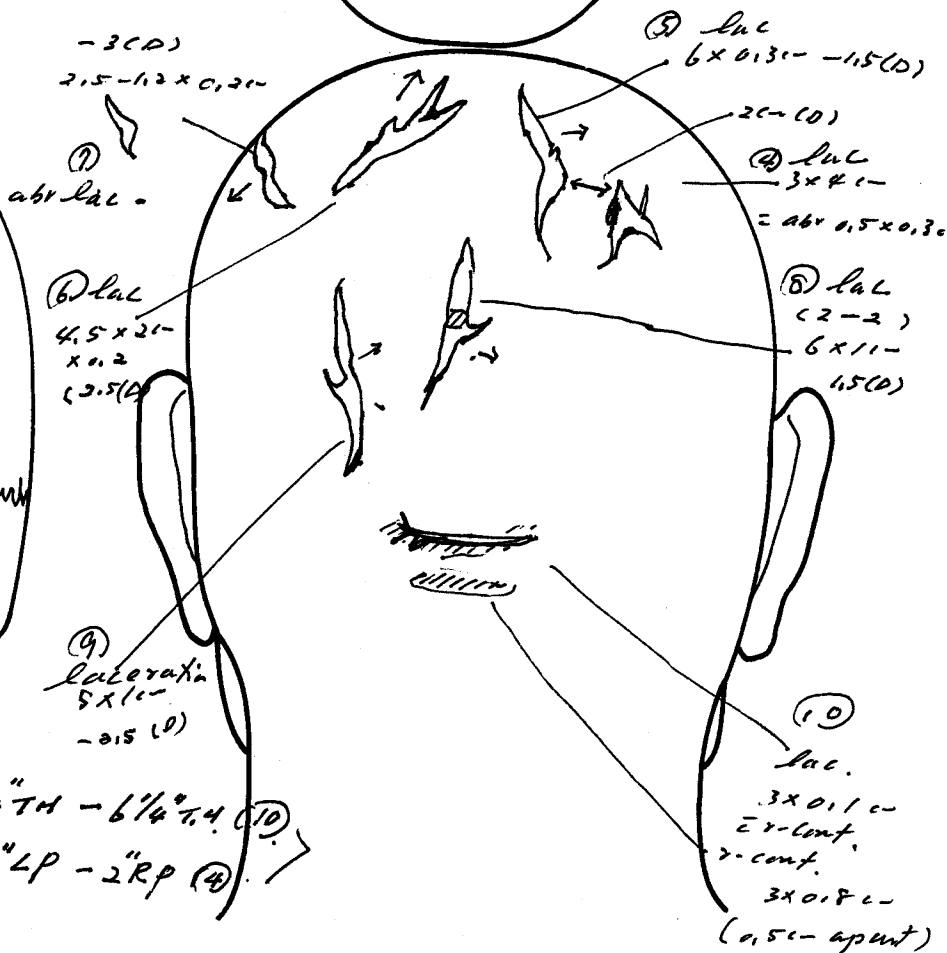
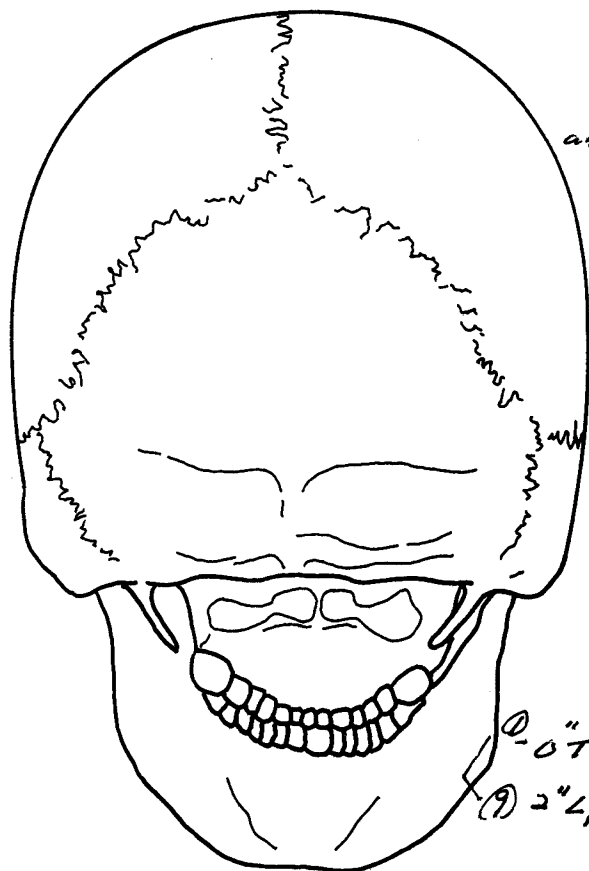
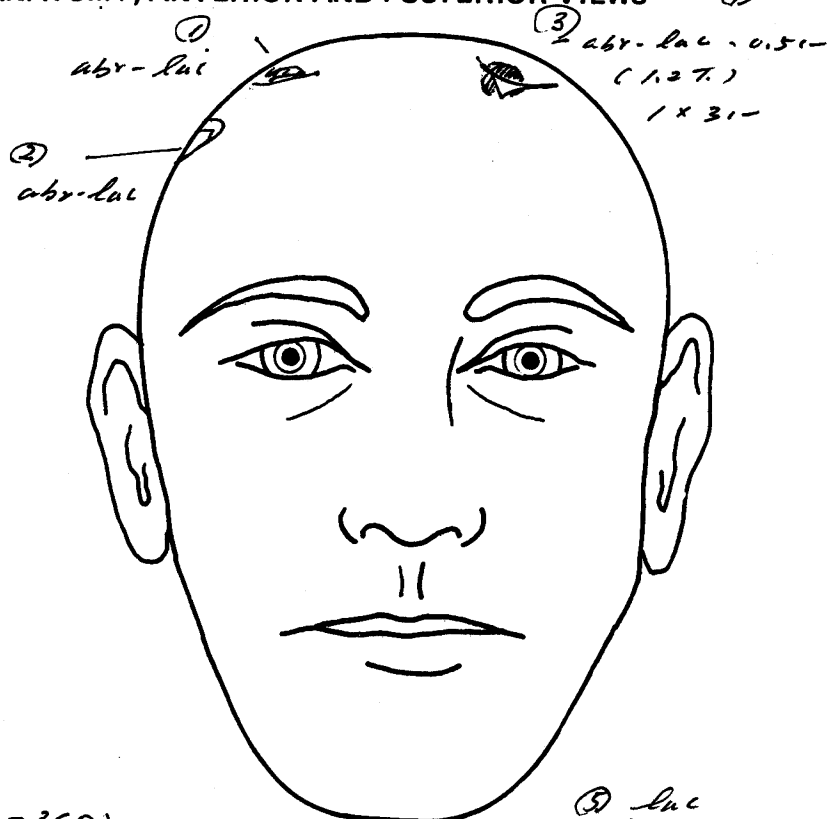
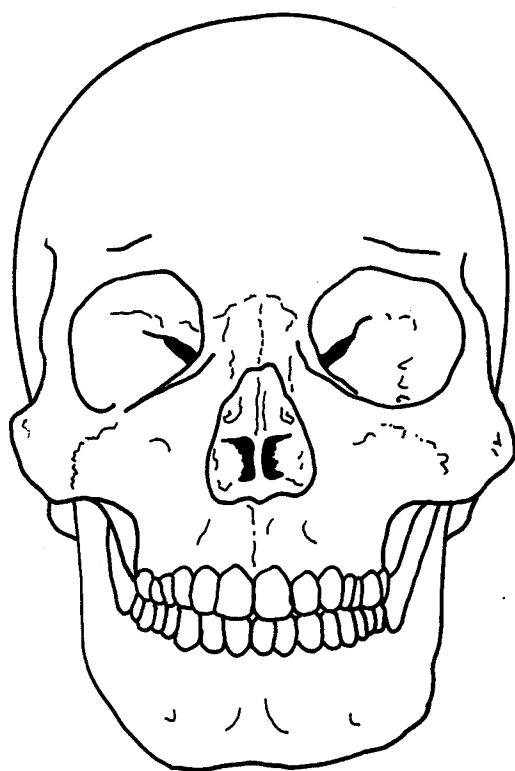
① stab. w. 3x0.16 - Zipped-door shaped - H. End 1" LA 9" H. (3" below 1/2" H - E, L) 1-12x0.8

CHIEF MEDICAL EXAMINER - STATE OF OKLA
CASE NUMBER: 1000287 DATE: 1/25/2010
NAME: TONYA HOBBS

Name _____
SPECIMEN: _____
PATHOLOGIST: *[Signature]* TIME: 1330
CME- _____

Case No. 1000287
Date 1-25-10

HEAD - SURFACE AND SKELETAL ANATOMY, ANTERIOR AND POSTERIOR VIEWS



CHIEF MEDICAL EXAMINER - STATE OF OKLA
CASE NUMBER: 1000287 Date: 1/25/2016
NAME: TONYA HOBBS

Name Tonya Hobbs

SPECIMEN:

PATHOLOGIST:

TIME: 1330

No. 1000287

CME-1B14 (Series 1978)

1-25-10

STAB WOUND CHART

NAME Tonya Hobbs City or County A. No. 1000287

[illegible]

Photographs made: Yes ✓ No

Photographs made: Yes ✓ No 4,51 - D + 0,51 -
REMARKS: ①. Stab. w. Lt. Neck - ^{0.5}~~SM~~ - thyroid. cont. - (u. 51 -
②. Stab. w. Rt. Epigastrium - ⁽⁸¹⁻⁾I.V.C. - ^(1,81-)Rt. Atrium - Liver - (20 - CD)

Examined by: C. S. Henry Date: 1-25-10