

POSTMORTEM EXAMINATION OF THE BODY OF

Daniel Croteau

HISTORY: The decedent, a 13-year-old white male, was found dead in the Chicopee River, Chicopee, Massachusetts, on April 15, 1972. He was last known to have been alive at approximately 4:30 p.m. on April 14, 1972.

AUTOPSY: The autopsy is performed by Edward I. Kraus, M.D., Medical Examiner, 397 Front Street, Chicopee, and George G. Katzas, M.D., Forensic Pathologist, 130 Prince Street, Jamaica Plain, beginning at 1:30 p.m., April 15, 1972, in Chicopee, Massachusetts.

EXTERNAL EXAMINATION: The body is that of a white male, measuring 65 inches in length and weighing an estimated 160 lbs. The hair is brown. The eyes are blue. The pupils are round, regular and equal, measuring approximately 4 mm. in diameter. Rigor mortis is complete. The rectal temperature taken at approximately 2:00 p.m., April 15, is 58° F. There is slight lividity on the anterior surface of the body and also about the buttocks with pressure pallor over the mostly protruding areas. There is slight maceration of the skin of the palms and soles. The fingernails are intact and cut short. Neither hand shows injuries.

The following marks and injuries are on the body:

- (1) A laceration, 0.2 inch in maximum dimension, on the right temporo-occipital area of the scalp and 3 inches behind the right ear.
- (2) A deep laceration with indented margins, 1.0 inch long, at the lateral end of the right eyebrow.
- (3) An irregular laceration, 1.2 inches in maximum length, just lateral to injury #2 and 0.5 inch apart. There is slight hemorrhage of the soft tissues about these lacerations.
- (4) A superficial laceration, 0.2 inch in maximum dimension, on the right cheek and 1.0 inch lateral to the mouth.
- (5) A laceration, 0.5 inch in length, over the right angle of the mandible.

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(6) A pale reddish contusion with focal superficial linear abrasions scattered on the right side of the face, mostly over the zygoma and temple and measuring approximately 4 x 3 inches.

(7) A pale contusion, approximately 2.0 inches in diameter, over the left zygoma.

(8) Blood in both ears, mouth and nostrils.

(9) Numerous petechial hemorrhages scattered on the eyelids of both eyes.

(10) A comminuted fracture of the mandible at the symphysis mentis with focal hemorrhage of the overlying gingival mucosa and a small tear of the gingiva, approximately 0.3 inch in length, between the right medial and lateral incisors.

(11) Diffuse confluent areas of reddish discoloration on the anterior surface of the neck scattered in an area approximately 5 x 2 inches and varying in intensity.

(12) A band-like area of reddish discoloration of the skin, approximately 9.0 inches long and up to 3.0 inches wide, across and slightly obliquely over the anterior chest wall between the left shoulder and the right nipple.

(13) Deposits of sand on the folds of the skin over the abdomen and chest and dirt focally on the face.

The pubic hair is developed and sparse. The penis is circumcised.

(14) A pale bluish contusion, 3 x 1 inches, on the distal medial surface of the right thigh.

INTERNAL EXAMINATION: The usual Y-shaped incision is made to open the body cavities.

Neck: The organs of the neck are removed en bloc with the chest organs. There are multiple hemorrhages in the soft tissues of the neck, especially in the muscles about the right thyroid lobe, behind the thyroid cartilage, and in the right portion of the thyrohyoid membrane. The hyoid bone, laryngeal cartilages and the cervical spine are intact.

The glottis is patent and free of edema. Many petechial hemorrhages are present in the supra- and infraglottic region of the laryngeal mucosa. The thyroid and parathyroids are not enlarged.

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Chest: The soft tissues are unremarkable with the exception of slight hemorrhage about the sternoclavicular junctions. The ribs, sternum and spine are intact. The pleural cavities are unremarkable. The diaphragm is intact.

The lungs weigh an estimated 600 gm. together and show slight, early aspiration of blood manifested by blue, minute areas of discoloration on the cut surfaces. A few petechial hemorrhages are present on the pleural surface. There is no evidence of antemortem disease. The bronchial tree contains a small amount of aspirated blood. The pulmonary vessels are patent.

The mediastinum shows no diagnostic abnormalities.

Cardiovascular System: The pericardial cavity is normal.

The heart weighs an estimated 240 gm. and shows no gross evidence of disease on section. The valves, cusps and coronary arteries are normal.

The aorta and the main arteries and veins of the body cavities are normally developed and free of disease.

Abdomen: The peritoneum is smooth and contains no excess fluid. The abdominal organs are in the normal positions.

Gastrointestinal Tract: Unremarkable throughout. The stomach contains many chewed portions of candy gum.

Liver: The liver is intact and weighs an estimated 1300 gm., showing no gross pathological findings.

Gallbladder, Biliary Ducts, Spleen, Pancreas, Adrenals:
Unremarkable.

Genitourinary System: The kidneys weigh an estimated 300 gm. together and on section show no gross pathological findings. The urinary tract is patent and the bladder contains approximately 5 ml. of clear urine. The prostate and external genitalia are unremarkable.

Head: The scalp is incised and reflected in the usual manner. Scattered throughout the galea and especially in the right frontal, both parietal, right temporal and left temporo-occipital areas are numerous, recent contusions manifested by hemorrhages measuring 2.0 to 5.0 cm. in diameter. The galea is focally torn at the right temporal area.

The skull shows a massive basal fracture transversing the middle cranial fossae in front of the petrous bones, the left of which is fragmented. The fracture line extends upwards into the temporal bones and transverses the pituitary fossa, dividing the base of the skull in two separate sections, anteriorly and posteriorly to the fracture. A few fracture lines extend anteriorly into the sphenoid wings and then along the midline of the anterior cranial fossa involving the cribriform plate of the ethmoid bone.

There is slight bilateral subdural hemorrhage with approximately 20 ml. of blood mainly distributed over the undersurface of the brain.

The brain weighs an estimated 1300 gm. and shows the usual convolitional pattern. There are numerous areas of subarachnoid hemorrhage scattered on the lateral and undersurface of the brain. There are lacerations of the brain stem with transection of the cerebral peduncles and deep laceration at the pontine medullary junction. In addition, multiple contusions and superficial lacerations are present on the undersurface of the temporal and to a lesser degree the frontal lobes of the brain. The dura is torn over the basal fracture. The intact areas of the brain show no gross evidence of disease.

The pituitary, pineal and cerebral arteries are unremarkable.

MICROSCOPIC EXAMINATION:

Lungs: A few foci of accumulation of blood in the alveoli are noted. Blood is also present in bronchial channels.

Heart: Unremarkable.

Thyroid: The gland is normal. Recent hemorrhage is focally present in striated muscle about the thyroid.

Spleen, Liver, Kidneys: Show no diagnostic pathological findings.

Adrenals, Pancreas, Testicles, Thymus, Prostate: Unremarkable.

Pituitary: The sections show focal disruption and hemorrhage beneath the capsule.

Brain: There is focal extravasation of blood in the subarachnoid space. Areas of disruption of the normal architecture associated with perivascular and dissecting hemorrhages are present in the section

Rectal and oral smears: Unremarkable.



The Commonwealth of Massachusetts

Department of Public Safety

CHEMICAL LABORATORY
1010 COMMONWEALTH AVENUE
BOSTON, MASSACHUSETTS 02215

DATE: May 2, 1972
 LAB.NO.: 38039
 MEDICAL NO.: A72-~~48~~ 49
 DATE SUBMITTED: April 17, 1972
 NAME OF VICTIM: Daniel Croteau
 SUBMITTED BY: Dr. Kraus and Dr. Katsas

RESULTS:
 * Presence of ethyl alcohol in blood confirmed by gas chromatography. (MQS)

Blood:
 *Alcohol: .18% (MQS)
 Barbiturate: None detected (JPC)
 Carbon Monoxide: Less than 5% (MQS)

Urine Organic Bases: None detected (SMT)
 Stomach Organic Bases: None detected (S)

Bile Morphine: None detected (JPC)

Blood Grouping:
 Anti A: Negative
 Anti B: Negative
 Based upon the foregoing Group "O" (MHT)

REPORT TO:

Dr. Kraus & Dr. Katsas
 (Chemist)
 JJM:ma



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CHEMICAL LABORATORY
1010 COMMONWEALTH AVENUE
BOSTON, MASSACHUSETTS 02215

SUPPLEMENTARY REPORT: DANIEL CROTEAU

DATE: May 4, 1972
LAB. NO.: 38039
MEDICAL NO.: A72-4849
DATE SUBMITTED: April 17, 1972
NAME OF VICTIM: Daniel Croteau
SUBMITTED BY: Dr. Kraus and Dr. Katsas
RESULTS: Blood Chlorides:
Left Heart: 80.7meq CL⁰/Liter
Right Heart: 82.6meq CL⁰/Liter

REPORT TO: Dr. ⁴Katsas and Dr. Kraus
JJM:ma



(Chemist)



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Department of Public Safety

CHEMICAL LABORATORY
1010 COMMONWEALTH AVENUE
BOSTON, MASSACHUSETTS 02215

SUPPLEMENTARY REPORT: DANIEL CROTEAU

DATE: May 15, 1972

LAB.NO.: 38039

MEDICAL NO.: A72-4849

DATE SUBMITTED: April 17, 1972

NAME OF VICTIM: Daniel Croteau

SUBMITTED BY: Dr. Kraus and Dr. Katsas

RESULTS: Bile Alcohol: .20%(MQS)

Presence of ethyl alcohol in bile confirmed by gas chromatography.(BLC)

NOTE:Urine sample exhausted

[Signature]
 (Chemist)
 REPORT TO: Dr.Kraus and Dr. Katsas
 JJM:ma