Official Report

Division of Forensic Sciences
Georgia Bureau of Investigation
State of Georgia

Headquarters

DOFS Case #: 2021-1033612
Report Date: 12/08/2021

Cleveland Miles
Deputy Director

* NAME Accredited *

Requested Service: Autopsy
Agency: Richmond Co. Coroner
Agency Ref#:
Requested by: Richmond Co. Coroner

Case Individuals:
Victim: Jermaine M. Jones

Evidence:
On 10/19/2021, the laboratory received the following evidence from the Richmond Co. Coroner.
2021-1033612-001 DECEDENT

Results and Conclusions:
Evidence Submission: 001

DATE, TIME, AND PLACE OF EXAMINATION:

In accordance with the Georgia Death Investigation Act, I hereby certify that I, Harrison Moosavi, M.D., Forensic Pathology Fellow, have performed an autopsy on the body of JERMAINE JONES in the morgue of the Georgia Bureau of Investigation, Division of Forensic Sciences in Decatur, Georgia on the 20th day of October 2021, commencing at 0830 hours. The supervising attending Forensic Pathologist is Colin Hebert, M.D.

EXTERNAL EXAMINATION:

The body is received in the supine position in a plastic disaster bag. Attached to the bag and to the decedent's right great toe are identification tags bearing the decedent's name. Attached to the decedent's right wrist is a hospital identification tag bearing the decedent's name.

The body is of a well-developed, well-nourished, average-framed, 5'9", 190 lb, Black man whose appearance is consistent with the reported age of 24 years. The curly, black scalp hair measures up to ½". The black facial hair measures up to 1" and is distributed as a beard and moustache. The right side of the scalp has been shaved and is partially covered by white surgical gauze. There are multiple surgical staple lines on the scalp described under "EVIDENCE OF MEDICAL THERAPY". The right frontal-parietal scalp is fluctuant to palpation. The eyes have brown irides and edematous, icteric conjunctivae without discrete hemorrhage or petechiae. The sclera are icteric. The oral cavity has natural teeth in good repair and an atraumatic mucosa. The external ears are unremarkable.

The trachea is within the midline of the atraumatic neck. The neck is neither crepitant nor excessively mobile. There are no palpable neck masses.

The chest is stable and symmetric. The abdomen is flat and free of palpable organomegaly and masses. The posterior torso has multiple healing injuries described under "EVIDENCE OF ACUTE INJURY". The genitalia are of a normal adult man and appear atraumatic. There is scrotal edema. The anus is unremarkable.

The extremities are symmetrical and well-developed. There are multiple healing injuries of the extremities described under "EVIDENCE OF ACUTE INJURY". All digits are present. The fingernails are long and intact. The extremities are without needle or track marks. There is pitting edema of the bilateral upper and lower extremities.

SCARS, TATTOOS, AND OTHER IDENTIFYING FEATURES:

SCARS:
1. ½" linear brown scar, left lower back

There are no tattoos or other distinguishing features.

POSTMORTEM CHANGES:

The body has been refrigerated and is cool to touch. There is marked, symmetrical rigor mortis of the upper and lower extremities, neck, and jaw. Lividity is indiscernible. The corneas are clouded.

EVIDENCE OF MEDICAL THERAPY:

1. Endotracheal tube, secured with Velcro strap
2. Orogastric tube
3. 17" intact staple line, extending from right frontal, parietal, and temporal scalp
4. 4" staple line, left occipital scalp
5. Intracranial pressure monitor tubing entering frontal scalp medial to staple line
6. Five electrocardiogram pads, distributed over upper chest and lower abdomen
7. Foley catheter with attached reservoir containing approximately 250 mL of clear, yellow urine
8. Intravenous catheter, right antecubital fossa
9. Intravenous catheter, left antecubital fossa
10. Intravenous catheter, right dorsal hand
11. Pulse oximeter, right 2nd finger
12. Femoral arterial line, right inguinal area
13. Bandage and gauze over arterial puncture site, left inguinal area
14. Two pneumatic compressions cuffs, bilateral lower legs
15. Bandage denoted "10/13", covering unremarkable skin at superior gluteal cleft
16. Evidence of right hemicraniectomy with surgically absent portion of right frontal-parietal skull, associated diffuse hemorrhage and confluent ecchymoses of right scalp , two sheets of synthetic material covering the exposed dura, and tubing from the intracranial pressure monitor extending beneath the synthetic material
17. Evidence of left occipital craniotomy, including 4 cm circular area of skull that has been previously surgically excised and then replaced and secured to the adjacent intact skull with metal brackets

Separately received after autopsy are two fragments of skull removed during surgery at Augusta University Medical Center. The fragments of skull are received in a white plastic container sealed with evidence tape, labelled with the decedent's name and DOFS case number (2021-1033612), and designated "Skull flap". The fragments measure approximately 13 cm x 10 cm overall and display no apparent traumatic fractures or defects.

CLOTHING AND PERSONAL EFFECTS:

On or accompanying the body and discarded following autopsy are:
1. Green hospital gown
2. White hospital sheet

EVIDENCE OF ACUTE INJURY:

1. Multiple scattered left-sided epidural hematomas measuring up to 5 cm in greatest dimension.
2. 8 cm x 6 cm subdural hematoma loosely attached to the right inferior frontal lobe.
3. 2" x 2" tan-pink abrasion, midline occipital scalp
4. 4" x 2" brown abrasion, upper back, with underlying soft tissue hemorrhage
5. ¼" in diameter semicircular brown abrasion, left back
6. 1/16" circular brown abrasion, left flank
7. ¼" linear brown abrasion, right lateral elbow
8. Partially circumferential brown-black abrasions measuring up to ½" in width around bilateral

wrists with underlying soft tissue hemorrhage, consistent with handcuff restraints
9. Scattered brown abrasions up to ¼" in greatest dimension, right dorsal hand
10. 1 ½" x 1" red-brown abrasion, left superior shoulder
11. 4" x 2" brown abrasion, left posterior upper arm with underlying soft tissue hemorrhage
12. ½" grouped parallel brown abrasions, left lateral elbow
13. ½" circular brown-yellow abrasion, left medial wrist
14. Scattered brown abrasions up to ½" in greatest dimension, left dorsal hand
15. ¼" brown abrasion, right anterior knee
16. ½" curvilinear brown abrasion, left calf

INTERNAL EXAMINATION:

BODY CAVITIES: The organs are in their normal situs without fibrous adhesions. There is approximately 250 mL of yellow-green serous fluid in the right pleural cavity, 200 mL of yellow-green serous fluid in the left pleural cavity, and 325 mL of yellow-green serous fluid in the peritoneal cavity. The pericardial sac contains approximately 20 mL of yellow serous fluid. The subcutaneous fat of the abdominal wall was 1" thick.

HEAD AND CENTRAL NERVOUS SYSTEM: Other than the previously described medical interventions and injuries, no traumatic fractures of the residual calvarium or skull base are identified. The brain weighs 1740 grams and appears markedly edematous with congested meninges. The cranial nerves and cerebral vessels are normally distributed. There are focal hyperemic areas within the white and grey matter of the left frontal and temporal lobes. The deep nuclei, ventricles, cerebellum, and brainstem demonstrate no focal lesions.

NECK: The cervical vertebrae, hyoid bone, tracheal and laryngeal cartilages, and paratracheal soft tissues are without trauma. No airway mucosal edema is seen. The epiglottis is neither inflamed nor swollen. The upper airway is not obstructed. The carotid vessels are pliable and patent. The tongue is unremarkable.

CARDIOVASCULAR SYSTEM: The heart weighs 370 grams and has a normal distribution of right predominant coronary arteries without atherosclerotic stenosis of the epicardial vessels. The myocardium is uniformly dark-red without pallor, hemorrhage, softening, or fibrosis. The left ventricle wall is 1.2 cm thick, and the right ventricle wall is 0.3 cm thick. The endocardial surfaces and cardiac valves are unremarkable. The aorta is without atherosclerosis. The venae cavae and pulmonary arteries are without thrombus or embolus.

RESPIRATORY SYSTEM: The right lung weighs 1200 grams. The left lung weighs 800 grams. The pleural surfaces are smooth and glistening. There is a focal area of yellow-white purulent material on the pleura around the oblique fissure of the right lung. Cut sections reveal congested purple-red parenchyma. There are patchy areas of consolidation and purulence in the right middle and lower lobes. There is no discrete hemorrhage, obstruction, or evidence of neoplasia. The bronchial distribution and vasculature are unremarkable.

LIVER, GALLBLADDER, AND PANCREAS: The liver weighs 1550 grams, has an intact capsule, and brown-yellow parenchyma without slippery or fibrous texture. The gallbladder contains approximately 40 ml of viscous, dark green bile and no stones. The pancreas is of normal color, lobulation, and texture.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 200 grams, has an intact smooth capsule, and soft red parenchyma with prominent white pulp. No focal lesions are seen. There are no enlarged lymph nodes.

GENITOURINARY SYSTEM: The right kidney weighs 150 grams. The left kidney weighs 150 grams. Each kidney has a smooth subcapsular surface and unremarkable architecture and vasculature. The ureters maintain uniform caliber into an unremarkable urinary bladder. The bladder contains minimal clear, yellow urine. The prostate gland is of normal size and has an unremarkable white-tan cut surface. The testes are symmetrical, of normal size, and have an unremarkable tan cut surface.

ENDOCRINE SYSTEM: The thyroid and adrenal glands are normal in size, color, and consistency.

DIGESTIVE SYSTEM: The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 100 ml of non-descript brown fluid without fragments of food or tablets. The small intestine, large intestine, and appendix are palpably unremarkable.

MUSCULOSKELETAL SYSTEM: The vertebrae, clavicles, sternum, ribs, and pelvis are without fracture. The musculature is normally distributed and unremarkable.

MICROSCOPIC DESCRIPTION:
Cassette Summary:
1. Heart
2. Lung
3. Lung
4. Liver
5. Brain
6. Brain

Heart: Patchy myocyte hypertrophy. No interstitial or replacement fibrosis, or inflammatory cell infiltrate. Vasculature without specific pathologic changes.

Lungs: Abundant fibrinopurulent inflammation, predominately neutrophils, in intra-alveolar spaces, small airways, and interstitium. No polarizable foreign material.

Liver: Autolysis and interstitial edema. No significant steatosis or fibrosis. Focal infiltrate of chronic inflammatory cells in a periportal distribution.

Brain: Vascular congestion and interstitial edema. Subarachnoid hemorrhage and subacute subdural hemorrhage with layering of fibrin and red blood cells and few hemosiderin-laden macrophages. Patchy areas of intraparenchymal hemorrhage with associated clusters of macrophages.

OTHER PROCEDURES:

1. Hospital admission blood and urine dated 10/11/2021 submitted separately for toxicologic evaluation (see separate toxicology report for DOFS #2021-2002318)
2. Heart blood, urine, and vitreous fluid samples are retained for 2 years per office protocol.
3. A blood spot card is retained.
4. Decedent fingerprints are obtained.
5. Documentary and identification photographs are obtained.
6. One postmortem radiograph is obtained.
7. Representative tissue sections are processed to slides in 6 cassettes.
8. A hospital gown and sheet are discarded.
9. The examined organs are returned to the body cavity.
10. Separately received portions of skull flap are saved for discarding.
11. Body camera recordings of the incident are reviewed.
12. Medical records from Augusta University Medical Center are reviewed.

SUMMARY OF FINDINGS:

I. Blunt Force Head Trauma with Multiple Intracranial Hemorrhages, status-post surgical intervention

A. Medical records documented altered mental status and combativeness on arrival to emergency room and only superficial external injuries

B. Radiology reports from hospital documented a large right-sided subdural hemorrhage, diffuse right subarachnoid hemorrhage, left-sided epidural hemorrhage, and multifocal intraparenchymal hemorrhages without associated skull fractures

C. Autopsy findings consistent with prior right hemicraniectomy, left occipital craniotomy, and residual epidural and subdural hematomas

D. Diffuse cerebral edema
E. Focal areas of intraparenchymal hemorrhage with associated macrophages in left frontal and temporal lobes, consistent with resolving cerebral contusions

II. Delayed Complications Secondary to Blunt Force Head Trauma
  A. Acute Bronchopneumonia
    i. Acute fibrinopurulent inflammation of predominately right lung
  B. Acute Liver Injury
    i. Jaundice and scleral icterus
    ii. Medical records document acutely increased AST and hyperbilirubinemia

III. Numerous superficial abrasions of torso and extremities

IV. Healing abrasion of left back, possibly consistent with injury from electroconductive device

V. Postmortem Toxicology, Hospital admission blood dated 10/11/2021, positive for (see separate toxicology report):
  A. Delta-9-tetrahydrocannabinol (THC) - 17 ng/mL
  B. 11-hydroxy-delta-9-tetrahydrocannabinol (a metabolite of THC) - 6.0 ng/mL
  C. 11-nor-delta-9-tetrahydrocannabinol-9-carboxylic acid (a metabolite of THC) - 74 ng/mL
  D. Midazolam - 30 mcg/L
  E. Olanzapine - lower than the lowest calibrator of 0.125 mg/L

SUMMARY AND OPINION:

The decedent, JERMAINE JONES, was a 24-year-old Black male. Per report, on 10/11/2021 he was in a vehicle that was stopped by law enforcement during a routine traffic stop. Body camera recordings showed the decedent attempting to flee and law enforcement using an electroconductive device on the decedent. The decedent was seen to fall to the pavement and reportedly hit his head on the ground. He was placed in a police vehicle and was initially responsive en route to a jail. He was then seen in body camera recordings experiencing seizure-like activity in the rear seat of the police vehicle outside the jail and was transported to Augusta University Medical Center for medical evaluation.

Medical records from Augusta University Medical Center documented that the decedent had altered mental status and was combative and extremely agitated on arrival at the emergency room. External injuries documented on arrival included a superficial abrasion to the back of the head and swelling over the bilateral wrists where handcuffs had been secured. A qualitative urine drug screen on arrival to the hospital was positive for benzodiazepines and THC. He was sedated for persistent combativeness and shortly after experienced an episode of vomiting and became obtunded. A CT scan of the head showed a large right-sided subdural hemorrhage, diffuse right subarachnoid hemorrhage, left-sided epidural hemorrhage, and multifocal intraparenchymal hemorrhages. Bilateral frontal and left occipital soft tissue contusions were seen on CT without evidence of acute skull fractures. He was emergently taken for a right hemicraniectomy and afterwards was admitted to the intensive care unit. Per medical records, there was persistently increased intracranial pressure and difficulty maintaining cerebral perfusion despite multiple vasopressors. He was returned to the operating room for a left occipital craniotomy and evacuation of a left-sided epidural hematoma. His condition continued to decline postoperatively and he was thought to have developed cerebral herniation due to an acute drop in his intracranial pressure. A nuclear medicine brain perfusion study on 10/18/2021 documented absent arterial blood flow to the brain. He was ultimately pronounced deceased on 10/18/2021.

The autopsy demonstrated healing superficial abrasions of the torso and extremities and findings in the head consistent with a prior right hemicraniectomy and left occipital craniotomy. There was diffuse swelling of the brain tissue and numerous areas of residual hemorrhage identified. No traumatic skull fractures were identified at autopsy and none were described in hospital imaging reports or medical records. Other findings included acute bronchopneumonia, consistent with prolonged mechanical ventilation, and jaundice, likely as a result of multi-organ failure in the setting of severe illness. Postmortem toxicology (hospital admission blood) was positive for the above-listed substances.

It is our opinion that his death is the result of Delayed complications of blunt force head trauma due to ground level fall following shock from electroconductive device. Complications included

multiple intracranial hemorrhages with resulting development of cerebral herniation, acute bronchopneumonia, and acute liver injury during hospitalization. Based on the information available at this time, the manner of death is classified as Homicide.

CAUSE OF DEATH:

Delayed Complications of Blunt Force Head Trauma due to Ground Level Fall Following Shock from Electroconductive Device

MANNER OF DEATH:

Homicide

Only those items discussed in the results above were analyzed for this report. The above represents the interpretations/opinions of the undersigned analyst. Unless noted above, evidence analyzed in this report will be returned to the submitting agency. Biological evidence (body fluids and tissues) and proof determination evidence will be destroyed after one year. This report may not be reproduced except in full without written permission of the laboratory.

Technical notes and data supporting the conclusions and findings in this report are maintained within the laboratory case records.

This case may contain evidence that must be preserved in accordance with O.C.G.A. § 17-5-56.

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Related Agencies:

Augusta Judicial Circuit
GBI-Medical Examiner-HQ DOFS
Richmond Co. District Attorney
GBI-Reg. 07-Thomson

ACN: MOOSAVI

End of Official Report