

Official Report



Division of Forensic Sciences
Georgia Bureau of Investigation
State of Georgia

Headquarters
DOFS Case #: 2022-1019152
Report Date: 08/12/2022

Cleveland Miles
Deputy Director

* NAME Accredited *



Requested Service: Autopsy

Agency: GBI-Medical Examiner-HQ DOFS
Agency Ref#: SMITH
Requested by: A. Magby

Case Individuals:

Victim: Brianna Marie Grier

Evidence:

On 07/27/2022, the laboratory received the following evidence from the Hancock Co. Coroner.
2022-1019152-001 DECEDENT

Results and Conclusions:

General Information:

Under the provisions of the Georgia Death Investigation Act, an examination is performed at the Georgia Bureau of Investigation, Medical Examiner's Office, Decatur, Georgia on Saturday, July 30, 2022 commencing at 0900 hours.

Presentation:

The body is received appropriately identified, covered with a hospital gown, and accompanied by a mixture of disposable and cotton sheets from the hospital from which the body was received. Personal effects with the body consist of a gold-colored hair clip.

Evidence of Therapeutic Intervention:

Medical intervention consists of vascular access via a multi-lumen catheter on the left side of the neck, a Foley catheter in the urethra, a single lumen catheter in the right forearm, a gauze bandage with adhesive material on the left upper shoulder, and EKG pads.

External Examination:

This is the unembalmed body of an adult black female, weighing 141 pounds, having a length of 63", and an appearance that is consistent with the given age of 28 years. The body is cold to the touch, and rigor mortis is formed and passing. Livor mortis is barely visible posteriorly.

The head is normocephalic, and the black scalp hair, gathered into a single ponytail, superiorly, is up to approximately 20.0 cm in length. The irides are brown and the pupils are fixed and dilated, with corneal clouding apparent. The conjunctival surfaces are pale, and absent petechial hemorrhages. The globes have lost some of their turgor. The ears are normally formed and set, with earlobe piercings. The nose is in the midline and the nasal bone is intact, as are the facial bones. The tongue protrudes from the mouth, and is somewhat soiled with desquamated skin, and amorphous gel-like material. The teeth in the upper and lower gums are in a good state of repair and there is no visible trauma of the oral cavity. Two small abrasions are noted on the decedent's lower chin, one anterior linear, measuring 1.0 cm in length, and one posterior to this abrasion on the right undersurface of the chin with a diameter of 0.7 cm.

The neck does not exhibit hypermobility or crepitus, and the trachea is palpable in the midline.

The chest is atraumatic, and the breasts are free of palpable masses.

The abdomen is protuberant, soft to palpation and numerous striae are noted spread across the anterior surface. A horizontally oriented suprapubic keloid hyperpigmented scar is noted. The external genitalia are those of an adult female, and are atraumatic and the back is unremarkable.

All digits are accounted for on the hands and feet, respectively, and the long bones are intact. Small puncture marks, circumscribed by purple contusion are likely related to attempts at vascular access during hospitalization. A small abrasion is noted in the proximal web space of the left middle and ring fingers, over an area 0.3 x 0.3 cm. The lower extremities are generally unremarkable, with a colored tattoo on the anterior left thigh, and a monochromatic tattoo of flowers on the lateral right leg.

Seen on the lower anterior thigh, just above the knee, are several fine, linear scars, essentially vertically-oriented, separated by intervening areas of uninvolved skin, and varying in sizes of from 1.5 up to 3.5 cm in their greatest dimensions.

Orange flaking nail polish is seen on the fingernails and toenails.

Evidence of Injury:

An area of brush abrasion in the decedent's left upper shoulder measures 4 ¼" x 1 ¾".

On the left lower back, the juncture of the back and the upper left buttock in an indistinct area of brush abrasion measuring 4" x 2 ¼".

Examination of the decedent's lateral left arm discloses an area of abrasion near circular, measuring ½" in diameter.

Internal Injuries:

Internal injuries are confined to the head, and are as follows:

The scalp is incised and reflected, and located on the decedent's left parieto-occipital scalp, is a large fresh scalp hematoma, accompanied by galeal hemorrhage, over an area of greatest dimensions, 6 ½" x 4 ½". The point of impact in this instance appears to be the upper left parieto-occipital scalp, and the collection of subgaleal blood is most prominent at this point, over an area of greatest dimension 3 ¼" x 3".

Fracture is identified involving the left occipital bone, and this fracture originates just superior to the left lambdoidal suture and passes into the left posterior and lateral parietal bone for a distance of 1 ¼", including a portion that crosses meningeal arterial groove on the inner table of the skull. The fracture passes into the left occipital bone, and terminates at the sinus, located at the base of the posterior left petrous temporal bone.

The brain weighs 1220 grams, and exhibits quite marked and diffuse swelling with widening and flattening of the gyral configurations and obliteration of the sulci. Located on the right parietal eminence, occupying a large portion of the right upper cerebral convexity is an aggregate of fresh hemorrhage, amounting to approximately 50 to 60 grams, the majority of which is subarachnoid, with a much smaller element of this blood being subdural. The subarachnoid bleeding is a consequence of a large cortical contusion, constituting a so called "contrecoup" contusion, and blood has dissected into a number of the gyral configurations, and essentially obliterates the cortex, and blurs the cortical gray/subcortical white matter junction. Multiple microscopic sections are procured.

There are no epidural hemorrhages, and a very small amount of subdural hematoma on the right side. The left side of the brain is free of hemorrhages. Sections through the organ exhibit quite marked softening, with the basal ganglia and thalamus appearing normally formed. The substantia nigra is pigmented. The brainstem is unremarkable with no evidence of Duret hemorrhage, and the cerebellum appears within normal limits. Examination of the dura overlying the cortical contusion discloses approximately between 5 and 10 grams of clotted blood, a portion of which is submitted for microscopic examination.

Examination of the base of the skull discloses it to be intact other than the fracturing extending from the left occipital bone to the point described above.

Other Injuries:

A prominent incision of the soft tissues of the anterior chest, an area of hematoma is identified in the midline, over 3" x 2 ½".

Internal Examination:

The body is opened with the usual "Y" incision, and injuries are described above. The organs are in their normal anatomic positions, and there are no adhesions or fluid collections identified.

Head:

The injuries of the head are described above, with the anterior and right sides of the scalp appearing unremarkable and within normal limits.

Sections through the brain disclose no preexisting antemortem pathology.

Neck:

The soft tissues of the anterior neck are slightly edematous, but free of trauma. The laryngeal cartilages and the hyoid bone are intact and the thyroid gland is in its usual location. The airway is unobstructed.

Cardiovascular System:

The heart weighs 280 grams and is morphologically unremarkable. The coronary arteries, cardiac valves and myocardium show no preexisting antemortem pathology, with no atherosclerosis, unremarkable cardiac valves and normal-appearing pale brown myocardium, with no evidence of recent or remote infarct. The left ventricular free wall thickness is just under 1.0 cm, with a comparable intraventricular septal thickness, and a right ventricular free wall thickness of 0.2 cm.

The aorta and its major branches are intact.

Respiratory System:

The right and left lungs weigh 780 and 680 grams, respectively. The visceral pleural surfaces are smooth, overlying profoundly congested dark red and purple parenchyma. The airways are unobstructed as are the pulmonary arteries. The cut surfaces of both lungs exhibit profound congestion but no consolidations, neoplasms or cavitations.

Gastrointestinal System:

The tongue is normally formed, and there is a small contusion at its tip, indistinct, amidst quite marked edema of this organ, and with a diameter of just under ½". The esophagus is unobstructed and the stomach essentially devoid content. The small and large intestines are unremarkable. The pancreatic parenchyma has usual lobular architecture.

Hepatobiliary System:

The liver weighs 1600 grams and has an intact capsule overlying homogenous brown parenchyma. Steatosis, cirrhosis and neoplasms are not seen. The gallbladder is distended with bile.

Urogenital System:

The right and left kidneys weigh 160 and 180 grams, respectively. The capsules strip with ease from smooth brown and red cortical surfaces. The renal vessels, collecting systems and ureters are normally formed with the ureters following their usual retroperitoneal courses to enter the bladder

appropriately. The bladder is essentially devoid urine. The non-pregnant uterus has a scar on its lower segment, and the ovaries appear within normal limits.

Reticuloendothelial System:

The spleen weighs 120 grams and has an intact capsule overlying slightly softened homogenous dark red parenchyma. There are no enlarged lymph nodes.

Musculoskeletal System:

No deformities are seen. Injuries are described above.

Incisions made into the soft tissues of the extremities and the back disclose an area of fresh hemorrhage at the left wrist region, over 3" x 2 ½", and small area of hemorrhage at the level of the elbow, less than 1" in greatest dimension. There are otherwise no injuries to be seen, specifically no contusions. Incisions made in to the decedent's right and left breasts disclose abundant tan to white milky material, and microscopic sections are procured.

Endocrine System:

The adrenal glands and thyroid gland appear normal.

MICROSCOPIC EXAMINATION:

- Sections of brain show extensive disruption of cortex by fresh hemorrhage.
- Subdural blood shows little, if any, evidence of organization.
- Breast tissue shows stroma, normal-appearing ducts and active lobular tissue.
- Remaining sections examined are within normal limits.

Summary of Findings:

- I. Blunt force head trauma
 - (a) Fall from backseat of moving car onto roadway
 - (b) Impact left upper scalp with hematoma, skull fractures and large area of right cerebral cortical contusion
 - (c) Brain swelling
 - (d) Modest subdural hematoma
 - (e) Hospitalization 07/15 - 07/21
- II. Minor soft tissue injury, torso
- III. No natural disease processes

Other Procedures:

1. Documentary photographs are taken.
2. Blood is procured and held.
3. A blood spot filter card is prepared.
4. Microscopic sections are prepared.
5. The investigational history is reviewed.
6. Dissected organs are forwarded with the body.

Cause of Death:

Blunt force head trauma, delayed complications

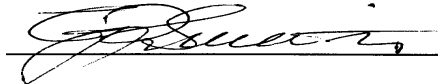
Manner of Death:

Accident

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.



Geoffrey P. Smith
Chief Medical Examiner
404-244-2709
Geoffrey.Smith1@gbi.state.ga.us

Related Agencies:

Hancock Co. Coroner
Hancock Co. District Attorney
Ocmulgee Judicial Circuit
GBI-Reg. 06-Milledgeville

End of Official Report