



University of Michigan Health System
Department of Pathology
Anatomic Pathology
1500 East Medical Center Drive
Ann Arbor, MI 48109
(734) 936-6700

Last Name: PTASZEK
First Name: DILLON
MRN: UX00001181
Sex: Male Age: 25 Y DOB: 12/12/1987
Physician: JENTZEN, JEFFREY
Location: AUTOPSY

POSTMORTEM EXAMINATION REPORT

Order Number: AU-13-492 ME Case #: 81-13-0648

Date of Death: 9/13/2013 4:54:00 AM
Date and Time of Autopsy: 9/13/2013 9:30 AM
Date Completed: 11/6/2013 12:16 PM
Place of Autopsy: University of Michigan Hospital Morgue

Cause of Death:

IA. Multiple Traumatic Injuries
IB. Single Vehicular Collision

Final Diagnosis:

I. Multiple traumatic injuries
A. Cortical contusions, left parietal and temporal lobes, brain.
B. Fracture, 5th cervical vertebrae

II. Postmortem thermal injury

Clinical History:

Clinical Service: Washtenaw County Medical Examiner

Place of Autopsy: University of Michigan Hospital Morgue

Pathologists: Jeffrey Hudson, M.D. (Pathology fellow); Jeffrey M. Jentzen, M.D., Ph.D. (Pathology staff)

Consulting Pathologists: None

The decedent was a 25-year-old Caucasian male who was reportedly involved in a single vehicle motor vehicle accident which became engulfed in flames.

Witnesses: Diana French, UMHS Autopsy Coordinator

Autopsy Authorization: Permission for autopsy is given by the Washtenaw County Medical Examiners Office.

Autopsy Restrictions: None.

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Photographs: Photographs taken during this autopsy by staff forensic pathologist.

Identification: The body is identified by dental examination By Garry Berman, DDS, DABFO, through comparison of dental records of Dillon Ptaszek received from Washtenaw General Dentistry Associates, 3075 W Clark Rd, Ypsilanti, Michigan.

Radiographs: Radiographic survey is taken an was unremarkable.

Clothing: A left gym shoe (black and white), left sock, and a portion of a right black and white sock.

External Examination:

The autopsy is commenced at 1030 hours on 9/13/13. The body is nearly 100% charred with sparing of portion of the buttocks and the right heel only. There are flexion contractures of the arms, wrists and both knees. Male genitalia are charred but recognizable. Rigor mortis and lividity could not be assessed. The dentition is natural.

Evidence of Injury: As stated above, the body is nearly 100% charred with sparing of the buttocks and right heel.

Evidence of Internal Injury: There is a 9 cm x 8 cm thin epidural hematoma overlying the left parietal lobe of the brain. There is a 3 cm x 2 cm area of subarachnoid hemorrhage over the left temporal parietal lobe of the brain. There is underlying contusion of the left temporal parietal lobe on the convexity and the base of the brain. There is a fracture at the anterior fifth cervical vertebrae. There is hemorrhage along the anterior and posterior paracervical spinal muscles. There is a small amount of soot in the trachea above and below the vocal folds.

Except as stated above:

Skin: The skin is unremarkable.

Head: The head is charred. No hair is present.

Eyes: The eyes are charred.

Ears: The ears are not identified.

Nose: The septum appears to be in the midline.

Mouth: The dentition is natural.

Face: The face is charred.

Neck: Except as stated above, the neck is unremarkable.

Chest: The chest has a normal anterior-posterior dimension. There are no palpable masses.

Abdomen: The abdomen is charred and flat.

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Genitalia: Male. The external genitalia are charred, but recognizable as male.

Anus: The anus is unremarkable.

Extremities:

Except as noted above, the extremities are unremarkable.

Back:

Except as stated above, the back and sacrum are unremarkable.

Identifying marks and tattoos: Due to the charred nature of the body there are no identifying marks, scars or tattoos.

There is no evidence of therapeutic intervention.

Internal Examination:

The body is opened with a routine thoracoabdominal incision. Except as previously state, the skeletal muscle has a normal dark-brown color and normal smooth texture.

Internal Except as previously described under Evidence of Injury, the internal systems are as follows:

Body Cavities: The peritoneal surfaces are smooth and glistening. There are no adhesions, effusions or hemorrhage present. The pleural cavities are smooth and glistening. There are no effusions, adhesions or hemorrhage. The diaphragms are intact. The ribs are intact and without fracture. The pericardium is smooth and glistening and contains 10 mL serous fluid.

Heart: The heart weighs 250 grams. The heart has the normal configuration. The epicardial surfaces appear unremarkable. The coronary ostia are in their normal configuration and widely patent. The coronary arteries have a normal distribution with a right dominant system. On serial coronal sectioning, there are no areas of atherosclerosis, calcification, or thrombosis. The valve leaflets are thin, pliable and competent and free of vegetations. The heart valves have the following measurements: Tricuspid 12 cm, pulmonic 7 cm, mitral 10 cm, and aortic 6.5 cm in circumference. The left ventricle measures 1.4 cm, measured 1.0 cm below the respective atrioventricular valve annulus. The endocardial surface is free of fibrosis. The trabeculae carne and papillary muscles are unremarkable. The myocardium has the normal reddish brown color and consistency. There are no areas of fibrosis or scarring.

Aorta: The aorta has a normal configuration without aneurysmal dilatation. The intimal surface has the normal yellow coloration and is free of atherosclerosis. The ostia of the major branches including the celiac, renal, superior and inferior mesenteric arteries are widely patent.

Lungs: The right and left lungs weigh 580 and 590 grams, respectively. There is normal septation. The lungs are



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inflated. There is mild anthracosis. On cut surface, the parenchyma is congested. There are no areas of consolidation, masses or abscesses present. The trachea and main stem bronchi appear normal without foreign bodies, masses, or mucus. Hilar lymph nodes are not enlarged. The pulmonary arteries are free of thrombi.

Liver and Biliary Tract: The liver weighs 1700 grams. The capsule is intact, smooth and glistening. The parenchyma has the normal reddish-brown color and soft texture. There is no nodularity, masses, or hemorrhage present.

Gallbladder: A thin-walled gallbladder is present and contains thick, viscous bile. No calculi are present. The biliary tree is patent to the ampulla of Vater.

Pancreas: The pancreas has a normal size, shape and tan lobular appearance.

Adrenal Glands: The adrenal glands have normal cut surfaces with yellow cortex and gray medulla. There is no nodularity present.

Spleen: The spleen weighs 130 grams and has a smooth intact capsule with normal, firm reddish-brown parenchyma. There are no infarcts, nodules, scars or cysts present.

Gastrointestinal Tract:

Esophagus: The esophagus has the normal gray-white smooth mucosal surface. The gastroesophageal junction is unremarkable.

Stomach: The gastric mucosa has the normal rugal folds and the lumen contains mL of partially digested food material. There are no pill fragments noted.

Small Bowel and Large Intestines: The small bowel has the normal configuration and contains semi-liquid, green-yellow stool. A vermiform appendix is present. The colon has the normal uniform dimension and contains formed, green-yellow stool. There are no diverticula or masses present.

Genitourinary Tract:

Kidneys: The right and left kidneys weigh 90 and 140 grams respectively. The renal capsules strip with ease. The cortical surfaces have the normal reddish-brown color and smooth texture. There are no infarcts, nodules, scars or cysts present. There are no calculi present.

Ureters: The ureters are uniform dimension and patent to the bladder.

Bladder: The bladder is unremarkable.

Prostate: The prostate has a normal size. There are no areas of nodularity or discoloration present.

Musculoskeletal: The thoracolumbar spine has the normal configuration. The vertebral bodies are normal without degenerative spurring or lipping. The cervical spine is stable. The bone marrow has a normal dark red coloration. No lesions are noted.

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Neck: The neck musculature is dissected in a layered fashion. There are no hemorrhages present. The hyoid and thyroid cartilages are intact, without fracture or hemorrhage. The laryngeal mucosa is unremarkable. The cords are symmetrical. The thyroid gland has a normal position and reddish tan color and normal texture. There are no cysts or nodules present.

Central Nervous System: Reflection of remaining scalp reveals no additional injuries.. The skull is intact with a normal thickness and without fracture. The dura is intact. There are no epidural, subdural, or subarachnoid hemorrhages present. The meninges are thin, translucent, and without hemorrhage or exudate.

Brain: The brain weighs 1,550 grams and the hemispheres are symmetrical with a normal gyral pattern. The cranial nerves are intact and symmetrical. The vessels at the base of the brain have a normal configuration and are free of atherosclerosis. The cerebellar tonsils and uncus gyri appear normal and without herniation or grooving. The pituitary gland is normal. Serial coronal sections through the brain reveal no evidence of hemorrhage or contusions within the cortex, white matter, midbrain, pons or cerebellum.

Spinal cord: Portion of the cervical and thoracic spinal cord was removed and appears unremarkable. Cerebrospinal fluid is clear. The cord has normal symmetry. Serial sectioning reveals no contusion or hemorrhage.

Additional Studies:

Additional dissection: As stated in the Evidence of Injury section, anterior and posterior neck dissection revealed hemorrhage from the deep paracervical spinal muscles.

Toxicology: At the time of autopsy the following specimens are recovered and labeled with NMS# 11601095:

- Vitreous fluid
- Urine
- Liver
- Iliac blood

Slide Index:

1. Heart, left ventricle and left anterior descending artery.
2. Heart, right ventricle and right coronary artery.
3. Heart, interventricular septum (two sections).
4. Lung, left upper lobe, left lower lobe, and bronchus.
5. Lung, right upper lobe, right lower lobe, right middle lobe and bronchus.
6. Liver and spleen.
7. Kidneys, left and right.
8. Spinal cord, cervical.
9. Brain, left temporal parietal lobe.
10. Brain, base of left temporal lobe.

Microscopic Description:

Heart: Microscopic examination of heart sections reveals no evidence of hemorrhage, fibrosis or infection.

Lungs: Microscopic examination of the lungs revealed numerous pigment-laden alveolar macrophages with a few associated giant cells. Sections of the bronchi appear to reveal mild chronic inflammation.

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Liver: A section of liver reveals no evidence of fibrosis or infection.

Spleen: Microscopic examination of the spleen is unremarkable. No evidence of granuloma formation.

Kidneys: Microscopic examination of the left and right kidneys reveals no evidence of infection, fibrosis or hemorrhage.

Microscopic examination of the cervical spinal cord revealed no evidence of hemorrhage.

Brain: Microscopic examination of the left temporal parietal lobe cortex and cortex at the temporal base reveals both subarachnoid and intracerebral cortical hemorrhage. This is consistent with cerebral contusion.

Toxicology Report:

Post-mortem toxicology findings are positive for a blood alcohol concentration of .184 grams/100 mL, amphetamine level of 75 ng/mL, a delta-9 THC level of 3.4 ng/mL, a delta-9 carboxy THC level of <5.0 ng/mL, and carboxy hemoglobin level of 10% saturation.

Autopsy Summary:

Final Summary:

The decedent was a 25-year-old Caucasian male who was involved in a single vehicle motor vehicle accident which secondarily became engulfed in flames. The autopsy demonstrated near 100% charring of the body with traumatic brain injuries to the left temporal parietal lobe and the left temporal base. There was a fracture of the fifth cervical vertebra. Post-mortem toxicology levels were positive for a blood alcohol concentration of 0.184 g/100 mL. Toxicology results were also positive for amphetamine and delta-9 THC. Carboxy hemoglobin levels were 10% saturation. In consideration of the autopsy findings and circumstances surrounding this death, the cause of death is determined to be multiple traumatic injuries sustained as a driver involved in a single motor vehicle accident which became engulfed in flames. The manner of death is classified as an accident.

Electronically Signed By:

Jeffrey Jentzen, M.D., Ph.D.

I, the above named pathologist, have personally examined and interpreted the slides from this case.

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PRELIMINARY POSTMORTEM EXAMINATION REPORT

Order Number: AU-13-492 ME Case #: 81-13-0648

Date of Death: 9/13/2013 4:54:00 AM
Date and Time of Autopsy: 9/13/2013 9:30 AM
Date Completed: 11/6/2013 12:05 PM
Place of Autopsy: University of Michigan Hospital Morgue

Gross Pathological Diagnosis:

- I. Multiple traumatic injuries sustained as a driver involved in a motor vehicle collision.
- II. Blood alcohol concentration of 0.184 g/100 mL.
- III. Carboxy hemoglobin level of 10% saturation.

Electronically Signed By:

Jeffrey Jentzen, M.D., Ph.D.

House Officer(s):

Jeffrey Jentzen

MRN: UX00001181
Last Name: PTASZEK
First Name: DILLON
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Physician Name:
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