



# County of San Diego

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CHIEF MEDICAL EXAMINER  
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MEDICAL EXAMINER'S DEPARTMENT  
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## AUTOPSY REPORT

<b>Name:</b>	SANDRA LEE DANIELS	<b>ME#:</b>	2021-1861
<b>Place of death:</b>	S/B ISR 5, S. of SR 905 San Ysidro, CA 92173	<b>Age:</b>	58 Years
<b>Date of death:</b>	June 4, 2021; 1022 Hours	<b>Sex:</b>	Female
<b>Date of autopsy:</b>	June 5, 2021; 1042 Hours		

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CAUSE OF DEATH: MULTIPLE BLUNT FORCE INJURIES

MANNER OF DEATH: ACCIDENT

### AUTOPSY SUMMARY:

- I. Blunt force injuries of head:
  - A. Laceration of nose.
  - B. Multiple lacerations of posterior head and lower and upper neck.
  - C. Diffuse subarachnoid hemorrhage.
  - D. Intraventricular hemorrhage of brain.
  - E. Fracture/dislocation of cervical spinal column between C5 and C6 vertebrae.
- II. Blunt force injuries of torso:
  - A. Multiple abrasions and contusions.
  - B. Laceration of left upper chest.
  - C. Sternum fracture.
  - D. Lateral aspects of right and left 1st through 9th and posterolateral aspects of left 5th through 8th ribs fractured.
  - E. Diastasis of symphysis pubis of pelvis.
  - F. Fracture of right superior pubic ramus of pelvis.
  - G. Right hemothorax (50 mL) and hemoperitoneum (200 mL).
  - H. Lacerations of liver.
- III. Blunt force injuries of upper extremities:
  - A. Gaping laceration of right axilla.

- B. Open fracture of right elbow complex.
  - C. Closed fracture of left humerus.
- IV. Blunt force injuries of lower extremities:
- A. Multiple abrasions, contusions, and lacerations.
  - B. Gaping laceration of medial aspect of proximal right thigh.
  - C. Multiple comminuted fractures of distal right tibia and fibula.
  - D. Open comminuted fractures of multiple bones of right foot.
- V. Other findings:
- A. Mildly calcified but non-obstructed coronary arteries.
  - B. Focally severe aortic atherosclerosis.
  - C. Adenoma of right adrenal gland.
  - D. No soot in airways.
- VI. Toxicological testing detected diazepam.

OPINION: According to investigative information, the decedent was a 58-year-old woman who lived in Ramona. The decedent was the sole occupant and driver of a Honda Civic traveling north at a high rate of speed on southbound Interstate 5 on June 4, 2021. The decedent's vehicle collided with a Ford Fusion carrying a driver and a passenger (San Diego Medical Examiner's Office case numbers 2021-1859 and 2021-1860). The two vehicles collided in the number one lane and came to rest on the east shoulder. Upon impact, the Honda Civic caught on fire. California Highway Patrol and San Diego Fire Department rescuers arrived and death was confirmed shortly after their arrival without medical intervention due to obvious signs of death. According to the decedent's husband, the decedent received medical treatment at Balboa Naval Hospital and frequently would go too far on Interstate 5 and get too close to the border. She was known to exit the interstate and return on the opposite side. [REDACTED]

[REDACTED] The husband was unaware of any alcohol consumption or illicit drug abuse. There were no suicidal ideations or prior suicide attempts.

The autopsy documented a well-developed, well-nourished female. There were multiple extensive blunt force injuries of the neck, torso, and upper and lower extremities. The body was extensively charred; however, there was no soot in the airways, indicating that thermal injuries most likely did not contribute to death. She likely had passed away prior to her body sustaining thermal injuries. Natural disease included focally severe aortic atherosclerosis, mild calcification of the main coronary arteries, and a right adrenal adenoma.

Toxicological testing detected diazepam and metabolites. No alcohols were detected. Vitreous glucose was less than 200 mg/dL.

Based on the autopsy findings and the circumstances surrounding the death, as currently understood, the cause of death is **multiple blunt force injuries**, and the manner of death is **accident**.

ROBERT STABLEY, M.D.  
Deputy Medical Examiner

Date signed:

The autopsy was performed at the Office of the San Diego County Medical Examiner on June 5, 2021, beginning at 1042 hours.

IDENTIFICATION: The body is contained in two white vinyl body transfer pouches. The outer body transfer pouch is sealed with red tag number "4387238" that is removed from the pouch at 1042 hours on June 5, 2021. In addition, a paper tag containing the name "DOE, JANE" and the Medical Examiner's case number is also affixed to the red seal. The inner body transfer pouch has one small tear. A yellow Medical Examiner's identification bracelet surrounds the left ankle bearing the name "DOE, JANE" and the Medical Examiner's case number.

WITNESSES: Assisting with the autopsy is Forensic Autopsy Specialist Stephen Hannum. There are no outside observers.

CLOTHING AND PERSONAL EFFECTS: The following articles of clothing are on the body at autopsy.

1. Long blue jean pants, torn and partially burned.
2. Pair of black socks.
3. Black long-sleeved shirt, torn and partially burned (remnants of shirt are scattered on the left upper extremity).
4. Black bra.
5. Multicolored underpants.

In addition, the following items are on the body or in the pouch at autopsy:

1. Elastic braces surrounding right and left knee complexes.
2. Multiple metallic necklaces surrounding neck.
3. Metallic bracelet unattached in body transfer pouch.
4. Metallic bracelets surrounding right wrist.
5. Multiple metallic bracelets and black cloth bracelet surrounding left wrist.
6. Stud with clear stone and curved barbell-type jewelry through pierced umbilicus.
7. Metallic rings on multiple fingers of right and left hands.

At the time of the external examination, all jewelry is removed and processed according to Medical Examiner's protocol.

EVIDENCE OF MEDICAL INTERVENTION: There is no evidence of medical intervention identified at autopsy.

### **EXTERNAL EXAMINATION**

Injuries are fully described in the "Evidence of Injury" section below. The body is that of a well-developed, well-nourished female. The body weighs 142 pounds and is

approximately 60 inches in length. The body is charred but is otherwise well preserved, cold, and has not been embalmed.

The head is injured. The scalp hair is essentially nonexistent and has been burned off the scalp. There are 4 inch long remnants of hair on the posterior scalp. There is no obvious facial hair. The irides are brown. The corneas are opaque. The conjunctivae are congested but otherwise unremarkable. No petechial hemorrhages are seen. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The earlobes are pierced and contain no jewelry. The nasal skeleton and maxilla are palpably intact. The lips and oral mucous membranes are without injury. The oral cavity contains upper and lower dentures (lower dentures split in the midline presumably due to trauma). Examination of the neck reveals no focal injury.

The chest is symmetrical. The breasts are those of an adult female with no palpable masses. The abdomen is flat and soft. No surgical scars are seen. The back is symmetrical and focally injured.

The extremities are normally formed without edema or amputations (with exception of trauma). The fingernails and toenails are essentially intact and clean with exception of those that are charred.

The genitalia are those of an adult female.

SCARS AND OTHER IDENTIFYING MARKS: Scars are unable to be assessed due to charring.

TATTOOS: No tattoos are seen within the limitations of examination of a partially-charred body.

POSTMORTEM CHANGES: The body is cold. Rigor is mild to moderate in all extremities. Lividity is unfixed on the posterior surface of the body except in areas exposed to pressure.

### **EVIDENCE OF INJURY**

*All injuries are described based on standard anatomic position. The order of injuries does not correlate with severity.*

#### **BLUNT FORCE INJURIES OF HEAD AND NECK:**

There are multiple lacerations on the posterior aspect of the head and behind the left ear measuring up to 1 x 1/2 inch individually. A laceration extends from the bridge to

the tip of the nose. There is diffuse subarachnoid hemorrhage. There is intraventricular hemorrhage of the brain. There is a fracture/dislocation of the cervical spinal column between C5 and C6.

#### BLUNT FORCE INJURIES OF TORSO:

There is a gaping laceration of the left upper chest. There are multiple abrasions and contusions of the abdomen. There are multiple abrasions on the midline of the lower back. The sternum is fractured. The lateral aspects of the right and left 1st through 9th ribs are fractured. The posterolateral aspects of the left 5th through 8th ribs are fractured. There are 50 mL of blood in the right chest cavity and 200 mL of blood in the peritoneal cavity. There is diastasis of the symphysis pubis of the pelvis. There is a fracture of the right superior pubic ramus of the pelvis. There are multiple lacerations of the liver.

#### BLUNT FORCE INJURIES OF UPPER EXTREMITIES:

There is a gaping laceration of the right axilla. There is an open fracture of the right elbow complex.

#### BLUNT FORCE INJURIES OF LOWER EXTREMITIES:

There are multiple abrasions, contusions, and lacerations of the left lower extremity with a gaping laceration on the medial aspect of the proximal right thigh. There are multiple open comminuted fractures of the right tibia and fibula. There are open comminuted fractures of multiple bones of the right foot.

#### THERMAL INJURIES:

There is extensive charring of the body to include the anterior and posterior aspects of the head and neck, left upper back, left side of the chest extending to the left hip region, most of the right and left upper extremities, and the majority of the right and left lower extremities. There is skin slippage surrounding the left knee complex. There is no significant soot in the airways.

### **INTERNAL EXAMINATION**

ABDOMINAL WALL: The subcutaneous fat layer measures up to 4.0 cm thick.

BODY CAVITIES: See "Evidence of Injury." The left pleural and pericardial cavities contain normal amounts of serous fluid. All body cavities are without adhesions. All body organs are present in their normal anatomical position. The diaphragm is intact.

CARDIOVASCULAR SYSTEM: The 370 gram heart has a normal shape and is contained in an intact pericardial sac. The epicardial surface is smooth with minimal fat investment. The coronary arteries arise normally with widely patent ostia and are

present in a normal distribution, with a right-dominant pattern. Cross sections of the coronary arteries demonstrate wide patency but peripheral calcifications. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1.5 cm, 1.4 cm, and 0.3 cm thick, respectively. The endocardium of the heart is smooth and glistening. The aorta gives rise to three intact and patent arch vessels and contains focally severe atherosclerosis. The renal and mesenteric vessels are unremarkable. The pulmonary arteries are normally developed, patent and without thrombus or embolus.

RESPIRATORY SYSTEM: The upper airway is clear of debris and foreign material. The mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The right lung weighs 440 grams. The left lung weighs 280 grams. A small amount of anthracotic pigment is seen. No focal lesions are noted.

HEPATOBIILIARY SYSTEM: See "Evidence of Injury." Where uninjured, the 1650 gram liver has an intact smooth capsule covering a congested, tan-brown parenchyma with no focal nontraumatic lesions noted. The gallbladder contains approximately 25 mL of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent without evidence of calculi.

LYMPHORETICULAR SYSTEM: The 110 gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

GASTROINTESTINAL SYSTEM: The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 50 mL of brown opaque fluid. No pills, pill fragments, or capsules are present. The small bowel and colon are unremarkable. The pancreas has a normal pink-tan lobulated appearance. The appendix is grossly unremarkable.

GENITOURINARY SYSTEM: The right kidney weighs 110 grams; the left 120 grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The bladder contains no urine. The uterus, fallopian tubes, ovaries, cervix, and vaginal vault are without injury or other abnormalities. There is no gross evidence of pregnancy.

ENDOCRINE SYSTEM: The pituitary gland is grossly unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The left adrenal gland has an intact bright yellow cortex and red-brown medullae. Within the cortex of the right adrenal gland, there is a 1.5 cm in greatest dimension well-circumscribed homogenous yellow nodule. No areas of hemorrhage are identified in either adrenal gland.

NECK: The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa.

MUSCULOSKELETAL SYSTEM: See "Evidence of Injury." No nontraumatic abnormalities of bone or muscle are identified.

HEAD AND CENTRAL NERVOUS SYSTEM: See "Evidence of Injury." The scalp is atraumatic. The galeal, subgaleal soft tissues of the scalp, and temporal muscles are free of injury. There are no skull fractures. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres have an unremarkable pattern of gyri and sulci. The blood vessels at the base of the brain are without significant atherosclerosis. The brain weighs 1350 grams. Coronal sections through the cerebral hemispheres reveal no lesions. The ventricles of the brain are of normal size and contain bloody cerebrospinal fluid. Transverse sections through the brainstem, cerebellum, and upper spinal cord reveal no lesions. The tip of the tongue is protruding from the mouth and is partially-dried and charred but otherwise unremarkable.

### **SPECIMENS RETAINED**

TOXICOLOGY: The following specimens are submitted for toxicology: central and peripheral blood, vitreous humor, liver, and gastric contents.

HISTOLOGY: Portions of tissues and major organs are retained in formalin. No tissues are submitted for microscopic examination.

PHOTOGRAPHS: Digital identification photographs and overall photographs are taken.

RADIOGRAPHS: Full-body radiographs are taken.

RS:cmh

D: 6/5/21 T: 10/5/21

Rev. 11//21 cmh





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## TOXICOLOGY REPORT

Name: **DANIELS, Sandra**  
Medical Examiner Number: **2021-01861**  
Date of Death: **06/04/2021**  
Time of Death: **10:22**  
Pathologist: **Robert Stabley, M.D.**  
Specimens Received: **Central Blood, Gastric, Liver, Peripheral Blood 1, Peripheral Blood 2, Vitreous**  
Date Specimens Received: **06/07/2021**

<u>Test Name (Method of Analysis)</u>	<u>Specimen Tested</u>	<u>Result</u>
<u>Alcohol Analysis (GC/FID-Headspace)</u>	Peripheral Blood 2	
Alcohol (Ethanol)		Not Detected
Acetone, Isopropanol, Methanol		Not Detected
<u>Drugs of Abuse Screen (ELISA)</u>	Central Blood	
Amphetamines		Not Detected
<b>Benzodiazepines</b>		<b>Presumptive Positive</b>
Buprenorphine		Not Detected
Cannabinoids		Not Detected
Carisoprodol		Not Detected
Cocaine metabolites		Not Detected
Fentanyl		Not Detected
Methadone		Not Detected
Opiates		Not Detected
Oxycodone		Not Detected
Phencyclidine (PCP)		Not Detected
Zolpidem		Not Detected
<u>Carboxyhemoglobin (Spectrophotometry)</u>	Central Blood	Not Detected
<u>Benzodiazepines (HPLC/DAD)</u>	Peripheral Blood 1	
<b>Diazepam</b>		<b>0.05 mg/L</b>
<b>Nordiazepam</b>		<b>0.11 mg/L</b>
<b>Oxazepam</b>		<b>Detected (&lt;0.05 mg/L)</b>
<u>Vitreous Chem Panel (Cobas c111)</u>	Vitreous	
<b>Chloride</b>		<b>112 mmol/L</b>
<b>Creatinine</b>		<b>0.8 mg/dL</b>
<b>Glucose</b>		<b>159 mg/dL</b>
<b>Potassium</b>		<b>14.1 mmol/L</b>
<b>Sodium</b>		<b>136 mmol/L</b>
<b>VUN</b>		<b>33 mg/dL</b>

Unless otherwise requested, all specimens will be destroyed six (6) months after the closure of the case by the Medical Examiner  
End Results

Approved and Signed: \_\_\_\_\_  
07/19/2021 Ray Gary  
Toxicologist III