

**BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER**

OFFICE USE ONLY

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Oklahoma City, Oklahoma 73117
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Eastern Division
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Tulsa, Oklahoma 74107
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Re _____ Co _____

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.

By _____

Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials) JAMIE ROSE BOLIN	Age 10	Birth Date 08/07/1995	Race WHITE	Sex F
---	-----------	--------------------------	---------------	----------

HOME ADDRESS - No. - Street, City, State
1000 N. 8TH STREET, APT. #213, PURCELL, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) ROBERT LEE - OSBI	DATE 04/14/2006	TIME 19:34
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INJURED OR BECAME ILL AT (ADDRESS) 1000 N. 8TH STREET, APT. #115	CITY PURCELL	COUNTY MCCLAIN	TYPE OF PREMISES RESIDENCE	DATE 04/12/2006	TIME Unknown
LOCATION OF DEATH 1000 N. 8TH STREET, APT. #115	CITY PURCELL	COUNTY MCCLAIN	TYPE OF PREMISES RESIDENCE	DATE 04/14/2006 FOUND	TIME 16:50 FOUND
BODY VIEWED BY MEDICAL EXAMINER 901 N. STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 04/15/2006	TIME 08:15

IF MOTOR VEHICLE ACCIDENT: DRIVER PASSENGER PEDESTRIAN

TYPE OF VEHICLE: AUTOMOBILE LIGHT TRUCK HEAVY TRUCK BICYCLE MOTORCYCLE OTHER: _____

DESCRIPTION OF BODY	RIGOR	LIVOR	EXTERNAL OBSERVATION		NOSE	MOUTH	EARS
					BLOOD	OTHER	
EXTERNAL PHYSICAL EXAMINATION	Jaw <input type="checkbox"/> Complete <input type="checkbox"/> Neck <input type="checkbox"/> Absent <input type="checkbox"/> Arms <input type="checkbox"/> Passing <input type="checkbox"/> Legs <input type="checkbox"/> Passed <input type="checkbox"/> Decomposed <input type="checkbox"/>	Color _____ Lateral <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior <input type="checkbox"/> Regional _____	Beard _____ Hair _____ Eyes: Color _____ Mustache _____ Opacities _____ Pupils: R _____ L _____ Body Length _____ Body Weight _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Significant observations and injury documentations - (Please use space below)
SEE AUTOPSY PROTOCOL

Probable Cause of Death:

ASPHYXIA

Other Significant Medical Conditions:

Manner of Death:

Natural Accident
Suicide Homicide
Unknown Pending

Case disposition:

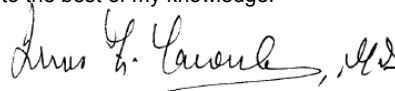
Autopsy Yes No
Authorized by MEDICAL EXAMINER
Pathologist INAS YACOUB M.D.
Not a medical examiner case

MEDICAL EXAMINER:

Name, Address and Telephone No.

INAS YACOUB M.D.
901 N. STONEWALL
OKLAHOMA CITY, OK 73117

I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.



Signature of Medical Examiner

INAS YACOUB M.D.

04/15/2006

Date

Computer generated report

0600829



Board of Medicolegal Investigations
Office of the Chief Medical Examiner
901 N. Stonewall
Oklahoma City, Oklahoma 73117
(405) 239-7141 Voice
(405) 239-2430 Fax

CERTIFICATION
I hereby certify that this document is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.
By _____
Date _____

REPORT OF AUTOPSY

Decedent JAMIE ROSE BOLIN	Age 10	Birth Date 8/7/1995	Race WH	Sex F	Autopsy No 326-06	Case No 0600829
Type of Death Violent, unusual or unnatural	Means ASSAULT	ID By TOE TAG	Authority for Autopsy INAS YACOUB, M.D.			
Present at Autopsy PATRICK MARCOTTE / KEVIN ROWLAND						

PATHOLOGICAL DIAGNOSES

- I. Asphyxia evident by multiple petechiae on the face, petechiae in the eyes and curvilinear abrasions on the nose associated with brain swelling
- II. Blunt force trauma to the top of the head, right upper aspect of the back, right arm, front of the right thigh, left thigh and left ankle, patterned appearing contusion on the left upper aspect of the chest
- III. 12 cm horizontally oriented incised wound to the front and sides of the neck with resultant incision of the skin, subcutaneous tissue, muscles, jugular veins, carotid arteries, vagus nerves, trachea, thyroid gland and esophagus; the wound extends to the front aspect of the lower cervical vertebrae (C5-C6) with no bleeding in the airways, aspirated food present in the airway, apparent air embolism in the brain
- IV. 1.2 cm and 0.3 cm tears in the posterior aspect of the vagina / vestibular fossa associated with 0.3 cm area of apparent hemorrhage / contusion on the cervix at the 9 o'clock location
- V. Early decomposition change
- VI. Generalized organ pallor

Continued on Pathological Diagnoses Page 2

CAUSE OF DEATH:

ASPHYXIA

The facts stated herein are true and correct to the best of my knowledge and belief.

OCME Central Division

4/15/2006 8:15 AM

INAS YACOUB, M.D.

Pathologist

Location of Autopsy

Date and Time of Autopsy

PATHOLOGICAL DIAGNOSES
(Continued)

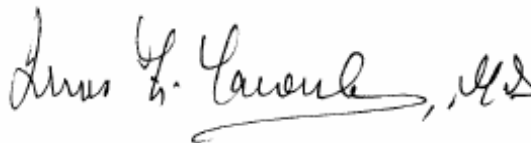
AUTOPSY NO. ML 326-06

CASE NO. 0600829

VII. The body is covered by clear plastic, and a black plastic bag over the head / upper body and another black plastic bag over the lower extremities and placed over a pink towel in a gray tub covered by a lid with a piece of duct tape on each of the short sides of the tub

VIII. Atrophy of the left lobe of the liver, left kidney and left adrenal gland, incidental, old

Comment: This 10 year old was reported missing on Wednesday, April 12th, 2006. On Friday, April 14th, 2006 she was found dead in a closet in her neighbor's residence. She was found there nude, wrapped in plastic, placed in a storage tub that had duct tape on its lid. A complete autopsy was performed and revealed the above findings. Microscopic sections confirmed the recent contusions on the right side of the scalp, left side of the scalp, recent contusion in the right thigh, left thigh, left ankle and right side of the back. The injury to the genital area was associated with recent hemorrhage, but no inflammatory reaction. The injury to the genital area grossly and microscopically is due to blunt force trauma, but the postmortem changes render its interpretation as a premortem versus a postmortem injury difficult. Autolysis / early decomposition change was noted microscopically. No sperm is seen in the slides prepared from the oral, vaginal or rectal swabs. Toxicology revealed 0.03% w/v ethyl alcohol in her cavity blood. No ethyl alcohol was detected in her vitreous. It is my opinion that the probable cause of death is asphyxia. The manner of death is homicide.



May 23, 2006
IZY/ns

INAS YACOUB, M.D.

EXTERNAL EXAMINATION

AUTOPSY NO. ML 326-06

CASE NO. 0600829

DESCRIPTION								
Height	Weight	Eyes	Pupils	Opacities, Etc.	Hair	Beard	Mustache	Circumcised
55 in.	46 kg.	BLUE	R 4 mm L 4 mm		RED			
RIGOR (jaw, neck, back, legs, arm, chest, abd., complete)				LIVOR (color, anterior, posterior, lateral, regional)			Body Heat	
PASSING				POSTERIOR, LEFT			COOL	

DESCRIPTION OF CLOTHING:

The decedent is received unclothed, however the body was covered with clear plastic and a black plastic garbage-like bag was on the head and upper aspect of the body and another similar appearing black garbage-like plastic bag is on the lower part of the body. The body is lying on a pink towel and is in a gray tub. Gray duct tape is on the upper short sides of the lid. The body was received in an evidence sealed black body bag.

EXTERNAL EXAMINATION:

The body is that of a well developed female child who appears consistent with the reported age of 10 years. Examination of the decedent's head reveals multiple petechiae on the face and in the eyes. No blood is observed in the nose, mouth or ear canals. Examination of the nose reveals several curvilinear abrasions that appear red and appear consistent with fingernail marks. They range from less than 0.2 cm to up to 0.4 cm. The location and appearance of these injuries are documented by diagrams and photographs. Examination of the mouth reveals natural teeth, intact frenula, and no injury to the lips or gums. Apparent stomach contents are noted in the mouth. Examination of the ears reveals apparent ear pierce sites in each ear lobe. Examination of the head does not otherwise reveal remarkable findings externally.

Examination of the neck reveals a 12 cm horizontally incised wound on the front and sides of the neck. This wound is located 5 cm below the left ear lobe and approximately 6 cm below the right ear lobe. It involves the front and sides of the neck and has at least three small cuts on the right side of its lower edge. This incised wound has cut through the skin, subcutaneous tissue, muscles of the front and sides of the neck, the jugular veins, the carotid arteries, the vagus nerves, the trachea, the thyroid gland, and the esophagus, and reached the anterior aspect of the lower cervical vertebrae (C5-C6). This wound was not associated with bleeding inside the airways, however it was associated with air emboli in the brain. Examination of the neck does not otherwise reveal remarkable findings.

Examination of the chest and abdomen reveals a patterned contusion measuring 4.5 x 3 cm on the left upper aspect of the chest. Examination of the genitalia reveals a 1.2 cm tear in the posterior aspect of the vestibular fossa / vagina, at approximately 5 to 6 o'clock location, and a 0.3 cm tear at the 7 o'clock location.

Examination of the lower extremities reveals a 2.5 x 1 cm poorly demarcated area of contusion on the lower outer aspect of the left thigh, a 2 x 3 cm area of contusion on the lower outer aspect of the left leg, a 1 x 0.5 cm oval shaped non-contused area on the outer aspect of the left ankle and a pale green area of discoloration on the top of the left ankle. A 2 x 2 cm poorly demarcated area of contusion is observed on the upper aspect of the right thigh.

Continued on External Exam Page 2

Examination of the upper extremities reveals a 5 mm area of blue contusion on the right arm. The fingernails appear to have been previously polished by a golden colored nail polish that is peeling. No broken fingernails are seen.

Examination of the back reveals a 3 x 1.5 cm area of contusion on the right upper aspect of the back.

GROSS EXAMINATION

AUTOPSY NO. ML 326-06

CASE NO. 0600829

The body is examined through the customary "Y" shaped incision. No contusions are observed in the skin and panniculus of the anterior and lateral aspect of the chest and abdomen. The 4 cm subcutaneous fat is normally distributed, moist, and cream yellow. The musculature through the chest and abdomen is rubbery, pink-brown, and is grossly unremarkable. The sternum is examined in the usual fashion. The organs of the chest and abdomen appear pale and are in the normal position and relationship. The liver edge extends 2 cm below the right costal margin at the midclavicular line. The diaphragm is intact bilaterally. The lining of the pericardium, parietal pleura, and peritoneum is smooth and glistening. No adhesions or abnormal accumulations of fluid are noted in the pericardial, pleural or peritoneal cavities.

NECK ORGANS:

The incised wound across the lower aspect of the front and sides of the neck have been previously described. The skin and the panniculus of the anterior and lateral aspects of the neck are examined after the heart is grossly examined. No contusions of these areas are noted. The pink-brown rubbery muscles of the anterior and lateral aspects of the neck are examined. No contusions are observed in these muscles. The neck structures have been previously described and are otherwise unremarkable. The tongue is intact, normally papillated, and without evidence of tumor or contusion or bite marks. The hyoid bone is fractured on the right side however this is not associated with recent hemorrhage and is interrupted as a postmortem fracture. The cricoid and thyroid cartilages are intact and without abnormality. The epiglottis is plate-like with no evidence of edema, trauma, or other gross pathology. The 12 gm thyroid gland is pink-brown and has been transected by the incised wound of the neck. It is otherwise symmetrical and has no other gross lesions. The vocal cords, folds, and respiratory lining in the larynx are unremarkable except for the presence of aspirated food material. No other material is observed in the airways. Notably, no blood is observed in the airways. There are no petechiae of the epiglottis, laryngeal mucosa, or thyroid capsule.

THYMUS:

Weights 46 gm. It is dusky pink and has a few petechiae.

CARDIOVASCULAR SYSTEM:

The heart weighs 179 gm. The epicardial surfaces are smooth and glistening. The heart has the normal configuration and location. The coronary vessels arise and distribute normally. The coronary ostia are normally located and widely patent. The chambers and atrial appendages are unremarkable. The valves are normally formed and measure as follows: tricuspid = 8.0 cm, pulmonary = 6.0 cm, mitral = 8.0 cm, and aortic = 5.0 cm. The endocardium is smooth, gray and glistening. The myocardium is maroon with no areas of hemorrhage, masses or discoloration. The right ventricle measures 0.5 cm; the left ventricle measures 1.5 cm; the interventricular septum measures 1.5 cm. The papillary muscles and chordae tendineae are intact and unremarkable. The major vessels arising from the heart arise in the usual fashion. No thromboemboli are observed in the main pulmonary artery. The major vessels arising from the aorta arise in the usual fashion and their orifices are not narrowed. The aorta (arch, thoracic and abdominal) is unremarkable except for the previously described incised wound of the neck that has completely transected both right and left carotid arteries. The inferior vena cava is unremarkable.

PULMONARY SYSTEM:

The right lung weighs 163 gm, and the left weighs 197 gm. The visceral pleurae are smooth, glistening, and intact with a few petechiae and no anthracosis or bleb formation. A 2.5 x 1.5 x 1 cm area of contusion is observed on the upper posterior aspect of the lower lobe of the right lung deep to the previously described 3 x 1.5 cm area of contusion on the right side of the back. The trachea, bronchi and bronchioles have a dusky pink lining that appears smooth and has aspirated food material, but otherwise no gross lesions. The pulmonary arterial tree is free of emboli or thrombi. The parenchyma is uniformly spongy, pale pink, except for the area of contusion previously described, and is otherwise unremarkable. There is no other evidence of trauma, granulomatous, or neoplastic disease. The hilar lymph nodes are unremarkable in size, color, and consistency.

GASTROINTESTINAL SYSTEM:

The esophagus has been completely transected at the area of the incised wound to the neck, as previously described. The esophagus has an otherwise smooth mucosa and no other gross lesions. The gastroesophageal junction is unremarkable. The stomach is of normal configuration, is lined by an intact mucosa, has an unremarkable wall and serosa, and contains approximately 180 cc of light brown to cream colored viscid fluid that has some granular material and apparent cream colored food like potatoes, and green food that appears like pickles. The duodenum is patent, shows an unremarkable mucosa and no evidence of acute or chronic ulceration. The jejunum and ileum are unremarkable and contain green-brown fecal material. There is no Meckel's diverticulum. The ileocecal valve is intact and unremarkable. The appendix is unremarkable. The colon is examined segmentally and shows no evidence of diverticulitis, neoplasm or trauma. The large intestine contains green-brown semi-formed stools. The anus and rectum are unremarkable.

LIVER AND GALLBLADDER:

The 830 gm liver has an intact capsule and a pale pink-brown parenchyma with no gross lesions except for apparent atrophy of the left lobe of the liver. This is associated with atrophy of the left adrenal gland and left kidney, to be described. The gallbladder has a smooth serosa, velvet green mucosa and no stones or gross lesions.

SPLEEN AND LYMPH NODES:

The 126 gm spleen has an intact capsule and a dark red soft parenchyma with otherwise no gross lesions. The lymph nodes do not appear enlarged.

PANCREAS:

The 58 gm pancreas has a lobulated tan-pink parenchyma with no gross lesions except for decomposition change. No areas of hemorrhage, masses or obstruction to the pancreatic duct are noted.

ADRENAL GLANDS:

The left adrenal gland appears markedly atrophic with only remnants of the yellow cortex seen. The right adrenal gland weighs 8 gm and has a yellow cortex and tan to gray medulla with no gross lesions.

GENITOURINARY SYSTEM:

The right and the left kidney weigh 93 gm and 7 gm, respectively. The left kidney appears markedly atrophic and measures 4.3 x 2.5 x 0.7 cm. The right kidney has a 3 x 2.5 cm area of scarring on the lower front aspect. The cortices, medulla, calyces, pelves, ureters and empty urinary bladder are otherwise unremarkable. The ovaries, fallopian tubes, uterus, cervix and vagina are otherwise unremarkable, except

for the presence of an apparent area of contusion on the left side of the cervix at the 9 o'clock location and the previously described tears in the vagina / vestibular fossa at 5 to 6 o'clock and 7 o'clock. The endometrium is red-brown.

BRAIN AND MENINGES:

The scalp is reflected through the customary intermastoid incision and shows an area of recent contusion on the right top aspect of the head measuring 4.5 x 4.5 cm and adjacent area of recent contusion measuring 3 x 4 cm on the left upper aspect of the scalp. These areas are associated with poorly demarcated overlying contusion on the scalp itself. These areas are not associated with skull fractures or bleeding inside the cranial cavity. The calvarium is removed through the use of an oscillating saw and is intact without evidence of fractures or osseous disease. No areas of epidural or subdural hemorrhage are present. The leptomeninges are smooth and glistening. The brain weighs 1350 gm. The gyri appear markedly swollen and there is a tendency toward obliteration of the sulci. The brain appears dusky, swollen and soft. Apparent air embolism is noted in the cerebral vessels. The cranial nerves and circle of Willis are otherwise unremarkable. Multiple sections of the cerebral hemispheres, midbrain, pons, medulla, and cerebellum do not otherwise reveal remarkable findings. The ventricular system is symmetric and unremarkable. The dura is examined. No base of the skull fractures is present.

RIBS:

Intact.

PELVIS:

Intact.

VERTEBRAE:

Apart from the incised wound, previously described, the vertebrae are otherwise unremarkable.

BONE MARROW:

Moist and dark red. Unremarkable.

MICROSCOPIC EXAMINATION

AUTOPSY NO. ML 326-06

CASE NO. 0600829

Microscopic sections of multiple organs like the pancreas, kidney, spleen, liver, and thyroid gland show autolysis / early decomposition change evident by cellular damage and the presence of microorganisms in some tissues like the heart. These are not associated with an inflammatory reaction.

Edema is noted in the lung sections.

The thymus section shows an indistinct cortical medullary junction.

No acute inflammation is noted in the brain, meninges, heart or lungs.

The section obtained from the tear in the vulva / vagina (A) shows mucosal tear with recent hemorrhage and no apparent inflammatory reaction. The section obtained from the red area in the cervix at 9 o'clock also shows an area of recent contusion.

The microscopic section (B) from the right scalp contusion shows recent hemorrhage in the soft tissue.

The microscopic section (C) from the left scalp contusion shows recent hemorrhage in the soft tissue.

Section from the right thigh contusion (D) shows recent hemorrhage in the soft tissue.

The section from the left thigh contusion (E) shows a recent hemorrhage in the soft tissue.

The section from the left ankle contusion (F) shows recent hemorrhage in the soft tissue.

The section from the right back contusion (G) shows recent hemorrhage in the soft tissue.

No sperm is seen in the slides prepared from the oral, vaginal or rectal swabs.



May 23, 2006
IZY/ns

INAS YACOUB, M.D.

**BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER**

901 N.Stonewall
Oklahoma City, Oklahoma 73117

REPORT OF LABORATORY ANALYSIS

OFFICE USE ONLY

Re. _____ Co. _____

I hereby certify that this is a true
and correct copy of the original
document. Valid only when copy
bear im-print by the office seal.

By _____

Date _____

ME CASE NUMBER: 0600829

LABORATORY NUMBER: 061224

DECEDENT'S NAME: JAMIE ROSE BOLIN

DATE RECEIVED: 04/17/2006

MATERIAL SUBMITTED BLOOD, VITREOUS, LIVER, BRAIN

HOLD STATUS: 5 YEARS

SUBMITTED BY: INAS YACOUB M.D.

MEDICAL EXAMINER: INAS YACOUB M.D.

NOTES:

ETHYL ALCOHOL:

Blood: 0.03% W/V (CAVITY)

Vitreous: NEGATIVE

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

NO OTHER TESTS PERFORMED

RESULTS:

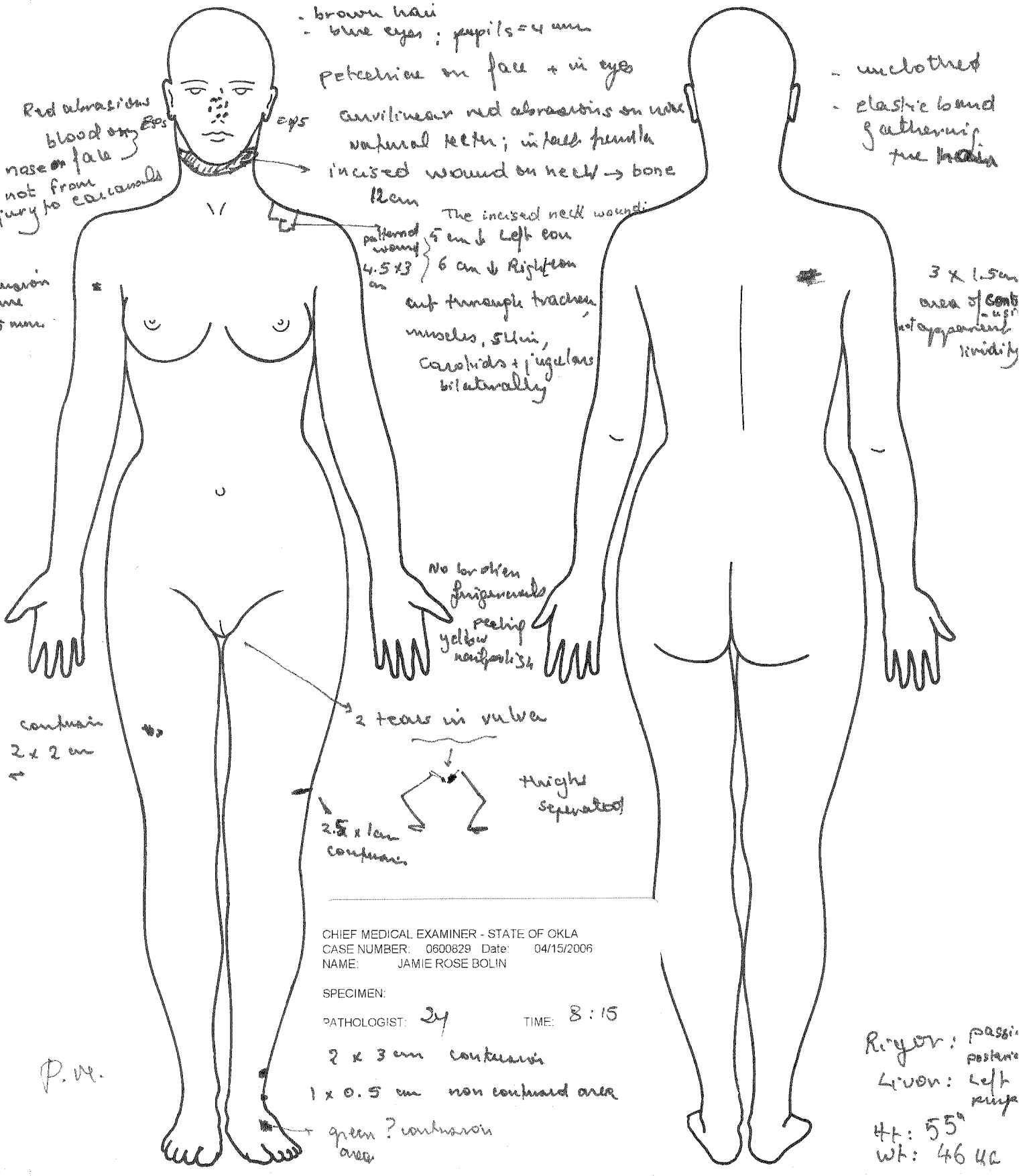
05/03/2006

DATE



BYRON CURTIS, Ph.D., Deputy Chief Forensic Toxicologist

FULL BODY, FEMALE - ANTERIOR AND POSTERIOR VIEWS



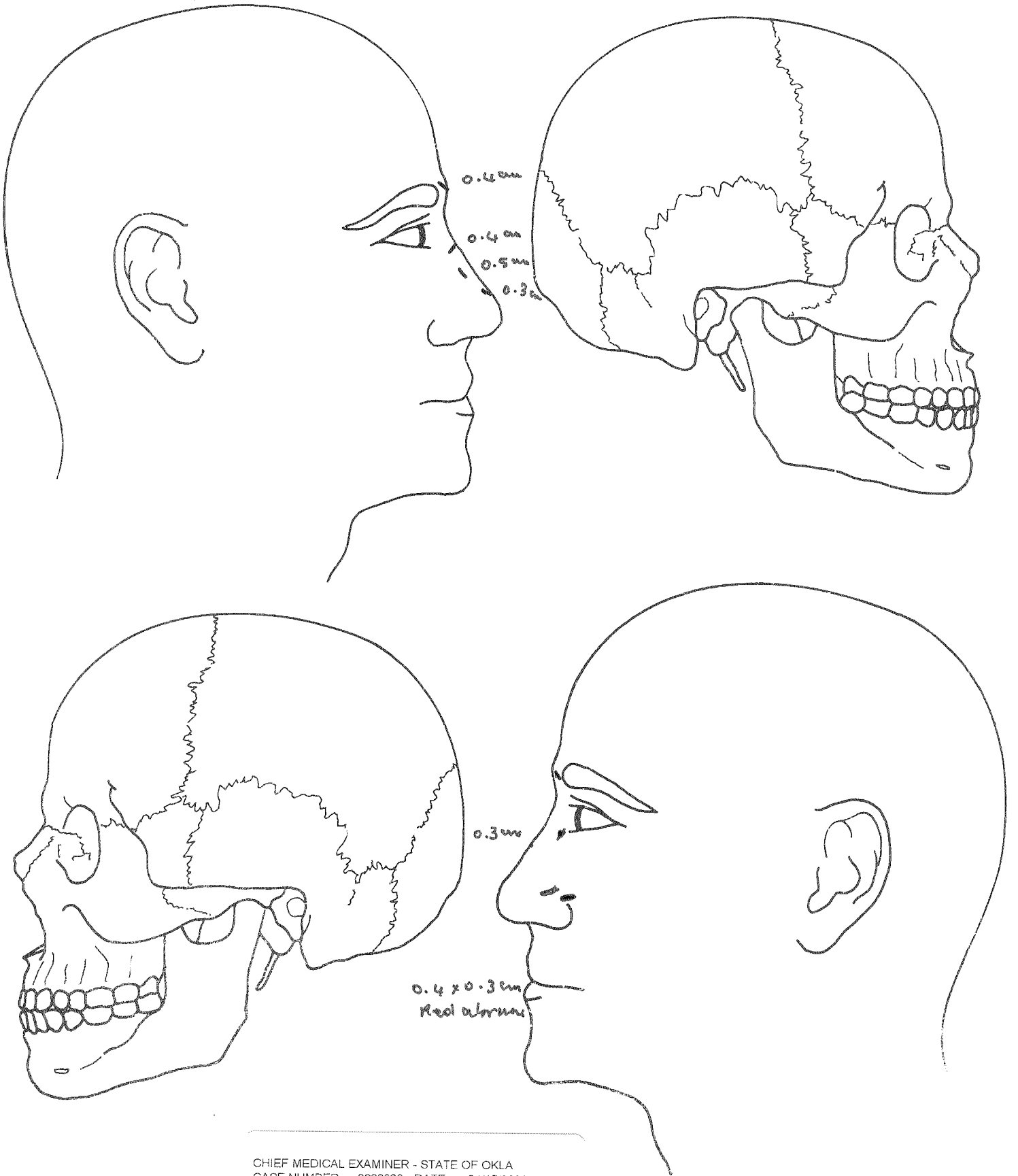
CHIEF MEDICAL EXAMINER - STATE OF OKLA
 CASE NUMBER: 0600829 Date: 04/15/2006
 NAME: JAMIE ROSE BOLIN

SPECIMEN:
 PATHOLOGIST: JY TIME: 8:15
 2 x 3 cm contusion
 1 x 0.5 cm non contused area
 green? contusion
 area

Rigor: passive
 postone
 Livor: left
 ridge
 Ht: 55"
 Wt: 46 kg

Name Jamie Rose Bolin Case No. 0600829 - 326-06
 Date 4/15/06

HEAD – SURFACE AND SKELETAL ANATOMY, LATERAL VIEW

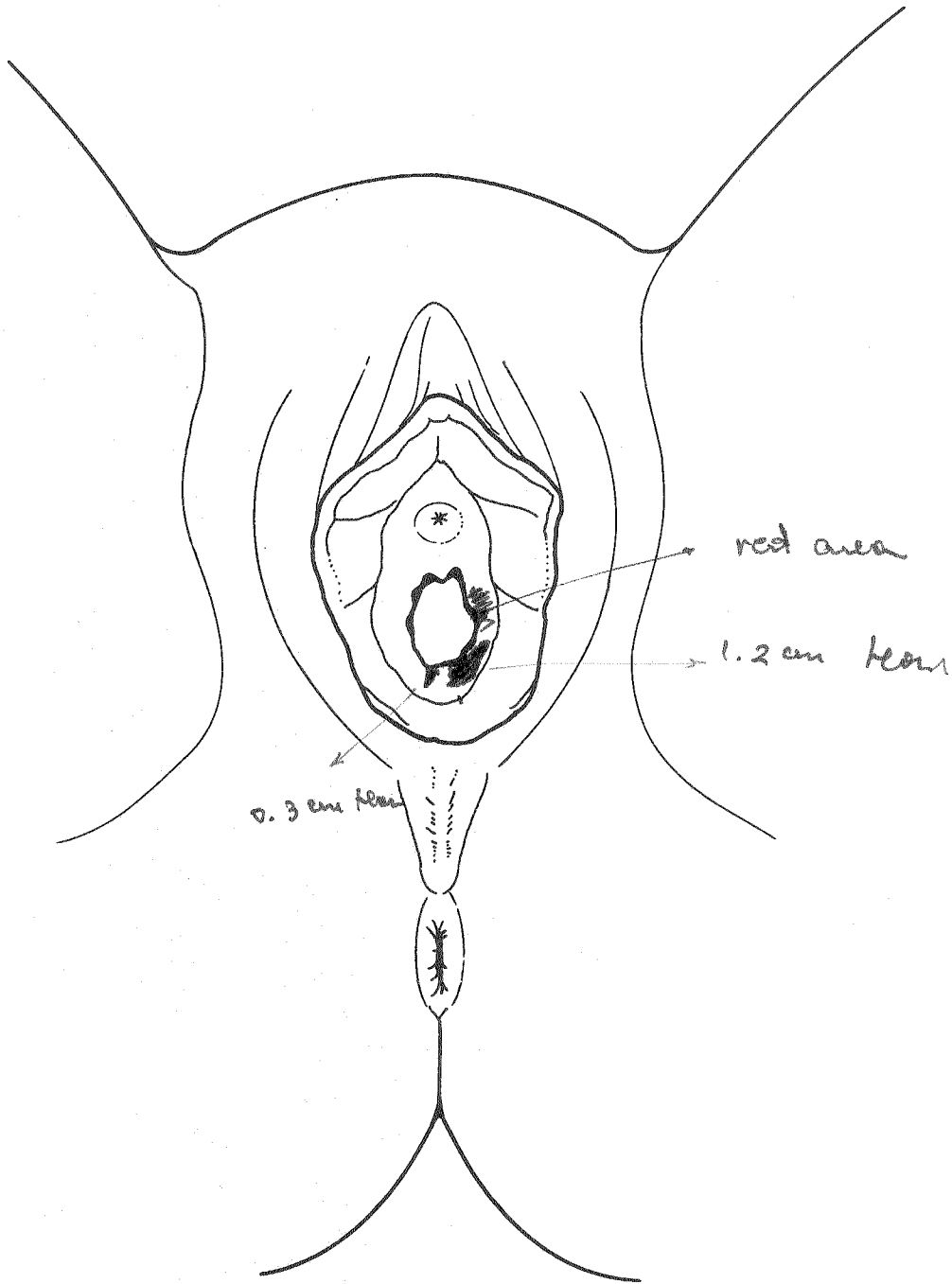


CHIEF MEDICAL EXAMINER - STATE OF OKLA
CASE NUMBER: 0600829 DATE: 04/15/2008
NAME: JAMIE ROSE BOLIN

SPECIMEN:

Name _____ PATHOLOGIST: 27 TIME: 8:15 Case No. _____

PERINEUM - FEMALE



CHIEF MEDICAL EXAMINER - STATE OF OKLA
CASE NUMBER: 0600829 DATE: 04/15/2006
NAME: JAMIE ROSE BOLIN

SPECIMEN:

PATHOLOGIST: *WJ* TIME: 8:15

Name _____ Case No. _____

CME-1B4 (Series 1978) Date _____