

01:AU000104

DECEDENT'S NAME: COPE, AMANDA R

AGE: 12 Year Old White Female

AUTOPSY AUTHORIZED BY: Doug McKown, York County Coroner

DATE AND TIME OF DEATH: 11/29/01, Early Morning Hours, Approximately 0200-0400

DATE AND TIME OF AUTOPSY: 11/29/01, 1400

PROSECTOR: James L. Maynard, MD

ASSISTANT: Doug McKown, YCC

PERSON(S) PRESENT: Mike Williams, Todd Garner, Charlene Blackwelder, RHPD

CLINICAL SUMMARY

The decedent was found dead in her bed at home by her father at approximately 0600. He allegedly stated that he found the fringe of a blanket wrapped around her neck five times.

Allegedly, the girl and her two siblings had gone to bed at approximately 0130 after staying up doing homework. The mother was not at home as she was working third shift and would not arrive until 0700.

The prosector was requested and went to the scene. The scene revealed a very filthy house in marked disarray. Furniture and clothing were scattered everywhere. The rooms were packed with different items. The decedent was found somewhat diagonal in her bed. There was a blanket and a bedspread underneath her. She was not covered by any sheets or blankets. In the bed with her were several different items of clothing which were not of her size. There were homework papers underneath her body. Books were beside her right side and adjacent to her left shoulder. Also underneath the body was a metal stapler and a large metal collapsable rack that holds music. She was lying on her bed when seen. Allegedly, the father had found her facedown and had rolled her over. The bed frame support at one end was broken. Numerous roaches, bugs, and apparent lice were noted in the house. Three cats were present in the house.

Examination of the decedent at the scene at 0830 revealed 1-2+ rigor mortis. There was 1+ facial livor mortis and 1-2+ left sided livor mortis.

The body and clothing were examined by ultraviolet light at the scene and again at Piedmont Medical Center.

The body along with the clothing and bed clothing were sealed and transported to Piedmont Medical Center.

EXTERNAL EXAMINATION

The decedent is a moderately obese young girl appearing her stated age. The decedent measures 63 inches in length and weighs approximately 160-170 pounds. The decedent has medium length brown hair. There is a rubber band around some of the hair forming a

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COPE, AMANDA R**EXTERNAL EXAMINATION**

(Continued)

partial ponytail. Several rings and a watch are on the body. No jewelry is about the neck.

Examination of the head hair reveals lice to be present.

EXAMINATION OF CLOTHING: The decedent is dressed in a blouse, bra, long gym or warm-up pants, and underwear. The left breast was noted to be exposed and uncovered at the scene. The right breast was covered. The bra was not hooked but laid loosely over the breast. The bra was above the left breast. The straps were on the shoulders. The hook from the left side was between the left arm and the body. The left arm was extended outward somewhat. There were areas of fluid noted over the front of the blouse and over the left shoulder. These fluoresced prominently. Examination of the pants revealed fluid over the left groin area. This also fluoresced prominently. The pants were partially up. The back of the pants was up further than the front. The front just covered the pubic hair. The pants were rolled inward. This was noted on both the underwear and the pants. The back was not rolled. There were scattered hairs present on both the blouse and pants. These were removed and retained. There was also a hair present over the left flank. This was retained in addition.

DESCRIPTION OF INJURIES**DESCRIPTION OF EXTERNAL INJURIES:**

Examination of the scalp does not reveal any contusions or abrasions. Examination of the face reveals early bruising beneath the eye and extending onto the right cheek. There is an additional faint area of bruising over the left face and cheek. Examination of the eyes reveals large areas of scleral hemorrhage up to 0.5 cm. in size. The pupils are fixed and dilated. Examination of the nose reveals foamy material exuding. Examination of the mouth reveals edema and contusions along with hemorrhage of the upper and lower lips. This is most prominent on the lower lip. On the outer aspect of the lower lip is a 0.3 cm. mark suggestive of a bite mark. This did not penetrate the skin. Examination of the inner lip reveals a 1 cm. laceration of the inner mid lip. There are additional lacerations over the corners of the lips on the lower aspect. Examination of the remainder of the buccal mucosa reveals areas of hemorrhage extending prominently up the right side, both on the maxillary and mandibular portions. It was also on the left side in addition. The tip of the tongue appears unremarkable. No fractures of the teeth are identified. Manipulation of the bones of the face and of the mandible do not reveal any fractures. Examination of the neck reveals multiple petechiae predominantly over the left side. These are in a V shaped fashion extending from the midline of the neck superiorly toward the angle of the jaw and inferiorly toward the left clavicle. The spread is 3-4 inches and the distance is approximately 4 inches. There are a few small petechiae noted over the right mid neck. Also on the right mid

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DESCRIPTION OF INJURIES

(Continued)

neck in the mid portion beneath the mandible is a round to oval 1 cm. hemorrhagic area. No abrasion of the skin is identified. Examination of the back of the neck does not reveal any ligature marks. No evidence of abrasions are noted on the neck. Examination of the chest reveals a small left breast. The right breast is approximately twice the size of the left breast. There is a 1 cm. possible hemorrhagic area lateral to the right nipple. Wipes for DNA testing were obtained. Incising this does reveal hyperemia or possible hemorrhage beneath it. The abdomen is unremarkable. Examination of the flanks reveal an area of discoloration over the right lateral flank and also over the left lateral flank. These are ill defined areas in the mid portion. In addition, examination under fluorescent light reveals a 5 x 3 cm. area of fluorescence over the right lateral flank approximately rib 8 thru rib 11. This area wipes off with a swab. This is retained. Examination of the upper extremities reveal an abraded contused area 1.5 cm. in size over the top of the left shoulder. Incising this reveals a 5 cm. area of deep hemorrhage. This extends to the underlying bone. Examination of the upper extremities at the time of the autopsy does not reveal any contusions, abrasions, or lacerations. No asymmetry is identified. Examination of the hands reveals a very short partially polished nails. These are scraped and clipped. Examination of the lower extremities reveals a soft clear substance over the left upper inner thigh that appears to be coming from the vaginal area. Portions of this material are obtained. The thighs have focal small areas of fluorescence. There is a small area of horizontal bruising above the left knee. Examination of the back is unremarkable.

Examination of the left lateral thigh reveals irregular areas of contusion, abrasion, and hemorrhage. Some of these reveal distinct patterns. There are two square-shaped patterns on the upper portion approximately level with the inferior buttock crease. Each of these is 2 x 2 cm. In addition there are linear contusions and abrasions beneath these for an additional 8 cm. These appear to be consistent with the stapler and metal music holder found in the bed. Examination of the pants after finding these, do not reveal any tears or separations of the fabric.

Examination of the perineum reveals a menstrual pad to be in place. There is a small amount of blood present. No straps are with the pad. The pad is rolled rather than being flat. There is prominent hyperemia or hemorrhage of the left labia minora. There is also some hyperemia present on the right side. Examination of the anal area reveals apparent hemorrhage and a possible tear. (See further examination).

The decedent was re-examined one and two days after the autopsy. There was more prominence of the bruising on the face. There was a bruise noted below and slightly posterior to the left ear approximately 2 inches in size. The left elbow also had a small area

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COPE, AMANDA F**DESCRIPTION OF INJURIES**

(Continued)

of bruising. There was an additional area of bruising in the lower upper inner arm just above the elbow. This was approximately 1 inch in size.

INTERNAL EXAMINATION

The body is opened with a Y-shaped thoracoabdominal incision.

SEROUS CAVITIES: Right and left pleural cavities are unremarkable. Pericardial cavity is unremarkable. The peritoneal cavity contains extensive hemorrhage in the soft tissue of the pelvis of the right lateral wall and focally the left lateral wall. Extensive hemorrhage is beneath the symphysis pubis.

HEART: The heart weighs 300 gms., has a smooth epicardial surface. The cut surface reveals an unremarkable myocardium and endocardium. The valves are unremarkable. The coronary arteries are free of atherosclerosis.

LUNGS: The right lung weighs 400 gms; the left lung 410 gms. The surfaces are congested. The cut surface reveals marked edema fluid. Frothy fluid is in the bronchi. The pulmonary vessels are not remarkable. The hilar nodes are unremarkable.

GREAT VESSELS: The aorta and venae cavae are unremarkable.

LIVER: The liver weighs 1900 gms. and is congested. The cut surfaces are unremarkable. The gallbladder is present and is unremarkable. The biliary tree is patent.

PANCREAS: Focal hemorrhage is in the soft tissue just inferior to the mid portion of the pancreas. The pancreas is otherwise unremarkable.

SPLEEN: The spleen weighs 210 gms. and has focal subcapsular hemorrhage.

GASTROINTESTINAL TRACT: The pharynx and esophagus are unremarkable. The stomach contains approximately 100 cc. of partially digested food. Rice, peas, carrots, and other material are present. Examination of the duodenum reveals a mesenteric tear in the second portion of the duodenum. Some hemorrhage is present. Hemorrhage is also on the serosa of the duodenum in this area. The third portion of the duodenum is unremarkable. The remainder of the small intestine is unremarkable except for a 5 cm. Meckel's diverticulum in the mid portion. Examination of the cecum reveals transmural hemorrhage. There is prominent serosal hemorrhage along with transmural hemorrhage present. No evidence of ulceration of the mucosa is identified. The appendix is present and unremarkable. The ascending, transverse, and descending colons are not remarkable. The stool is soft. No blood is present. The sigmoid colon is unremarkable.

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COPE, AMANDA R**INTERNAL EXAMINATION**

(Continued)

ANUS AND RECTUM: Examination of the anus reveals hemorrhage at the anorectal junction in one area. This is 1 x 0.5 cm. in size. There is a small mucosal tear 0.4 cm. in length. This is running anterior posterior. There is prominence of the anal papillae. Examination of the rectum reveals prominent Peyer's patches 3 inches proximal to the anorectal junction. From 3 inches to 8 inches from the anorectal junction is a large area of hemorrhage in the wall. No evidence of hemorrhage is present on the serosal surface. No ulceration is identified. No perforations are present.

GENITALIA: Examination of the external genitalia reveals marked hyperemia of both the right and left sides. The hymen is absent. The vaginal opening is approximately 3 cm. in diameter. There is an area of hemorrhage over the left labia minora. Incisioning this does reveal hemorrhage in the underlying tissue. Removal of the entire vaginal canal reveals a small irregular superficial tear approximately 3 inches inward. There is extensive hemorrhage within the wall of the vagina in multiple areas. No tears are present. Examination of the cervix reveals a moderate exoversion. The os is somewhat dilated. Smears and material are obtained from the vaginal canal and cervix. Examination of the uterus reveals hemorrhage in the right broad ligament. This is 1.5 cm. in size. There is also hemorrhage over the right anterior uterine wall. The left side appears unremarkable. The cut surface reveals a menstrual endometrium. No evidence of pregnancy is identified. The myometrium appears unremarkable. Sections of the ovaries reveal a hemorrhagic corpus luteal cyst on the right side. the tubes are unremarkable.

NECK ORGANS: Examination of the neck reveals extensive hemorrhage in the strap muscles and soft tissue of the left neck. There is prominent hemorrhage beneath the left thyroid and the left thyroid cartilage. There is a small amount of hemorrhage in the right strap muscles. The hyoid bone and thyroid cartilage are unremarkable. No fractures are identified. The pharyngeal mucosa appears to be unremarkable. The airway is patent but has foamy frothy material. The right neck does have hemorrhage beneath the round to oval spot noted beneath the mid mandible.

Examination of the thyroid reveals a 15 gm. thyroid. Some hemorrhage is noted over the left side. Examination of the thymus reveals a few petechiae to be present.

SKELETAL SYSTEM: No fractures or dislocations are identified. The ribs are unremarkable. The cervical spine is intact.

SCALP AND SUBGALEA: No external evidence of trauma is identified. Reflecting the skin reveals extensive hemorrhage in the left temporalis muscle and in the left subgalea. There is moderate hemorrhage of the right temporalis muscle and right subgalea. Also

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(Continued)

present are focal areas of hemorrhage over the mid frontal scalp. No hemorrhage is noted over the posterior occipital scalp.

SKULL: No fractures are identified. There appears to be probable hemorrhage in the mastoid bones of both the right and left sides.

BRAIN: The brain weighs 1350 gms. and is markedly edematous. There is subdural hemorrhage present over the left side and focally over the right side in the mid parietal to occipital areas. Approximately 30 cc. total is present. Marked congestion and focal areas of leptomeningeal hemorrhage are present. The cut surface reveals moderate tonsillar and uncal herniation. No hemorrhages are grossly identified. No mass lesions are present.

EYES: The eyes are removed and there is extensive scleral hemorrhage. There is also hemorrhage that extends into the muscles of both eyes. The eyes are fixed prior to further examination.

DISPOSITION OF EVIDENCE: A rape kit is obtained. Clippings and scrapings of the nails are also obtained. Individual hairs found on the body are obtained. Wipes of the right breast and of the left inner thigh are also obtained. The clothing was sealed in addition. All of the material was appropriately labeled, identified, and sealed and given to Detective Robin Davis, Rock Hill Police Department.

BLOCK SUMMARY:

- 1 - Sections of the abrasion and contusion left shoulder
- 2 - Possible right breast injury
- 3 - Lower lip mucosa
- 4 - Soft tissue from the right neck
- 5 - Left labia minora
- 6 - Hemorrhagic peritoneum right pelvic wall
- 7,8 - Mesenteric tear from the duodenum
- 9 - Right temporalis muscle
- 10 - Left temporalis muscle
- 11 - Cecal wall
- 12,13,14 - Anal hemorrhage and small tear
- 15 - Distal rectum
- 16,17 - More distal beginning areas of the hemorrhage
- 18 - Upper area of hemorrhage in the rectum
- 19 - Sections of the posterior introital wall of the vaginal opening
- 20,21 - Anterior introitus
- 22,23 - Area of the mucosal tear in the mid vagina
- 24 - Upper vaginal mucosa
- 25 - Soft tissue adjacent to the vaginal wall posterior
- 26 - Hemorrhagic area of the cornu and broad ligament on the right side of the uterus
- 27 - Soft tissue beneath the vaginal wall in the upper vagina
- 28,29 - Sections of the cervical os

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INTERNAL EXAMINATION

(Continued)

- 30 - Endometrium
- 31 - Spleen
- 32 - Pancreas and liver
- 33 - Kidney and lung
- 34 - Lung
- 35 - Thymus
- 36,37,38,39 - Brain
- 40 - Heart
- 41 - Left posterolateral neck and left posterior thyroid
- 42 - Left anterior neck adjacent to the midline
- 43 - Strap muscles of the anterior neck
- 44 - Right posterior and posterolateral neck
- 45 - Left vocal cords
- 46 - Left eye
- 47 - right eye

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HEART: Sections of the myocardium are not remarkable. No hemorrhage, inflammation, or degenerative changes are identified.

LUNGS: The lungs have congestion and edema. There are focal areas of fresh hemorrhage present. No acute inflammation is present. Several areas of minimal chronic inflammation are noted. No foreign material is identified in the bronchi.

LIVER: The liver is not remarkable. No inflammation, degenerative changes, or atypia are identified.

PANCREAS: Mild autolysis is present. There is mild peripancreatic hemorrhage in the fatty tissue. No acute inflammation or fat necrosis are identified.

SPLEEN: The spleen has focal areas of subcapsular hemorrhage. No tears or disruption are identified. One area of parenchymal hemorrhage is also noted.

KIDNEYS: Sections of the kidneys reveal congestion. No inflammation or atypia are identified. No hemorrhages are identified.

THYMUS: Sections of the thymus reveal unremarkable thymic tissue. No hemorrhage or abnormalities are present.

NECK ORGANS AND CONTENTS: Sections of the soft tissue from the left neck and left posterior thyroid reveal extensive hemorrhage. The red cells are fresh. No inflammation is identified. The hemorrhage is in the fibroadipose tissue and within the skeletal muscle. The strap muscles of the anterior neck also have areas of hemorrhage. The right posterior neck tissue also has hemorrhage within the fibroadipose tissue and within the muscle. There are focal areas of hemorrhage in the left laryngeal tissue. Sections of the thyroid reveal scattered areas of hemorrhage. No abnormalities of the thyroid are identified.

BRAIN: Sections of the brain reveal leptomeningeal hemorrhage. The hemorrhage is fresh and prominent. No inflammation is identified. Sections of the cerebral tissue reveal focal hemorrhages to be present in the white matter. These are predominantly around vessels. There are other areas of hemorrhage around the ventricles away from vessels. No acute inflammation is identified. No AV malformations are other abnormalities are present.

EYES: Sections of the left eye reveal focal posterior retinal hemorrhage. No vitreous hemorrhage is identified. There is hemorrhage in the periorbital soft tissue. Sections of the right eye reveal extremely prominent hemorrhage in the periorbital soft tissue. No evidence of retinal hemorrhage, however, is identified. Marked congestion is noted.

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(Continued)

ABRASION FROM LEFT SHOULDER: Sections of the abrasion from the left shoulder reveal marked hemorrhage in the deep dermal and subcutaneous tissue. No inflammation is identified. The overlying epithelium is focally irregular. No inflammation is identified.

RIGHT BREAST LESION: Sections of the lesion from the right breast reveal hemorrhage to be present in the deeper tissue. Areas of hemorrhage are also noted in the mid dermis. The epithelium does not appear to be disrupted. No foreign material is identified. No acute inflammation is present.

LOWER LIP MUCOSA: Sections of the mucosa from the lower lip reveal marked hemorrhage in the soft tissue and in the deeper tissue. Hemorrhage is in deeper salivary gland tissue. No acute inflammation is identified.

RIGHT TEMPORALIS MUSCLE, HEAD: Marked hemorrhage is in the muscle and fibroadipose tissue. This is quite extensive in the sections. No acute hemorrhage is identified.

LEFT TEMPORALIS MUSCLE, HEAD: Sections of the left temporalis muscle also reveal extensive acute hemorrhage both in the fibroadipose tissue and in the muscle.

MESENTERIC TEAR, DUODENUM: Sections of the mesenteric tear of the duodenum reveal extensive hemorrhage. Hemorrhage is fresh. No evidence of acute inflammation is identified. No organization is present. Sections of several lymph nodes are not remarkable.

VAGINA AND UTERUS: Sections of the left labia reveal marked vascular congestion. There is mild chronic inflammation present. There are a few areas of hemorrhage with minimal numbers of red cells being present. Sections of the posterior vaginal introital wall reveal marked congestion of the vessels. There is mild chronic inflammation present. A few areas of mild fresh hemorrhage are noted. There are also a few areas with epithelial loss consistent with abrasion. Sections of the anterior vaginal introitus reveal marked hemorrhage beneath the epithelium along with marked vaginal congestion. There are focal areas of epithelial loss consistent with abrasion. There is also a mild to moderate chronic inflammatory cell infiltrate. Focal koilocytosis is noted. Sections of the mid vaginal tissue reveal hemorrhage within the wall. Areas of chronic inflammation are present. There is an area of epithelial loss present consistent with an abrasion. Marked vascular congestion is present. Sections of the upper vaginal mucosa reveal marked tissue congestion. Hemorrhage is in the soft tissue in the submucosal area. The mucosa appears to be intact. Sections of the soft tissue adjacent to the posterior vaginal wall reveal marked hemorrhage throughout the fibromuscular and fibroadipose tissue. No acute inflammation is present. Sections of the right cornu and broad ligament of the uterus reveal marked

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COPE, AMANDA R**MICROSCOPIC DESCRIPTION**

(Continued)

hemorrhage. Again, no inflammation is identified. Sections of the soft tissue and vaginal wall in the upper vagina reveal marked hemorrhage. Sections of the cervix reveal marked congestion. There is chronic cervicitis present. Focal areas of hemorrhage are noted. Some hemorrhagic material is in the vaginal canal. Areas of squamous metaplasia and slight nuclear variability are noted focally in the cervix. The mucus within the cervical os reveals a moderate amount of hemorrhagic material. Sections of the endometrium reveal a menstrual endometrium. Sloughing and hemorrhage are present. The myometrium reveals marked vascular congestion. No hemorrhage is identified other than the cornu on the right side.

CECUM: Sections of the cecal wall reveal prominent hemorrhage transmurally. There is hemorrhage focally present in the adjacent mesenteric tissue. Autolysis is present.

ANUS AND RECTUM: Sections of the anal mucosa reveal prominent hemorrhage in the deeper submucosa. Focal hemorrhage is within the wall. There are focal areas of epithelial loss at the anorectal junction. No acute inflammation is identified. Sections of the distal rectum reveal focal areas of epithelial loss and prominent vascular congestion. Mild chronic inflammation is present. Areas of hemorrhage are noted in the mucosa and submucosa. The distal rectum also has areas of lymphoid hyperplasia. Sections of the mid rectal tissue reveal areas of hemorrhage, epithelial loss, and marked vascular congestion. The hemorrhage is quite prominent within the wall but also within the submucosa. Sections of the more proximal rectal tissue also reveal prominent hemorrhage and vascular congestion. The upper most portion of the rectum is also similar with extensive hemorrhage within the soft tissue and in the rectal wall.

HEMORRHAGE IN RIGHT PERITONEAL WALL: Marked hemorrhage is in the right peritoneal wall within the soft tissue and fibroadipose tissue. No acute inflammation is present.

SMEARS OF VAGINAL MATERIAL: Smears of the vaginal material do not reveal any identifiable spermatozoa. Increased numbers of bacteria and polys are noted. No atypical changes are identified. There is some blood present.

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COPE, AMANDA R.**FINAL SUMMARY**

The decedent was a 12 year old girl who was allegedly found by her father dead in bed. He allegedly stated that he found the girl with a blanket wrapped around her neck.

The autopsy revealed extensive injuries to the head, neck, abdomen, and perineum. There was evidence of repeated and massive trauma to these regions. In addition, evidence of sexual assault was noted. The brain had a small amount of subdural hemorrhage along with prominent leptomeningeal hemorrhage and hemorrhages within the white matter. Swelling of the brain was present. The neck revealed extensive hemorrhage consistent with strangulation. The hyoid bone was intact. The lungs had focal areas of hemorrhage present. The abdomen had extensive pelvic hemorrhage with hemorrhage along the pelvic brim. There was hemorrhage in the cecum noted transmurally. There was a tear of the mesenteric tissue in the duodenum. Hemorrhage was present. In addition, there was subcapsular hemorrhage in the spleen. Hemorrhage was also noted in the soft tissue in the perirectal and perivaginal areas. Examination of the vagina revealed multiple areas of hemorrhage with evidence of penetration. Focal mucosal tearing was present. Both external and internal hemorrhages were identified. There was prominent hemorrhage within the vaginal wall. No foreign objects were identified, however, no perforations were noted. The uterus was menstrual. There was hemorrhage on the right cornu of the uterus on the serosal surface. No hymen was present. The anorectal tissue also revealed areas of trauma and penetration. There was hemorrhage in the anal tissue and very prominent hemorrhage in the rectum. The hemorrhage extended up to 8 inches from the anorectal junction in the rectum. The hemorrhage was deep throughout the wall and into the adjacent soft tissue. Focal mucosal loss was present. Also noted were areas of lymphoid hyperplasia and chronic inflammation. There was also hemorrhage in the deep right breast tissue beneath the bruise or irregularity noted.

The apparent cause of death is strangulation, and the manner of death homicide.

The autopsy revealed extreme repeated blunt force trauma to the head, neck, abdomen, rectum, and vaginal areas. There was evidence of penetration of both the vagina and rectum. Extensive hemorrhage and trauma occurred to both areas. There were bruises noted over the left elbow, left upper arm, and the legs. These suggests a struggle or heavy pressure being applied manually. Some areas suggest probable finger marks or thumb marks. No foreign objects were found within the body or vaginal or rectal orifices. The injuries are fresh indicative of occurring up to approximately four hours prior to death or just prior to death. This is indicative by the amount of hemorrhage and the lack of inflammatory cells or fibrin organization. All of the injuries, including the head, neck, breast, abdomen, and pelvic areas, are of the same age.

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COPE, AMANDA RFINAL PATHOLOGIC DX

I. HISTORY OF ASSAULT

A. DECEDENT FOUND DEAD IN BED

B. MASSIVE BLUNT FORCE INJURIES, HEAD

1. MARKED HEMORRHAGE TO SCALP AND SOFT TISSUES OF HEAD
2. SUBDURAL HEMATOMA, 60 CC. BRAIN
3. SUBARACHNOID HEMORRHAGE
4. INTRAPARENCHYMAL HEMORRHAGE, WHITE MATTER, BRAIN
5. MODERATE UNCAL AND TONSILLAR HERNIATION
6. HEMORRHAGE, PERIORBITAL TISSUE, RIGHT AND LEFT EYES
 - a. RETINAL HEMORRHAGE, LEFT EYE

C. EXTENSIVE HEMORRHAGE, NECK

1. MASSIVE HEMORRHAGE, LEFT, AND FOCALLY RIGHT NECK
2. NO ABRASIONS ON SKIN
3. CHANGES CONSISTENT WITH STRANGULATION

D. CONTUSIONS, LEFT NECK BEHIND LEFT EAR

E. LACERATION, LOWER LIP

F. MULTIPLE AREAS OF BRUISING, UPPER LEFT ARM AND ELBOW

G. BRUISING, RIGHT AND LEFT FLANKS

H. BRUISING, THIGHS

1. PATTERN BRUISES SUGGESTIVE OF HAND PRESSURE

I. SUBCAPSULAR HEMORRHAGE, SPLEEN

J. MESENTERIC TEAR, DUODENUM, SMALL INTESTINE

1. EXTENSIVE HEMORRHAGE PRESENT

K. TRANSMURAL HEMORRHAGE, CECUM

L. MULTIPLE AREAS OF HEMORRHAGE, PELVIS

1. EXTENSIVE HEMORRHAGE IN PELVIC SOFT TISSUE
ALONG PELVIC BRIM

M. VAGINAL INJURIES

1. HEMORRHAGE, RIGHT AND LEFT LABIA
2. HEMORRHAGE, VAGINAL INTROITUS
3. HEMORRHAGE, VAGINAL MUCOSA AND WALL
4. SMALL VAGINAL TEAR PRESENT

N. HEMORRHAGE, RIGHT CORNU, UTERUS

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FINAL PATHOLOGIC DX

(Continued)

O. ANORECTAL INJURIES

1. HEMORRHAGE AND FOCAL TEARING, ANUS
2. MARKED HEMORRHAGE IN RECTUM
3. HEMORRHAGE IN RECTUM 3-8 INCHES FROM ANORECTAL JUNCTION
4. EXTENSIVE HEMORRHAGE IN SOFT TISSUE IN PERIRECTAL AREA
AND IN RECTAL WALL

P. BRUISING, RIGHT BREAST

1. HEMORRHAGE, DEEP TISSUE, RIGHT BREAST

Q. CHRONIC INFLAMMATION, VAGINAL MUCOSA

1. CHANGES SUGGESTIVE OF CHRONIC ABUSE OR IRRITATION

R. PROMINENT LYMPHOID HYPERPLASIA, RECTAL MUCOSA

1. CHANGES SUGGESTIVE OF CHRONIC IRRITATION, POSSIBLE ABUSE,
OR DISEASE PROCESS

igned

James L. Maynard MD 01/24/02

01:AU000104

DECEDENT'S NAME: COPE, AMANDA R

AGE: 12 Year Old White Female

AUTOPSY AUTHORIZED BY: Doug McKown, York County Coroner

DATE AND TIME OF DEATH: 11/29/01, Early Morning Hours, Approximately 0200-0400

DATE AND TIME OF AUTOPSY: 11/29/01, 1400

PROSECTOR: James L. Maynard, MD

ASSISTANT: Doug McKown, YCC

PERSON(S) PRESENT: Mike Williams, Todd Garner, Charlene Blackwelder, RHPD

CLINICAL SUMMARY

The decedent was found dead in her bed at home by her father at approximately 0600. He allegedly stated that he found the fringe of a blanket wrapped around her neck five times.

Allegedly, the girl and her two siblings had gone to bed at approximately 0130 after staying up doing homework. The mother was not at home as she was working third shift and would not arrive until 0700.

The prosector was requested and went to the scene. The scene revealed a very filthy house in marked disarray. Furniture and clothing were scattered everywhere. The rooms were packed with different items. The decedent was found somewhat diagonal in her bed. There was a blanket and a bedspread underneath her. She was not covered by any sheets or blankets. In the bed with her were several different items of clothing which were not of her size. There were homework papers underneath her body. Books were beside her right side and adjacent to her left shoulder. Also underneath the body was a metal stapler and a large metal collapsable rack that holds music. She was lying on her bed when seen. Allegedly, the father had found her facedown and had rolled her over. The bed frame support at one end was broken. Numerous roaches, bugs, and apparent lice were noted in the house. Three cats were present in the house.

Examination of the decedent at the scene at 0830 revealed 1-2+ rigor mortis. There was 1+ facial livor mortis and 1-2+ left sided livor mortis.

The body and clothing were examined by ultraviolet light at the scene and again at Piedmont Medical Center.

The body along with the clothing and bed clothing were sealed and transported to Piedmont Medical Center.

EXTERNAL EXAMINATION

The decedent is a moderately obese young girl appearing her stated age. The decedent measures 63 inches in length and weighs approximately 160-170 pounds. The decedent has medium length brown hair. There is a rubber band around some of the hair forming a

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COPE, AMANDA R**EXTERNAL EXAMINATION**

(Continued)

partial ponytail. Several rings and a watch are on the body. No jewelry is about the neck.

Examination of the head hair reveals lice to be present.

EXAMINATION OF CLOTHING: The decedent is dressed in a blouse, bra, long gym or warm-up pants, and underwear. The left breast was noted to be exposed and uncovered at the scene. The right breast was covered. The bra was not hooked but laid loosely over the breast. The bra was above the left breast. The straps were on the shoulders. The hook from the left side was between the left arm and the body. The left arm was extended outward somewhat. There were areas of fluid noted over the front of the blouse and over the left shoulder. These fluoresced prominently. Examination of the pants revealed fluid over the left groin area. This also fluoresced prominently. The pants were partially up. The back of the pants was up further than the front. The front just covered the pubic hair. The pants were rolled inward. This was noted on both the underwear and the pants. The back was not rolled. There were scattered hairs present on both the blouse and pants. These were removed and retained. There was also a hair present over the left flank. This was retained in addition.

DESCRIPTION OF INJURIES**DESCRIPTION OF EXTERNAL INJURIES:**

Examination of the scalp does not reveal any contusions or abrasions. Examination of the face reveals early bruising beneath the eye and extending onto the right cheek. There is an additional faint area of bruising over the left face and cheek. Examination of the eyes reveals large areas of scleral hemorrhage up to 0.5 cm. in size. The pupils are fixed and dilated. Examination of the nose reveals foamy material exuding. Examination of the mouth reveals edema and contusions along with hemorrhage of the upper and lower lips. This is most prominent on the lower lip. On the outer aspect of the lower lip is a 0.3 cm. mark suggestive of a bite mark. This did not penetrate the skin. Examination of the inner lip reveals a 1 cm. laceration of the inner mid lip. There are additional lacerations over the corners of the lips on the lower aspect. Examination of the remainder of the buccal mucosa reveals areas of hemorrhage extending prominently up the right side, both on the maxillary and mandibular portions. It was also on the left side in addition. The tip of the tongue appears unremarkable. No fractures of the teeth are identified. Manipulation of the bones of the face and of the mandible do not reveal any fractures. Examination of the neck reveals multiple petechiae predominantly over the left side. These are in a V shaped fashion extending from the midline of the neck superiorly toward the angle of the jaw and inferiorly toward the left clavicle. The spread is 3-4 inches and the distance is approximately 4 inches. There are a few small petechiae noted over the right mid neck. Also on the right mid

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DESCRIPTION OF INJURIES

(Continued)

neck in the mid portion beneath the mandible is a round to oval 1 cm. hemorrhagic area. No abrasion of the skin is identified. Examination of the back of the neck does not reveal any ligature marks. No evidence of abrasions are noted on the neck. Examination of the chest reveals a small left breast. The right breast is approximately twice the size of the left breast. There is a 1 cm. possible hemorrhagic area lateral to the right nipple. Wipes for DNA testing were obtained. Incising this does reveal hyperemia or possible hemorrhage beneath it. The abdomen is unremarkable. Examination of the flanks reveal an area of discoloration over the right lateral flank and also over the left lateral flank. These are ill defined areas in the mid portion. In addition, examination under fluorescent light reveals a 5 x 3 cm. area of fluorescence over the right lateral flank approximately rib 8 thru rib 11. This area wipes off with a swab. This is retained. Examination of the upper extremities reveal an abraded contused area 1.5 cm. in size over the top of the left shoulder. Incising this reveals a 5 cm. area of deep hemorrhage. This extends to the underlying bone. Examination of the upper extremities at the time of the autopsy does not reveal any contusions, abrasions, or lacerations. No asymmetry is identified. Examination of the hands reveals a very short partially polished nails. These are scraped and clipped. Examination of the lower extremities reveals a soft clear substance over the left upper inner thigh that appears to be coming from the vaginal area. Portions of this material are obtained. The thighs have focal small areas of fluorescence. There is a small area of horizontal bruising above the left knee. Examination of the back is unremarkable.

Examination of the left lateral thigh reveals irregular areas of contusion, abrasion, and hemorrhage. Some of these reveal distinct patterns. There are two square-shaped patterns on the upper portion approximately level with the inferior buttock crease. Each of these is 2 x 2 cm. In addition there are linear contusions and abrasions beneath these for an additional 8 cm. These appear to be consistent with the stapler and metal music holder found in the bed. Examination of the pants after finding these, do not reveal any tears or separations of the fabric.

Examination of the perineum reveals a menstrual pad to be in place. There is a small amount of blood present. No straps are with the pad. The pad is rolled rather than being flat. There is prominent hyperemia or hemorrhage of the left labia minora. There is also some hyperemia present on the right side. Examination of the anal area reveals apparent hemorrhage and a possible tear. (See further examination).

The decedent was re-examined one and two days after the autopsy. There was more prominence of the bruising on the face. There was a bruise noted below and slightly posterior to the left ear approximately 2 inches in size. The left elbow also had a small area

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COPE, AMANDA R**DESCRIPTION OF INJURIES**

(Continued)

of bruising. There was an additional area of bruising in the lower upper inner arm just above the elbow. This was approximately 1 inch in size.

INTERNAL EXAMINATION

The body is opened with a Y-shaped thoracoabdominal incision.

SEROUS CAVITIES: Right and left pleural cavities are unremarkable. Pericardial cavity is unremarkable. The peritoneal cavity contains extensive hemorrhage in the soft tissue of the pelvis of the right lateral wall and focally the left lateral wall. Extensive hemorrhage is beneath the symphysis pubis.

HEART: The heart weighs 300 gms., has a smooth epicardial surface. The cut surface reveals an unremarkable myocardium and endocardium. The valves are unremarkable. The coronary arteries are free of atherosclerosis.

LUNGS: The right lung weighs 400 gms; the left lung 410 gms. The surfaces are congested. The cut surface reveals marked edema fluid. Frothy fluid is in the bronchi. The pulmonary vessels are not remarkable. The hilar nodes are unremarkable.

GREAT VESSELS: The aorta and venae cavae are unremarkable.

LIVER: The liver weighs 1900 gms. and is congested. The cut surfaces are unremarkable. The gallbladder is present and is unremarkable. The biliary tree is patent.

PANCREAS: Focal hemorrhage is in the soft tissue just inferior to the mid portion of the pancreas. The pancreas is otherwise unremarkable.

SPLEEN: The spleen weighs 210 gms. and has focal subcapsular hemorrhage.

GASTROINTESTINAL TRACT: The pharynx and esophagus are unremarkable. The stomach contains approximately 100 cc. of partially digested food. Rice, peas, carrots, and other material are present. Examination of the duodenum reveals a mesenteric tear in the second portion of the duodenum. Some hemorrhage is present. Hemorrhage is also on the serosa of the duodenum in this area. The third portion of the duodenum is unremarkable. The remainder of the small intestine is unremarkable except for a 5 cm. Meckel's diverticulum in the mid portion. Examination of the cecum reveals transmural hemorrhage. There is prominent serosal hemorrhage along with transmural hemorrhage present. No evidence of ulceration of the mucosa is identified. The appendix is present and unremarkable. The ascending, transverse, and descending colons are not remarkable. The stool is soft. No blood is present. The sigmoid colon is unremarkable.

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(Continued)

ANUS AND RECTUM: Examination of the anus reveals hemorrhage at the anorectal junction in one area. This is 1 x 0.5 cm. in size. There is a small mucosal tear 0.4 cm. in length. This is running anterior posterior. There is prominence of the anal papillae. Examination of the rectum reveals prominent Peyer's patches 3 inches proximal to the anorectal junction. From 3 inches to 8 inches from the anorectal junction is a large area of hemorrhage in the wall. No evidence of hemorrhage is present on the serosal surface. No ulceration is identified. No perforations are present.

GENITALIA: Examination of the external genitalia reveals marked hyperemia of both the right and left sides. The hymen is absent. The vaginal opening is approximately 3 cm. in diameter. There is an area of hemorrhage over the left labia minora. Incisioning this does reveal hemorrhage in the underlying tissue. Removal of the entire vaginal canal reveals a small irregular superficial tear approximately 3 inches inward. There is extensive hemorrhage within the wall of the vagina in multiple areas. No tears are present. Examination of the cervix reveals a moderate exoversion. The os is somewhat dilated. Smears and material are obtained from the vaginal canal and cervix. Examination of the uterus reveals hemorrhage in the right broad ligament. This is 1.5 cm. in size. There is also hemorrhage over the right anterior uterine wall. The left side appears unremarkable. The cut surface reveals a menstrual endometrium. No evidence of pregnancy is identified. The myometrium appears unremarkable. Sections of the ovaries reveal a hemorrhagic corpus luteal cyst on the right side. the tubes are unremarkable.

NECK ORGANS: Examination of the neck reveals extensive hemorrhage in the strap muscles and soft tissue of the left neck. There is prominent hemorrhage beneath the left thyroid and the left thyroid cartilage. There is a small amount of hemorrhage in the right strap muscles. The hyoid bone and thyroid cartilage are unremarkable. No fractures are identified. The pharyngeal mucosa appears to be unremarkable. The airway is patent but has foamy frothy material. The right neck does have hemorrhage beneath the round to oval spot noted beneath the mid mandible.

Examination of the thyroid reveals a 15 gm. thyroid. Some hemorrhage is noted over the left side. Examination of the thymus reveals a few petechiae to be present.

SKELETAL SYSTEM: No fractures or dislocations are identified. The ribs are unremarkable. The cervical spine is intact.

SCALP AND SUBGALEA: No external evidence of trauma is identified. Reflecting the skin reveals extensive hemorrhage in the left temporalis muscle and in the left subgalea. There is moderate hemorrhage of the right temporalis muscle and right subgalea. Also

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COPE, AMANDA R**INTERNAL EXAMINATION**

(Continued)

present are focal areas of hemorrhage over the mid frontal scalp. No hemorrhage is noted over the posterior occipital scalp.

SKULL: No fractures are identified. There appears to be probable hemorrhage in the mastoid bones of both the right and left sides.

BRAIN: The brain weighs 1350 gms. and is markedly edematous. There is subdural hemorrhage present over the left side and focally over the right side in the mid parietal to occipital areas. Approximately 30 cc. total is present. Marked congestion and focal areas of leptomeningeal hemorrhage are present. The cut surface reveals moderate tonsillar and uncus herniation. No hemorrhages are grossly identified. No mass lesions are present.

EYES: The eyes are removed and there is extensive scleral hemorrhage. There is also hemorrhage that extends into the muscles of both eyes. The eyes are fixed prior to further examination.

DISPOSITION OF EVIDENCE: A rape kit is obtained. Clippings and scrapings of the nails are also obtained. Individual hairs found on the body are obtained. Wipes of the right breast and of the left inner thigh are also obtained. The clothing was sealed in addition. All of the material was appropriately labeled, identified, and sealed and given to Detective Robin Davis, Rock Hill Police Department.

BLOCK SUMMARY:

- 1 - Sections of the abrasion and contusion left shoulder
- 2 - Possible right breast injury
- 3 - Lower lip mucosa
- 4 - Soft tissue from the right neck
- 5 - Left labia minora
- 6 - Hemorrhagic peritoneum right pelvic wall
- 7,8 - Mesenteric tear from the duodenum
- 9 - Right temporalis muscle
- 10 - Left temporalis muscle
- 11 - Cecal wall
- 12,13,14 - Anal hemorrhage and small tear
- 15 - Distal rectum
- 16,17 - More distal beginning areas of the hemorrhage
- 18 - Upper area of hemorrhage in the rectum
- 19 - Sections of the posterior introital wall of the vaginal opening
- 20,21 - Anterior introitus
- 22,23 - Area of the mucosal tear in the mid vagina
- 24 - Upper vaginal mucosa
- 25 - Soft tissue adjacent to the vaginal wall posterior
- 26 - Hemorrhagic area of the cornu and broad ligament on the right side of the uterus
- 27 - Soft tissue beneath the vaginal wall in the upper vagina
- 28,29 - Sections of the cervical os

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INTERNAL EXAMINATION

(Continued)

- 30 - Endometrium
- 31 - Spleen
- 32 - Pancreas and liver
- 33 - Kidney and lung
- 34 - Lung
- 35 - Thymus
- 36,37,38,39 - Brain
- 40 - Heart
- 41 - Left posterolateral neck and left posterior thyroid
- 42 - Left anterior neck adjacent to the midline
- 43 - Strap muscles of the anterior neck
- 44 - Right posterior and posterolateral neck
- 45 - Left vocal cords
- 46 - Left eye
- 47 - right eye

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MICROSCOPIC DESCRIPTION

HEART: Sections of the myocardium are not remarkable. No hemorrhage, inflammation, or degenerative changes are identified.

LUNGS: The lungs have congestion and edema. There are focal areas of fresh hemorrhage present. No acute inflammation is present. Several areas of minimal chronic inflammation are noted. No foreign material is identified in the bronchi.

LIVER: The liver is not remarkable. No inflammation, degenerative changes, or atypia are identified.

PANCREAS: Mild autolysis is present. There is mild peripancreatic hemorrhage in the fatty tissue. No acute inflammation or fat necrosis are identified.

SPLEEN: The spleen has focal areas of subcapsular hemorrhage. No tears or disruption are identified. One area of parenchymal hemorrhage is also noted.

KIDNEYS: Sections of the kidneys reveal congestion. No inflammation or atypia are identified. No hemorrhages are identified.

THYMUS: Sections of the thymus reveal unremarkable thymic tissue. No hemorrhage or abnormalities are present.

NECK ORGANS AND CONTENTS: Sections of the soft tissue from the left neck and left posterior thyroid reveal extensive hemorrhage. The red cells are fresh. No inflammation is identified. The hemorrhage is in the fibroadipose tissue and within the skeletal muscle. The strap muscles of the anterior neck also have areas of hemorrhage. The right posterior neck tissue also has hemorrhage within the fibroadipose tissue and within the muscle. There are focal areas of hemorrhage in the left laryngeal tissue. Sections of the thyroid reveal scattered areas of hemorrhage. No abnormalities of the thyroid are identified.

BRAIN: Sections of the brain reveal leptomeningeal hemorrhage. The hemorrhage is fresh and prominent. No inflammation is identified. Sections of the cerebral tissue reveal focal hemorrhages to be present in the white matter. These are predominantly around vessels. There are other areas of hemorrhage around the ventricles away from vessels. No acute inflammation is identified. No AV malformations are other abnormalities are present.

EYES: Sections of the left eye reveal focal posterior retinal hemorrhage. No vitreous hemorrhage is identified. There is hemorrhage in the periorbital soft tissue. Sections of the right eye reveal extremely prominent hemorrhage in the periorbital soft tissue. No evidence of retinal hemorrhage, however, is identified. Marked congestion is noted.

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COPE, AMANDA R**MICROSCOPIC DESCRIPTION**

(Continued)

ABRASION FROM LEFT SHOULDER: Sections of the abrasion from the left shoulder reveal marked hemorrhage in the deep dermal and subcutaneous tissue. No inflammation is identified. The overlying epithelium is focally irregular. No inflammation is identified.

RIGHT BREAST LESION: Sections of the lesion from the right breast reveal hemorrhage to be present in the deeper tissue. Areas of hemorrhage are also noted in the mid dermis. The epithelium does not appear to be disrupted. No foreign material is identified. No acute inflammation is present.

LOWER LIP MUCOSA: Sections of the mucosa from the lower lip reveal marked hemorrhage in the soft tissue and in the deeper tissue. Hemorrhage is in deeper salivary gland tissue. No acute inflammation is identified.

RIGHT TEMPORALIS MUSCLE, HEAD: Marked hemorrhage is in the muscle and fibroadipose tissue. This is quite extensive in the sections. No acute hemorrhage is identified.

LEFT TEMPORALIS MUSCLE, HEAD: Sections of the left temporalis muscle also reveal extensive acute hemorrhage both in the fibroadipose tissue and in the muscle.

MESENTERIC TEAR, DUODENUM: Sections of the mesenteric tear of the duodenum reveal extensive hemorrhage. Hemorrhage is fresh. No evidence of acute inflammation is identified. No organization is present. Sections of several lymph nodes are not remarkable.

VAGINA AND UTERUS: Sections of the left labia reveal marked vascular congestion. There is mild chronic inflammation present. There are a few areas of hemorrhage with minimal numbers of red cells being present. Sections of the posterior vaginal introital wall reveal marked congestion of the vessels. There is mild chronic inflammation present. A few areas of mild fresh hemorrhage are noted. There are also a few areas with epithelial loss consistent with abrasion. Sections of the anterior vaginal introitus reveal marked hemorrhage beneath the epithelium along with marked vaginal congestion. There are focal areas of epithelial loss consistent with abrasion. There is also a mild to moderate chronic inflammatory cell infiltrate. Focal koilocytosis is noted. Sections of the mid vaginal tissue reveal hemorrhage within the wall. Areas of chronic inflammation are present. There is an area of epithelial loss present consistent with an abrasion. Marked vascular congestion is present. Sections of the upper vaginal mucosa reveal marked tissue congestion. Hemorrhage is in the soft tissue in the submucosal area. The mucosa appears to be intact. Sections of the soft tissue adjacent to the posterior vaginal wall reveal marked hemorrhage throughout the fibromuscular and fibroadipose tissue. No acute inflammation is present. Sections of the right cornu and broad ligament of the uterus reveal marked

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MICROSCOPIC DESCRIPTION

(Continued)

hemorrhage. Again, no inflammation is identified. Sections of the soft tissue and vaginal wall in the upper vagina reveal marked hemorrhage. Sections of the cervix reveal marked congestion. There is chronic cervicitis present. Focal areas of hemorrhage are noted. Some hemorrhagic material is in the vaginal canal. Areas of squamous metaplasia and slight nuclear variability are noted focally in the cervix. The mucus within the cervical os reveals a moderate amount of hemorrhagic material. Sections of the endometrium reveal a menstrual endometrium. Sloughing and hemorrhage are present. The myometrium reveals marked vascular congestion. No hemorrhage is identified other than the cornu on the right side.

CECUM: Sections of the cecal wall reveal prominent hemorrhage transmurally. There is hemorrhage focally present in the adjacent mesenteric tissue. Autolysis is present.

ANUS AND RECTUM: Sections of the anal mucosa reveal prominent hemorrhage in the deeper submucosa. Focal hemorrhage is within the wall. There are focal areas of epithelial loss at the anorectal junction. No acute inflammation is identified. Sections of the distal rectum reveal focal areas of epithelial loss and prominent vascular congestion. Mild chronic inflammation is present. Areas of hemorrhage are noted in the mucosa and submucosa. The distal rectum also has areas of lymphoid hyperplasia. Sections of the mid rectal tissue reveal areas of hemorrhage, epithelial loss, and marked vascular congestion. The hemorrhage is quite prominent within the wall but also within the submucosa. Sections of the more proximal rectal tissue also reveal prominent hemorrhage and vascular congestion. The upper most portion of the rectum is also similar with extensive hemorrhage within the soft tissue and in the rectal wall.

HEMORRHAGE IN RIGHT PERITONEAL WALL: Marked hemorrhage is in the right peritoneal wall within the soft tissue and fibroadipose tissue. No acute inflammation is present.

SMEARS OF VAGINAL MATERIAL: Smears of the vaginal material do not reveal any identifiable spermatozoa. Increased numbers of bacteria and polys are noted. No atypical changes are identified. There is some blood present.

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COPE, AMANDA R**FINAL SUMMARY**

The decedent was a 12 year old girl who was allegedly found by her father dead in bed. He allegedly stated that he found the girl with a blanket wrapped around her neck.

The autopsy revealed extensive injuries to the head, neck, abdomen, and perineum. There was evidence of repeated and massive trauma to these regions. In addition, evidence of sexual assault was noted. The brain had a small amount of subdural hemorrhage along with prominent leptomeningeal hemorrhage and hemorrhages within the white matter. Swelling of the brain was present. The neck revealed extensive hemorrhage consistent with strangulation. The hyoid bone was intact. The lungs had focal areas of hemorrhage present. The abdomen had extensive pelvic hemorrhage with hemorrhage along the pelvic brim. There was hemorrhage in the cecum noted transmurally. There was a tear of the mesenteric tissue in the duodenum. Hemorrhage was present. In addition, there was subcapsular hemorrhage in the spleen. Hemorrhage was also noted in the soft tissue in the perirectal and perivaginal areas. Examination of the vagina revealed multiple areas of hemorrhage with evidence of penetration. Focal mucosal tearing was present. Both external and internal hemorrhages were identified. There was prominent hemorrhage within the vaginal wall. No foreign objects were identified, however, no perforations were noted. The uterus was menstrual. There was hemorrhage on the right cornu of the uterus on the serosal surface. No hymen was present. The anorectal tissue also revealed areas of trauma and penetration. There was hemorrhage in the anal tissue and very prominent hemorrhage in the rectum. The hemorrhage extended up to 8 inches from the anorectal junction in the rectum. The hemorrhage was deep throughout the wall and into the adjacent soft tissue. Focal mucosal loss was present. Also noted were areas of lymphoid hyperplasia and chronic inflammation. There was also hemorrhage in the deep right breast tissue beneath the bruise or irregularity noted.

The apparent cause of death is strangulation, and the manner of death homicide.

The autopsy revealed extreme repeated blunt force trauma to the head, neck, abdomen, rectum, and vaginal areas. There was evidence of penetration of both the vagina and rectum. Extensive hemorrhage and trauma occurred to both areas. There were bruises noted over the left elbow, left upper arm, and the legs. These suggests a struggle or heavy pressure being applied manually. Some areas suggest probable finger marks or thumb marks. No foreign objects were found within the body or vaginal or rectal orifices. The injuries are fresh indicative of occurring up to approximately four hours prior to death or just prior to death. This is indicative by the amount of hemorrhage and the lack of inflammatory cells or fibrin organization. All of the injuries, including the head, neck, breast, abdomen, and pelvic areas, are of the same age.

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FINAL PATHOLOGIC DX

I. HISTORY OF ASSAULT

- A. DECEDENT FOUND DEAD IN BED
- B. MASSIVE BLUNT FORCE INJURIES, HEAD
 - 1. MARKED HEMORRHAGE TO SCALP AND SOFT TISSUES OF HEAD
 - 2. SUBDURAL HEMATOMA, 60 CC. BRAIN
 - 3. SUBARACHNOID HEMORRHAGE
 - 4. INTRAPARENCHYMAL HEMORRHAGE, WHITE MATTER, BRAIN
 - 5. MODERATE UNCAL AND TONSILLAR HERNIATION
 - 6. HEMORRHAGE, PERIORBITAL TISSUE, RIGHT AND LEFT EYES
 - a. RETINAL HEMORRHAGE, LEFT EYE
- C. EXTENSIVE HEMORRHAGE, NECK
 - 1. MASSIVE HEMORRHAGE, LEFT, AND FOCALLY RIGHT NECK
 - 2. NO ABRASIONS ON SKIN
 - 3. CHANGES CONSISTENT WITH STRANGULATION
- D. CONTUSIONS, LEFT NECK BEHIND LEFT EAR
- E. LACERATION, LOWER LIP
- F. MULTIPLE AREAS OF BRUISING, UPPER LEFT ARM AND ELBOW
- G. BRUISING, RIGHT AND LEFT FLANKS
- H. BRUISING, THIGHS
 - 1. PATTERN BRUISES SUGGESTIVE OF HAND PRESSURE
- I. SUBCAPSULAR HEMORRHAGE, SPLEEN
- J. MESENTERIC TEAR, DUODENUM, SMALL INTESTINE
 - 1. EXTENSIVE HEMORRHAGE PRESENT
- K. TRANSMURAL HEMORRHAGE, CECUM
- L. MULTIPLE AREAS OF HEMORRHAGE, PELVIS
 - 1. EXTENSIVE HEMORRHAGE IN PELVIC SOFT TISSUE
ALONG PELVIC BRIM
- M. VAGINAL INJURIES
 - 1. HEMORRHAGE, RIGHT AND LEFT LABIA
 - 2. HEMORRHAGE, VAGINAL INTROITUS
 - 3. HEMORRHAGE, VAGINAL MUCOSA AND WALL
 - 4. SMALL VAGINAL TEAR PRESENT
- N. HEMORRHAGE, RIGHT CORNU, UTERUS

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FINAL PATHOLOGIC DX

(Continued)

O. ANORECTAL INJURIES

1. HEMORRHAGE AND FOCAL TEARING, ANUS
2. MARKED HEMORRHAGE IN RECTUM
3. HEMORRHAGE IN RECTUM 3-8 INCHES FROM ANORECTAL JUNCTION
4. EXTENSIVE HEMORRHAGE IN SOFT TISSUE IN PERIRECTAL AREA
AND IN RECTAL WALL

P. BRUISING, RIGHT BREAST

1. HEMORRHAGE, DEEP TISSUE, RIGHT BREAST

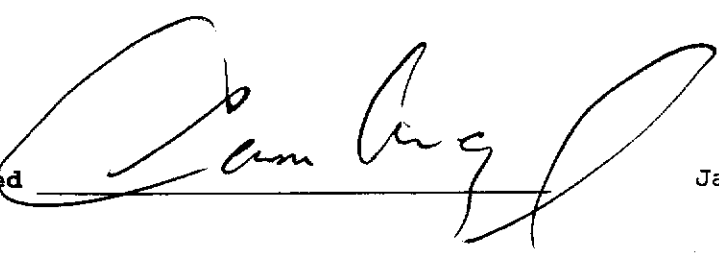
Q. CHRONIC INFLAMMATION, VAGINAL MUCOSA

1. CHANGES SUGGESTIVE OF CHRONIC ABUSE OR IRRITATION

R. PROMINENT LYMPHOID HYPERPLASIA, RECTAL MUCOSA

1. CHANGES SUGGESTIVE OF CHRONIC IRRITATION, POSSIBLE ABUSE,
OR DISEASE PROCESS

Signed


James L. Maynard MD 01/24/02

01A/04

1240- Sabin rims around
neck 5%

Harber Saluda.

Rich St Q

Plays
patches

3-8" Hemlocke. ^{now on} ^{grove}
And Hebol - tea & Hemlocke

Vag - mid small tea.
3"

Hemlocke well -

Lac midline top

R lat Breast.

1st exchange R & L eye

PAC -

① Vag exchange -

Breast top ② shoulder

inside lower mesial
exchange →

R pelvic wall

B suprapubic area.

R cecal exchange

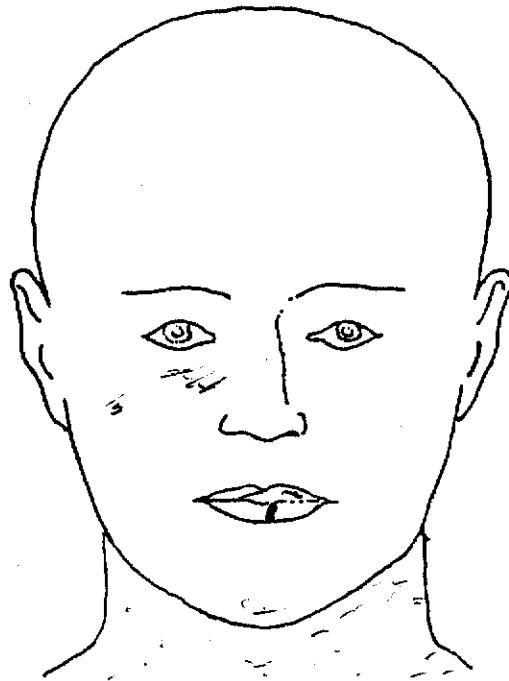
mesenteric tran.

2nd part of duodenum.

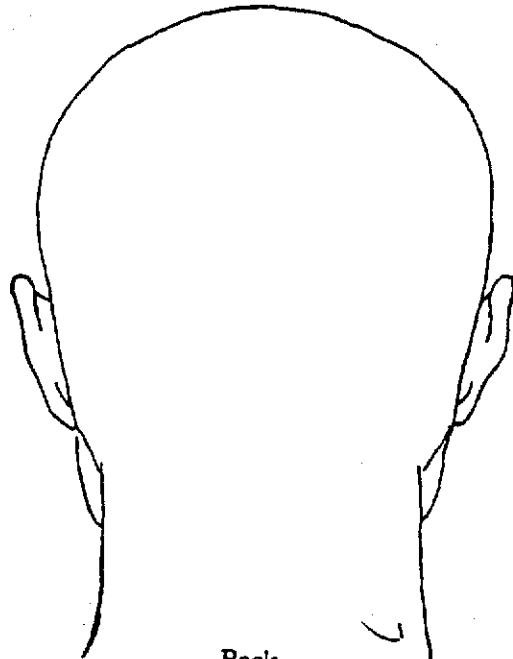
R & L femoral artery.

L > R

YORK COUNTY CORONER/
YORK PATHOLOGY



Front



Back

Protective

Decedent's Name ANANDA COPE

Examined

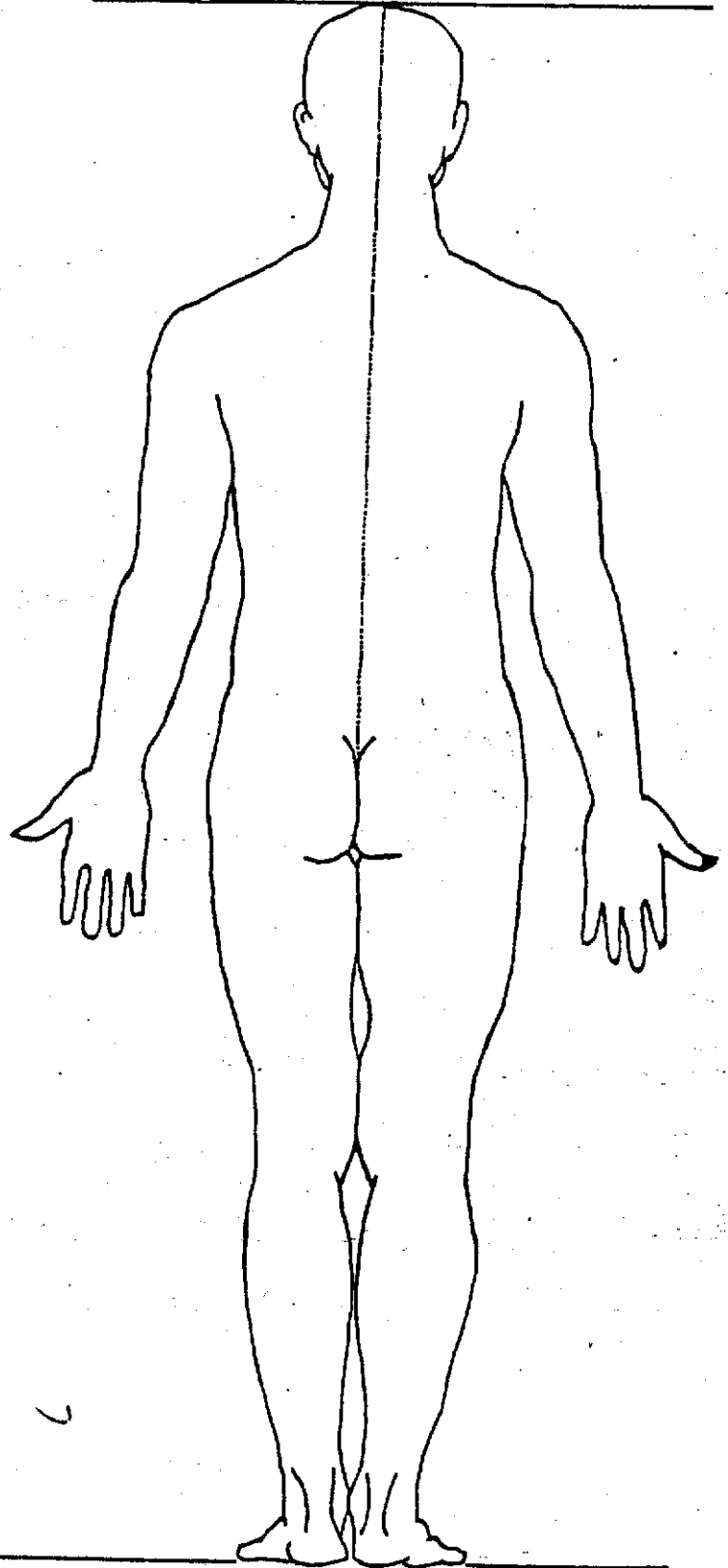
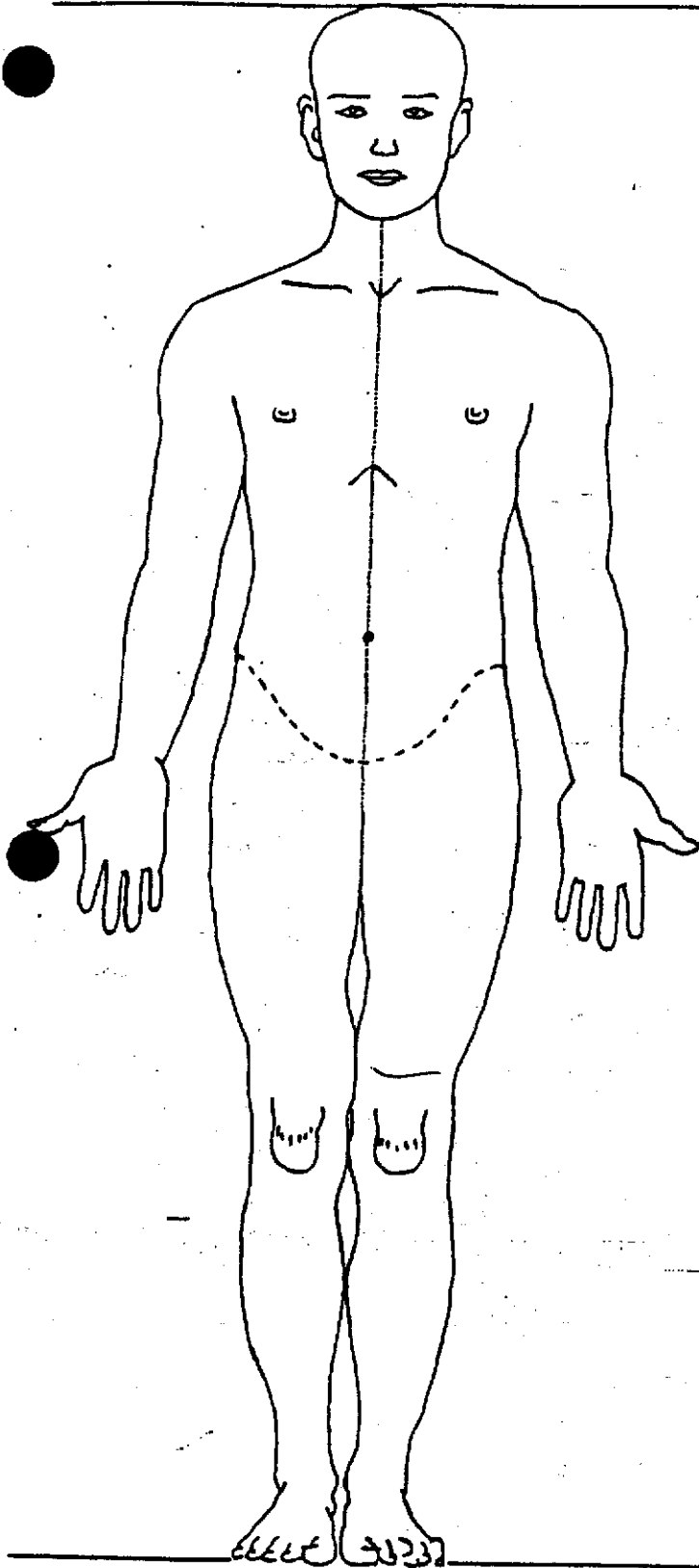
By [Signature]

Date _____

BODY DIAGRAM

Front

Back



Decedent's
Height _____ inches

Name Amador Cofe
Examined [Signature]
By [Signature] Date _____

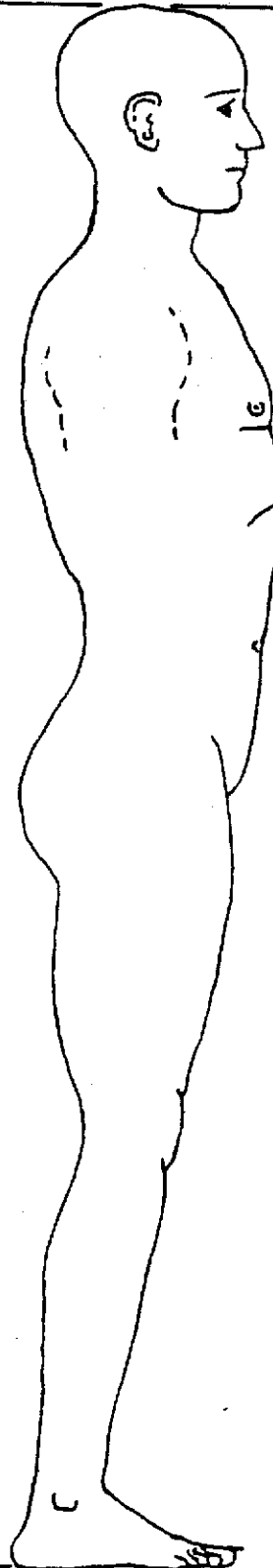
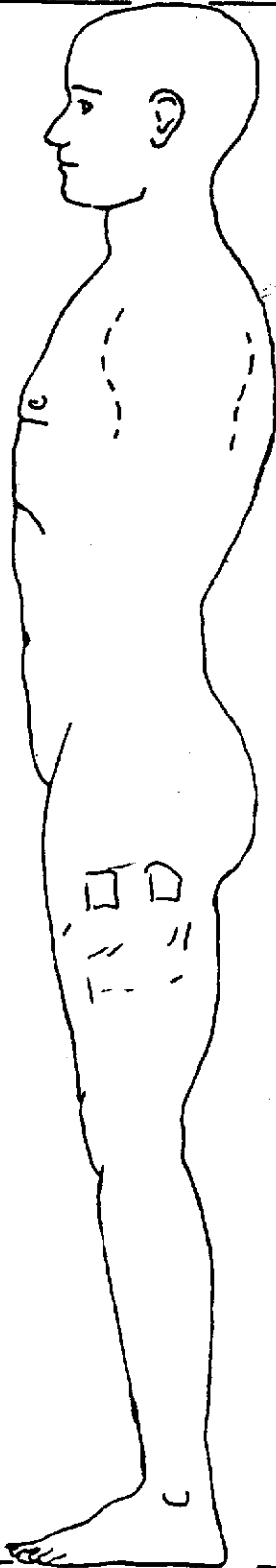
YORK COUNTY CORONER/

YORK PATHOLOGY

BODY DIAGRAM

Left

Right



Decedent's
Height _____ inches

Name Amanda Cole
Examined [Signature]
By [Signature] Date _____

**SEXUAL ASSAULT EXAMINATION PROTOCOL
STATE OF SOUTH CAROLINA
LAW ENFORCEMENT DIVISION
SOUTH CAROLINA HOSPITAL ASSOCIATION**

OIA 104
POST mortem

—Page 1—

ADULT VICTIM SEXUAL ASSAULT INFORMATION AND EXAMINATION FORM

NOTE

If you should have any questions concerning the use of this kit, please call the Department of Forensic Serology and DNA Analysis, SLED Forensic Services Laboratory, at 896-7300 or after 5 p.m. 737-9000.

NAME OF HOSPITAL: P.M.C. DATE: 11-29-01 TIME ADMITTED: _____
NAME OF VICTIM: AMANDA COPE DATE OF BIRTH: 4-14-89
SEX: F RACE: W MARITAL STATUS: SINGLE SSN NO.: YNIC
LAW ENFORCEMENT OFFICER: D.P. McElwain / R.H.P.O. BADGE NO.: CORONER
AGENCY: York Co. coroners office / R.H.P.O.

BRIEF SUMMARY OF ASSAULT—(Include Date, Time, Location; i.e. on bed in victim's or suspect's bedroom. Include, if possible, color of carpet in suspect's home or vehicle; and make/model of the vehicle and its interior/exterior colors.)

PT FOUND DEAD IN HER BED AT HOME

SINCE ALLEGED ASSAULT, HAS VICTIM: — PT DEFENDED

- ☐ Douched
☐ Bathed/Showered
☐ Urinated

- ☐ Defecated
☐ Vomited
☐ Drank/Eaten

- ☐ Brushed Teeth
☐ Used Mouthwash
☐ Changed Clothes

DURING ALLEGED ASSAULT:

Did penis penetrate? ☐ Vulva ☐ Mouth ☐ Anus ☐ No ☒ Not Known
Did assailant experience ejaculation? ☐ Yes ☐ No ☐ Not Known
Did assailant wear condom? ☐ Yes ☐ No ☒ Not Known
During alleged assault did subject state anything to indicate he had any sexually transmitted diseases?

☐ Yes ☒ No If yes, identify: _____

WERE ANY MEDICATIONS, SOCIAL DRUGS OR ALCOHOL TAKEN PRIOR TO OR AFTER ALLEGED ASSAULT?

☐ Yes ☐ No ☒ Not Known
Type: _____ Amount: _____
Time: _____ Date: _____

WAS ANY COERCION USED?

☐ Verbal Threats ☐ Knife ☐ Gun ☐ Choke ☐ Fists
☐ Other _____

ASSAILANT(S): Number: 1 Age(s): _____ Race: _____

ASSAILANT(S)—RELATIONSHIP TO VICTIM:

☐ Stranger ☐ Acquaintance ☐ Friend

☒ Relative (Specify): FATHER

If Relative, Address of Relative: HOME

MEDICAL HISTORY:

Date of last Menses: _____ Normal— ☐ Yes ☐ No
Victim known to be pregnant? ☐ Yes ☒ No ☐ Gravid ☐ Parity
Duration of pregnancy: _____
Has victim had any past pelvic surgical procedures? ☐ Yes ☒ No
If yes, date and reason: _____
Has victim had sexual relations within the last 7 days? ☐ Yes ☐ No UNKNOWN
If yes, date: _____
Condom used? ☐ Yes ☐ No UNKNOWN
Other type of contraception used? _____

GENERAL EXAMINATION

AMANDA COPE

VICTIM'S NAME

DESCRIPTION OF OUTWARD APPEARANCE—(i.e. clothes obtained, torn or glass particles present from broken glass at scene):

DESCRIPTION OF EMOTIONAL STATE—(i.e. crying, agitated, lethargic, frightened, shocked, depressed, etc.)

DECEASED

☐ **OUTER CLOTHING, UNDERPANTS AND DEBRIS COLLECTION**

Note: 1. Wet or damp clothing should be air dried before packaging.

2. If victim is not wearing the clothing worn at the time of the alleged assault, collect only the items that are in direct contact with victim's genital area.
3. If victim changed clothing after assault, inform officer in charge so that the clothing worn at the time of the assault may be collected by the police.
4. Do not cut through any existing holes, rips or stains in victim's clothing.
5. Do not shake out victim's clothing or microscopic evidence will be lost.
6. If additional clothing bags are required, use only new, paper (grocery-type) bags.

Unfold and place a clean hospital bed sheet on floor. Remove paper sheet from Debris Collection bag, unfold and place over bed sheet. Instruct victim to stand in center of paper sheet and carefully disrobe. Collect each item of clothing as removed and place in the Outer Clothing bag. Collect victim's underpants and place in Underpants bag. Fill out all information requested in bag labels. Seal Debris Collection bag and place in the Outer Clothing bag, then seal Outer Clothing bag. Seal Underpants bag with a police evidence seal and return bag to kit box. Return bed sheet to hospital laundry.

☒ **MISCELLANEOUS MATERIALS** — (For comparison with debris found at crime scene or on assailant's body)

Collect any debris found on victim's body (leaves, fibers, hair, etc.) and place in the Miscellaneous Materials envelope. Note location from which miscellaneous material(s) was taken on anatomical drawings on back of envelope. Seal and fill out all information requested on envelope.

☒ **KNOWN SALIVA** — (For secretor status)

Without touching inner circle with your fingers, remove folded filter paper disk from envelope and place inner circle in victim's mouth. Instruct victim to thoroughly saturate inner circle with saliva. Allow disk to air dry, then return to Saliva Sample envelope. Seal and fill out all information requested on envelope. (Caution: Unless sample is completely air dried, the results of the analysis may be erroneous or inconclusive.)

☒ **KNOWN BLOOD STANDARD** — (For SLED Toxicology and Serology/DNA)

Using normal hospital/lab procedure, draw samples from the victim using a lavender stoppered (EDTA) and a gray stoppered tube from hospital/lab stock. Immediately after collection, write the victim's name, date and time collected and your initials on the blood tube labels. Place the filled tubes into the bubble packs provided and then place in the appropriate ziplock bag. Seal the ziplock bag and fill out all information requested on bag.

Note: Any blood samples required by the hospital should be drawn at this time.

☒ **FINGERNAIL SCRAPINGS** — (Collect only if victim scratched assailant's skin)

Left Hand: Remove folded paper labeled "L" and fingernail scraper provided in Fingernail Scrapings envelope, and unfold and place on flat surface. Hold victim's left hand over paper and scrape under all five fingernails, allowing any debris present to fall onto paper. Place used scraper in center of paper, refold paper to retain debris and scraper, tape closed and return to Fingernail Scrapings envelope.

Right Hand: Follow same procedure for right hand using folded paper labeled "R". Then, seal and fill out all information requested on envelope.

GENERAL EXAMINATION (cont.)

AMANDA COPE

VICTIM'S NAME

☒ **SUSPECTED SEMEN** — (It is recommended that a Wood's (UV) lamp be used in the following procedure.)

Examine victim's body for crusted area(s). If found, moisten swab(s) with a saline solution. Then thoroughly swab the suspected area(s). Allow swab(s) to *thoroughly air dry*, then return swab(s) to the Suspected Semen envelope. Note location from which sample(s) was taken on the anatomical drawings on back of envelope. Seal and fill out all information requested on envelope.

☒ **PUBIC HAIR COMBINGS** — (To obtain pubic hairs shed by assailant during the assault.)

Remove paper towel and comb provided in Pubic Hair Combing envelope. Place towel under victim's buttocks. Using comb provided, comb pubic hair in downward strokes so that any loose hairs and/or debris will fall onto paper towel. Refold in manner to retain both comb and any evidence present. Return to Pubic Hair Combing envelope. Seal and fill out all information requested on envelope.

☒ **KNOWN PUBIC HAIRS** — (For comparison with hairs found at crime scene or on assailant's body.)

Pull, do not cut, 15-20 full-length pubic hairs from various locations and place in Known Pubic Hairs envelope. Seal and fill out all information requested on envelope.

☒ **KNOWN HEAD HAIRS** — (For comparison with hairs found at crime scene or on assailant's body.)

Remove folded paper bindles from envelope. Pull, do not cut, 3-5 full length hairs from each of the following scalp locations: center, back, front, left side and right side and place in Known Pubic Hairs envelope. Seal and fill out all information requested on envelope.

☒ **BITE MARKS**

Using one (1) swab per collection site, moisten swab(s) with a saline solution. Then thoroughly swab the bite mark. Allow swab(s) to *thoroughly air dry*, then return swabs to envelope. Seal and fill out all information requested on envelope.

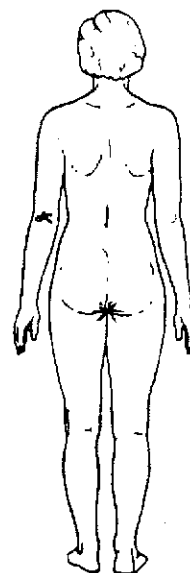
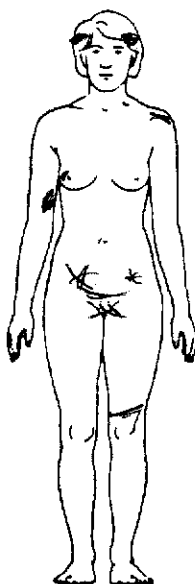
PHYSICAL EXAMINATION:

Describe all signs of trauma i.e. bruises, scratches, bite or suck marks or redness on any part of victim's body.

STRANGULATION MARKS NECK, BLUNT TRAUMA

HEAD ABDOMEN, PELVIS, ARMS, LIPS -
RIGHT BREAST

Indicate location of trauma described above on appropriate anatomical drawing(s).



[Handwritten signature]

Photographs taken? ☒ Yes ☐ No

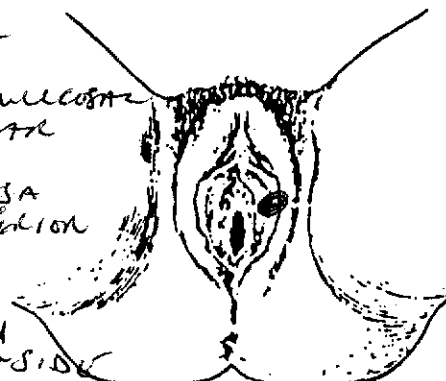
Forensic Odontologist consulted? ☐ Yes ☒ No

VICTIM'S NAME

PELVIC EXAMINATION—(To be performed by qualified medical personnel.)

(Use a non-lubricated speculum.)

VULVA: HEMORRHAGE LEFT SIDE
 INTROITUS: DILATED, FOCAL HEMORRHAGE
 VAGINA: HEMORRHAGE IN WALL, FOCAL MUCOSA
 CERVIX: UPPER MARKABLE - TEAR
 UTERUS: MENSTRUAL, HEMORRHAGE ON SEROSA
 ADNEXA: HEMORRHAGE RIGHT ADNEXA ANTERIOR
 HYMEN: ABSENT (NOT FRESH)
 RECTUM: EXTENSIVE HEMORRHAGE 3-8 IN
 ANUS: SMALL TEAR AND HEMORRHAGE INSIDE
 COMMENTS: EXTENSIVE HEMORRHAGE IN PERINEAL,
RECTUM AND VAGINAL WALL, NO
PERFORATIONS



[Signature]
 (Examiner)

11/29/01
 Date

4pm
 Time

SWABS AND SMEARS COLLECTION PROCEDURE

NOTE

- (A) *Do Not* moisten swabs prior to collection.
- (B) *Do Not* stain or chemically fix smears.
- (C) It is imperative that swabs and smears be *completely air dried* before re-packaging in the kit box.

- ☒ 1 Slide and 4 air dried swabs from the vaginal area (including vulva and cervical areas) for semen analysis
- ☐ 1 Slide and 2 air-dried swabs from rectum for semen analysis (if applicable)
- ☐ 1 Slide and 2 air-dried swabs from the mouth for semen analysis (if applicable)

LABORATORY TESTS TO BE PERFORMED BY HOSPITAL LAB

Wet mount for presence of:

Spermatozoa

- ☐ Motile
- ☐ Non-Motile
- ☒ None Seen

Other

- ☐ Trichomonas
- ☐ Gardnerella
- ☐ Candida

Please perform the following:

- ☐ Pap Smear
- ☐ GC Culture - Oral
- ☐ Other Culture (i.e. Herpes)
- ☒ Gravindex or HCG
- ☐ GC Culture - Vaginal
- ☐ HIV (with victim's consent)
- ☐ VDRL
- ☐ GC Culture - Rectal
- ☐ Urinalysis

AMANDA COPE

01A104 Page 5

VICTIM'S NAME

FOR USE WITH MALE SEXUALLY ABUSED VICTIMS

Note: The specimens listed below should be collected and treated in the same manner as in the female sexual assault protocol.

CHECKLIST FOR SPECIMENS FROM MALE VICTIMS

- | | | |
|------------------------------------------------|-------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Outer Clothing Bag | <input type="checkbox"/> Suspected Semen | <input type="checkbox"/> Bite Marks |
| <input type="checkbox"/> Debris Collection Bag | <input type="checkbox"/> Known Pubic Hair | <input type="checkbox"/> Rectal Swabs and Smears |
| <input type="checkbox"/> Known Blood Standard | <input type="checkbox"/> Known Head Hair | <input type="checkbox"/> Oral Swabs and Smears |
| <input type="checkbox"/> Fingernail Scrapings | <input type="checkbox"/> Known Saliva | <input type="checkbox"/> Miscellaneous Material |
| | | <input type="checkbox"/> Underpants Bag |

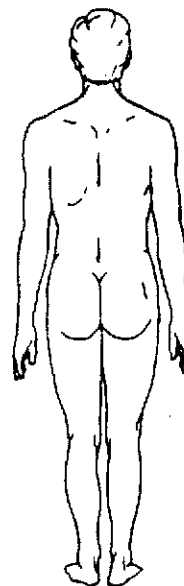
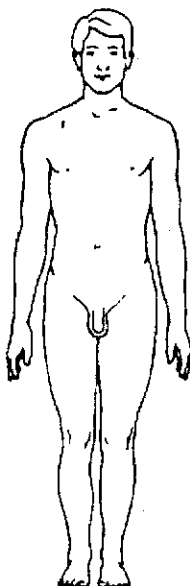
N/A

LABORATORY TESTS TO BE PERFORMED BY HOSPITAL LAB

- ☐ GC Cultures, VDRL and HIV (with victim's consent)

PHYSICAL EXAMINATION: Description of all signs of trauma — i.e. bruises, scratches, redness on any part of the body.

Indicate location of trauma described above on appropriate drawings



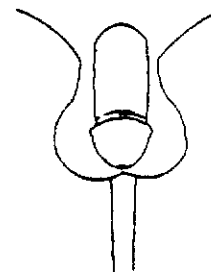
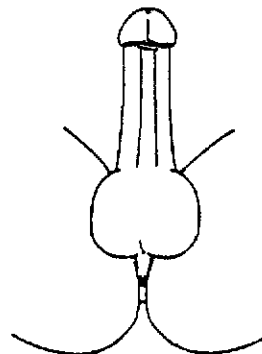
Photographs Taken? ☐ Yes ☐ No

Forensic Odontologist consulted? ☐ Yes ☐ No

EXTERNAL GENITALIA EXAMINATION —
(To be performed by qualified medical personnel)

Note all signs of trauma, i.e. bruises, petechiae, discharges, sphincter tone. Also note any traces of lubricants or rectal soiling.

PENIS: _____
SCROTUM: _____
MEATUS: _____
GLANS: _____
TESTICLES: _____
PERINEUM: _____
RECTUM: _____
ANUS: _____
COMMENTS: _____



(Examiner)

Date

Time

VICTIM'S NAME

TREATMENT RECORD

Was general surgical/laceration repair required?

☐ Yes

☒ No

Describe in detail: _____

DECEASED

Was pelvic surgical/laceration repair required?

☐ Yes

☐ No

Was victim given Tetanus Toxoid?

☐ Yes

☐ No

Was victim given prophylactic antibiotic therapy?
(i.e. for venereal disease)

☐ Yes

☐ No

Specify drug and dosage: _____

Was victim given pregnancy prevention drug?

☐ Yes

☒ No

If no, why not? _____

Was victim given any other medication?

☐ Yes

☐ No

If yes, explain why: _____

DISPOSITION AND FOLLOW-UP:

The victim was referred to: _____

PT DECEASED

PHYSICIAN: _____

DATE: _____

TIME: _____

am

pm

COUNSELOR: _____

DATE: _____

TIME: _____

am

pm

Follow-up appointment should be made with examining physician/examiner. Victim should be seen within 4-6 weeks for a repeat GC and VDRL; and in one month for repeat HIV.

Signature of Nurse: _____

Requests report sent for follow-up to: _____

JAMES L. MAYNARD

(Physician/Examiner)

222 S. HERLOW 6 AVE

(Address)

ROCK HILL, SC 29732

(Examining Physician/Examiner)

FINAL INSTRUCTIONS

1. Make sure information on forms and evidence containers has been completely filled out and that all requested signatures and dates have been completed.
2. Separate forms.
3. Retain white copies of forms for hospital records, place yellow copies in kit box, hand investigating officer pink copies, and forward green copies to DOVA/Victim Compensation.
4. Place the following sealed evidence containers (used and unused) in the SEROLOGY SECTION Evidence Distribution Envelope, then seal envelope with an evidence seal: A) Known Saliva Envelope; B) Known Blood Ziplock Bag containing Lavender-Stoppered Blood Collection Tube; C) Suspected Semen Envelope; D) Bite Marks Envelope; E) Vaginal, Oral, and Rectal Slide Holder; F) Vaginal Swabs Envelope; G) Oral Swabs Envelope; H) Rectal Swabs Envelope; I) Fingernail Scrapings Envelope.
5. Place the following sealed evidence containers (used or unused) in the TRACE SECTION Evidence Distribution Envelope, then seal envelope with an evidence seal: A) Miscellaneous Materials Envelope; B) Pubic Hair Combing Envelope; C) Known Pubic Hairs Envelope; D) Known Head Hairs Envelope.
6. Place the following sealed evidence container (used or unused) in the TOXICOLOGY SECTION Evidence Distribution Envelope, then seal envelope with an evidence seal: A) Known Blood Ziplock Bag containing Gray-Stoppered Blood Collection Tube.
7. Place all sealed Evidence Distribution Envelopes in kit box along with sealed Underpants Bag.
8. Fill out all information requested on kit box top, then affix biohazard label where indicated.
9. Initial police evidence seals and affix where indicated on sides of box.
10. Make first entry on Chain of Custody label on bottom of kit box.
11. Transfer sealed kit and sealed Outer Clothing bag to investigating officer.

NOTE: If officer is not present at this time, place sealed kit and sealed Outer Clothing bag in secure and refrigerated area, and hold for pickup by investigating officer.

NOTE TO INVESTIGATING OFFICER

**IF POSSIBLE, STORE KIT BOX IN REFRIGERATED AREA.
TRANSPORT EVIDENCE TO SLED FORENSIC SCIENCE LABORATORY**

I HEREBY CERTIFY THIS IS A TRUE COPY OF THE RECORD ON FILE IN THE OFFICE OF THE STATE ARCHIVIST

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE OTHER SIDE OF HANDBOOK

STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

COUNTY: YORK

STATE BIRTH NUMBER

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT'S NAME First Middle Last Amanda Renee Cope		SEX Female	DATE OF DEATH (Month, Day, Year) 11-29-2001
SOCIAL SECURITY NUMBER 251-17-4330		AGE - Last Birthday (Years) 54 12	DATE OF BIRTH (Month, Day, Year) 4-14-1989
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No		PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
FACILITY NAME (If not institution, give street and number) 407 Rich Street		CITY/TOWN OR LOCATION OF DEATH Rock Hill	COUNTY OF DEATH York
MARRITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		SURVIVING SPOUSE (If wife, give maiden name) 11	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) 12a Student
RESIDENCE - STATE SC		CITY/TOWN OR LOCATION Rock Hill	STREET AND NUMBER 407 Rich Street
ZIP CODE 29730		Was Decedent of Hispanic Origin? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Specify)	RACE - American Indian, Black, White, etc. (Specify) 15 White
FATHER'S NAME First Middle Last Billy Wayne Cope		MOTHER'S NAME First Middle Last Mary Sue Davis	KIND OF BUSINESS/INDUSTRY 12b Elementary Education
MARRIAGE ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a 950 Lucas St., Rock Hill, SC 29730		INSIDE CITY LIMITS? (Yes or No) 13b Yes	
METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Translocation State		PLACE OF DISPOSITION (Name of cemetery, crematorium, or other place) Grandview Memorial Park Hillsides	
FACILITY NAME (If not institution, give street and number) Greene Funeral Home		LOCATION (City or Town, State) Rock Hill, SC	
EMBALMER (Signature) 21a		EMBALMER LICENSE NO. 21b 1916	LICENSE NUMBER (of facility) 22a 301
TIME OF DEATH APPROX 2:30am		DATE PROHOUNCED DEAD (Month, Day, Year) 11-29-01	WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) 23 No
IMMEDIATE CAUSE (Final Cause of Death) HYPOXIA		APPROXIMATE INTERVAL BETWEEN CAUSE AND DEATH	
MANUAL STRANGULATION		MULTIPLE BLUNT TRAUMA/SEXUAL ASSAULT	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Yes or No) 24a Yes	
25 MANNER OF DEATH <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined		26 INJURY AT WORK? (Yes or No) 27c No	
DATE OF INJURY (Month, Day, Year) 27a		TIME OF INJURY 27b	27c INJURY AT WORK? (Yes or No)
PLACE OF INJURY (Home, Farm, Street, Factory, Office, etc.) (Specify) 30a		LOCATION (Street and Number or Rural Route Number, City or Town, State) 30b	
CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFIED PHYSICIAN (If physician certifying death) <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER		NAME OF ATTESTING PHYSICIAN (Other than Certifier) 32	
SIGNATURE AND TITLE OF CERTIFIER (To the best of my knowledge, death occurred at the time, date and place, and due to the causes and manner as stated.) 33a Douglas P. McKown, D-ABMDI		LICENSE NUMBER 33b Coroner	DATE SIGNED (Month, Day, Year) 33d 12/4/01
NAME AND ADDRESS OF PERSON WHO SIGNED WITNESS (Type/print) 34 Douglas P. McKown, PO Box 1156, York, SC 29745		DATE FILED (Month, Day, Year) 36 DEC 05, 2001	
REGISTRAR'S SIGNATURE 35		DATE FILED (Month, Day, Year) 36	

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STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CERTIFICATE OF DEATH

STATE BIRTH NUMBER

STATE FILE NUMBER

1. DECEASED'S NAME First: Amanda Middle: Renee Last: Cope		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) 11-29-2001
4. SOCIAL SECURITY NUMBER 251-17-4330	5a. AGE - Last Birthday (Years) 12	5b. UNDER 1 YEAR Months: 12 Days: 00 Hours: 00 Minutes: 00	6. DATE OF BIRTH (Mo., Day, Year) 4-14-1989
7. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No		8. PLACE OF DEATH (Check only once; see instructions on other side) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify):	
9a. FACILITY NAME (If not institution, give street and number) 407 Rich Street		9b. CITY, TOWN, OR LOCATION OF DEATH Rock Hill	9c. COUNTY OF DEATH York
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Never Married	11. SURVIVING SPOUSE (If wife, give maiden name)	12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Student	13. KIND OF BUSINESS/INDUSTRY Elementary Education
14. RESIDENCE - STATE SC	15. COUNTY York	16. CITY, TOWN, OR LOCATION Rock Hill	17. STREET AND NUMBER 407 Rich Street
18. ZIP CODE 29730	19. Was Decedent of Hispanic Origin? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Specify)	20. RACE - American Indian, Black, White, etc. (Specify) White	21. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12) 6 College (1, 4 or 5-)
12a. FATHER'S NAME First: Billy Middle: Wayne Last: Cope		12b. MOTHER'S NAME First: Mary Middle: Sue Maiden Surname: Davis	
13a. INFORMANT'S NAME (Type/Print) Mary S. Cope		13b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 950 Lucas St., Rock hill, SC 29730	
14. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Grandview Memorial Park-Hollis Lakes	
16. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (Type/Print) Greene Funeral Home		17. LOCATION - (City or Town, State) Rock Hill, SC	
18. FUNERAL DIR. LICENSE NO. 2060		19. NAME AND ADDRESS OF FACILITY PO Box 11549	
20. EMBALMER (Signature) <i>[Signature]</i>		21. EMBALMER LICENSE NO. 301	
22. Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.		23. To the best of my knowledge, death occurred at the time, date, and place stated.	
24. TIME OF DEATH APPROX 2:30am		25. DATE PRONOUNCED DEAD (Month, Day, Year) 11-29-01	
26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) Yes		27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. HYPOXIA DUE TO (OR AS A CONSEQUENCE OF): MANUAL STRANGULATION DUE TO (OR AS A CONSEQUENCE OF): MULTIPLE BLUNT TRAUMA/SEXUAL ASSAULT DUE TO (OR AS A CONSEQUENCE OF):	
28. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		29. AUTOPSY (Yes or No) Yes	
30. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		31. DATE OF INJURY (Month, Day, Year) 11-29-01	
32. TIME OF INJURY 2:30am		33. INJURY AT WORK? (Yes or No) No	
34. PLACE OF INJURY - (Home, Farm, Street, Factory, Office, etc.) (Specify) Home		35. DESCRIBE HOW INJURY OCCURRED Strangled	
36. LOCATION (Street and Number or Rural Route Number, City or Town, State) 407 Rich Street, Rock Hill, SC		37. IF YES, WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No) Yes	
38. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death) <input type="checkbox"/> MEDICAL EXAMINER <input checked="" type="checkbox"/> CORONER <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death)		39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
40. SIGNATURE AND TITLE OF CERTIFIER (To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.) <i>[Signature]</i> D-ARMINT		41. LICENSE NUMBER Coroner	
42. NAME AND ADDRESS OF PERSON WHO SIGNED IN 33a. (Type/Print) Douglas P. McKown, PO Box 1156, York, SC 29745		43. DATE SIGNED (Month, Day, Year) 12-01	
44. REGISTRAR'S SIGNATURE <i>[Signature]</i>		45. DATE FILED (Month, Day, Year) 12-01	

See instructions on other side
Pronouncing Physician Only
Other Side

12a.
12b.

13a.

3b.

3c.

4a.

HEC 670
Rev. 1000

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INSTRUCTIONS
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INSIDE
AND HANDBOOK

STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CERTIFICATE OF DEATH

STATE BIRTH NUMBER

STATE FILE NUMBER

1. DECEDENT'S NAME First: Amanda Middle: Renee Last: Cope		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) 11-29-2001
4. SOCIAL SECURITY NUMBER 251-17-4330	5a. AGE - Last Birthday (Years) 12	5b. UNDER 1 YEAR Months: Days: 5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo., Day, Year) 4-14-1989
7. BIRTHPLACE (City, and State or Foreign Country) Rock Hill, SC		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No	
9a. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		10. FACILITY NAME (If not institution, give street and number) 407 Rich Street	
11. CITY, TOWN, OR LOCATION OF DEATH Rock Hill		12. COUNTY OF DEATH York	
13. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Nev. Married		14. SURVIVING SPOUSE (If wife, give maiden name) 15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Student	
16. KIND OF BUSINESS/INDUSTRY Elementary Education		17. RESIDENCE - STATE SC	
18. COUNTY York		19. CITY, TOWN, OR LOCATION Rock Hill	
20. STREET AND NUMBER 407 Rich Street		21. INSIDE CITY LIMITS? (Yes or No) Yes	
22. ZIP CODE 29730		23. Was Decedent of Hispanic Origin? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Specify)	
24. RACE - American Indian, Black, White, etc. (Specify) White		25. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6	
26. FATHER'S NAME First: Billy Middle: Wayne Last: Cope		27. MOTHER'S NAME First: Mary Middle: Sue Maiden Surname: Davis	
28. INFORMANT'S NAME (Type/Print) Mary S. Cope		29. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 950 Lucas St., Rock hill, SC 29730	
30. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State 20a. <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		31. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Grandview Memorial Park-Hollis Lakes	
32. LOCATION - (City or Town, State) Rock Hill, SC		33. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (Signature) 21a. 2060	
34. NAME AND ADDRESS OF FACILITY Greene Funeral Home PO Box 11549 Rock Hill, SC 29731		35. LICENSE NUMBER (of facility) 301	
36. EMBALMER (Signature) 21c. 21d.		37. EMBALMER LICENSE NO. 21f.	
38. Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.		39. To the best of my knowledge, death occurred at the time, date, and place stated. 23a. Signature and Title	
40. TIME OF DEATH 24. APPROX 2:30am M 25. 11-29-01		41. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) 26. yes	
42. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>HYPOXIA</u> DUE TO (OR AS A CONSEQUENCE OF): b. <u>MANUAL STRANGULATION</u> DUE TO (OR AS A CONSEQUENCE OF): c. <u>MULTIPLE BLUNT TRAUMA/SEXUAL ASSULT</u> DUE TO (OR AS A CONSEQUENCE OF): d. <u></u>		43. Approximate Interval Between Onset and Death	
44. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		45. AUTOPSY (Yes or No) 28a. Yes	
46. IF YES, WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No) 28b.		47. MANNER OF DEATH 29. <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined	
48. DATE OF INJURY (Month, Day, Year) 30a.		49. TIME OF INJURY 30b. M 30c.	
50. INJURY AT WORK? (Yes or No) 30d.		51. DESCRIBE HOW INJURY OCCURRED 30e.	
52. PLACE OF INJURY - (Home, Farm, Street, Factory, Office, etc.) (Specify) 30f.		53. LOCATION (Street and Number or Rural Route Number, City or Town, State) 30g.	
54. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death) <input type="checkbox"/> MEDICAL EXAMINER <input checked="" type="checkbox"/> CORONER 31. SIGNATURE AND TITLE OF CERTIFIER To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 33a. D-ABMDT		55. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 32.	
56. LICENSE NUMBER 33b. Coroner		57. DATE SIGNED (Month, Day, Year) 33d. 12401	
58. NAME AND ADDRESS OF PERSON WHO SIGNED IN 33a. (Type/Print) 34. Douglas P. McKown, PO Box 1156, York, SC 29745		59. REGISTRAR'S SIGNATURE 35.	
60. DATE FILED (Month, Day, Year) 36.			

9a.

9b.

9d.

For Use By Physician Or Institution
Pronouncing Physician Only →
See Definition On Other Side

12a.

12b.

13a.

13b.

13c.

30e.

Supplemental Report of Cause of Death
Office of Vital Records and Public Health Statistics

April 10, 2002

Death Certificate No. :
01-032756
(State Office Use Only)

Name of Deceased: AMANDA RENEE COPE

Date of Death: 11/29/01

County of Death: YORK

Age: 12

Sex: F Race: W

Reason for supplemental information:

- ☐ Autopsy Findings.
☐ Additional information for
Classifying Cause of Death.
☐ Other, specify:

- ☒ Cause of Death Pending on Original Certificate.
☒ Requested by physician/coroner/medical examiner.
☒ Manner of death and/or accident information.

homicide

TIME OF DEATH 24. APP. 230A		DATE PRONOUNCED DEAD (Month, Day, Year) 25. 11/29/01		WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) 26. YES	
27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. HYPOXIA			
		b. DUE TO (OR AS A CONSEQUENCE OF): MANUAL STRANGULATION			
		c. DUE TO (OR AS A CONSEQUENCE OF): MULTIPLE BLUNT TRAUMA/SEXUAL ASSULT			
		d. DUE TO (OR AS A CONSEQUENCE OF):			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					
29. MANNER OF DEATH		DATE OF INJURY (Month, Day, Year)		TIME OF INJURY	
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide		30a. 11-29-01		30b. 4:00 PM	
<input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		30c. NO		30d. SEXUAL ASSULT / ADULT	
		PLACE OF INJURY - (Home, Farm, Street, Factory, Office, etc.) (Specify)		LOCATION (Street and Number or Rural Route Number, City or Town, State)	
		30e. Home		30f. 407 Rich St. R.H.S.C	

* Additional Information Requested:

Please investigate, verify and complete items 28b and 30a-30f above.

Signature and Title of Certifying Officer: [Signature]
Date Signed: 4-29-02

DOUGLAS P MCKOWN, CORONER
P O BOX 1156
YORK SC 29745

(State Office Use Only)
Death certificate updated pursuant to SC Reg. 61-19,
Section 18(f) _____
(Nosologist)

PIEDMONT MEDICAL CENTER
222 S. Herlong Avenue
Rock Hill, SC 29732
AUTOPSY REPORT

01:AU000104

DECEDENT'S NAME: COPE, AMANDA R

AGE: 12 Year Old White Female

AUTOPSY AUTHORIZED BY: Doug McKown, York County Coroner

DATE AND TIME OF DEATH: 11/29/01, Early Morning Hours, Approximately 0200-0400

DATE AND TIME OF AUTOPSY: 11/29/01, 1400

PROSECTOR: James L. Maynard, MD

ASSISTANT: Doug McKown, YCC

PERSON(S) PRESENT: Mike Williams, Todd Garner, Charlene Blackwelder, RHPD

CLINICAL SUMMARY

The decedent was found dead in her bed at home by her father at approximately 0600. He allegedly stated that he found the fringe of a blanket wrapped around her neck five times.

Allegedly, the girl and her two siblings had gone to bed at approximately 0130 after staying up doing homework. The mother was not at home as she was working third shift and would not arrive until 0700.

The prosector was requested and went to the scene. The scene revealed a very filthy house in marked disarray. Furniture and clothing were scattered everywhere. The rooms were packed with different items. The decedent was found somewhat diagonal in her bed. There was a blanket and a bedspread underneath her. She was not covered by any sheets or blankets. In the bed with her were several different items of clothing which were not of her size. There were homework papers underneath her body. Books were beside her right side and adjacent to her left shoulder. Also underneath the body was a metal stapler and a large metal collapsable rack that holds music. She was lying on her bed when seen. Allegedly, the father had found her facedown and had rolled her over. The bed frame support at one end was broken. Numerous roaches, bugs, and apparent lice were noted in the house. Three cats were present in the house.

Examination of the decedent at the scene at 0830 revealed 1-2+ rigor mortis. There was 1+ facial livor mortis and 1-2+ left sided livor mortis.

The body and clothing were examined by ultraviolet light at the scene and again at Piedmont Medical Center.

The body along with the clothing and bed clothing were sealed and transported to Piedmont Medical Center.

EXTERNAL EXAMINATION

The decedent is a moderately obese young girl appearing her stated age. The decedent measures 63 inches in length and weighs approximately 160-170 pounds. The decedent has medium length brown hair. There is a rubber band around some of the hair forming a

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COPE, AMANDA R**EXTERNAL EXAMINATION**

(Continued)

partial ponytail. Several rings and a watch are on the body. No jewelry is about the neck.

Examination of the head hair reveals lice to be present.

EXAMINATION OF CLOTHING: The decedent is dressed in a blouse, bra, long gym or warm-up pants, and underwear. The left breast was noted to be exposed and uncovered at the scene. The right breast was covered. The bra was not hooked but laid loosely over the breast. The bra was above the left breast. The straps were on the shoulders. The hook from the left side was between the left arm and the body. The left arm was extended outward somewhat. There were areas of fluid noted over the front of the blouse and over the left shoulder. These fluoresced prominently. Examination of the pants revealed fluid over the left groin area. This also fluoresced prominently. The pants were partially up. The back of the pants was up further than the front. The front just covered the pubic hair. The pants were rolled inward. This was noted on both the underwear and the pants. The back was not rolled. There were scattered hairs present on both the blouse and pants. These were removed and retained. There was also a hair present over the left flank. This was retained in addition.

DESCRIPTION OF INJURIES**DESCRIPTION OF EXTERNAL INJURIES:**

Examination of the scalp does not reveal any contusions or abrasions. Examination of the face reveals early bruising beneath the eye and extending onto the right cheek. There is an additional faint area of bruising over the left face and cheek. Examination of the eyes reveals large areas of scleral hemorrhage up to 0.5 cm. in size. The pupils are fixed and dilated. Examination of the nose reveals foamy material exuding. Examination of the mouth reveals edema and contusions along with hemorrhage of the upper and lower lips. This is most prominent on the lower lip. On the outer aspect of the lower lip is a 0.3 cm. mark suggestive of a bite mark. This did not penetrate the skin. Examination of the inner lip reveals a 1 cm. laceration of the inner mid lip. There are additional lacerations over the corners of the lips on the lower aspect. Examination of the remainder of the buccal mucosa reveals areas of hemorrhage extending prominently up the right side, both on the maxillary and mandibular portions. It was also on the left side in addition. The tip of the tongue appears unremarkable. No fractures of the teeth are identified. Manipulation of the bones of the face and of the mandible do not reveal any fractures. Examination of the neck reveals multiple petechiae predominantly over the left side. These are in a V shaped fashion extending from the midline of the neck superiorly toward the angle of the jaw and inferiorly toward the left clavicle. The spread is 3-4 inches and the distance is approximately 4 inches. There are a few small petechiae noted over the right mid neck. Also on the right mid

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DESCRIPTION OF INJURIES

(Continued)

neck in the mid portion beneath the mandible is a round to oval 1 cm. hemorrhagic area. No abrasion of the skin is identified. Examination of the back of the neck does not reveal any ligature marks. No evidence of abrasions are noted on the neck. Examination of the chest reveals a small left breast. The right breast is approximately twice the size of the left breast. There is a 1 cm. possible hemorrhagic area lateral to the right nipple. Wipes for DNA testing were obtained. Incising this does reveal hyperemia or possible hemorrhage beneath it. The abdomen is unremarkable. Examination of the flanks reveal an area of discoloration over the right lateral flank and also over the left lateral flank. These are ill defined areas in the mid portion. In addition, examination under fluorescent light reveals a 5 x 3 cm. area of fluorescence over the right lateral flank approximately rib 8 thru rib 11. This area wipes off with a swab. This is retained. Examination of the upper extremities reveal an abraded contused area 1.5 cm. in size over the top of the left shoulder. Incising this reveals a 5 cm. area of deep hemorrhage. This extends to the underlying bone. Examination of the upper extremities at the time of the autopsy does not reveal any contusions, abrasions, or lacerations. No asymmetry is identified. Examination of the hands reveals a very short partially polished nails. These are scraped and clipped. Examination of the lower extremities reveals a soft clear substance over the left upper inner thigh that appears to be coming from the vaginal area. Portions of this material are obtained. The thighs have focal small areas of fluorescence. There is a small area of horizontal bruising above the left knee. Examination of the back is unremarkable.

Examination of the left lateral thigh reveals irregular areas of contusion, abrasion, and hemorrhage. Some of these reveal distinct patterns. There are two square-shaped patterns on the upper portion approximately level with the inferior buttock crease. Each of these is 2 x 2 cm. In addition there are linear contusions and abrasions beneath these for an additional 8 cm. These appear to be consistent with the stapler and metal music holder found in the bed. Examination of the pants after finding these, do not reveal any tears or separations of the fabric.

Examination of the perineum reveals a menstrual pad to be in place. There is a small amount of blood present. No straps are with the pad. The pad is rolled rather than being flat. There is prominent hyperemia or hemorrhage of the left labia minora. There is also some hyperemia present on the right side. Examination of the anal area reveals apparent hemorrhage and a possible tear. (See further examination).

The decedent was re-examined one and two days after the autopsy. There was more prominence of the bruising on the face. There was a bruise noted below and slightly posterior to the left ear approximately 2 inches in size. The left elbow also had a small area

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DESCRIPTION OF INJURIES

(Continued)

of bruising. There was an additional area of bruising in the lower upper inner arm just above the elbow. This was approximately 1 inch in size.

INTERNAL EXAMINATION

The body is opened with a Y-shaped thoracoabdominal incision.

SEROUS CAVITIES: Right and left pleural cavities are unremarkable. Pericardial cavity is unremarkable. The peritoneal cavity contains extensive hemorrhage in the soft tissue of the pelvis of the right lateral wall and focally the left lateral wall. Extensive hemorrhage is beneath the symphysis pubis.

HEART: The heart weighs 300 gms., has a smooth epicardial surface. The cut surface reveals an unremarkable myocardium and endocardium. The valves are unremarkable. The coronary arteries are free of atherosclerosis.

LUNGS: The right lung weighs 400 gms; the left lung 410 gms. The surfaces are congested. The cut surface reveals marked edema fluid. Frothy fluid is in the bronchi. The pulmonary vessels are not remarkable. The hilar nodes are unremarkable.

GREAT VESSELS: The aorta and venae cavae are unremarkable.

LIVER: The liver weighs 1900 gms. and is congested. The cut surfaces are unremarkable. The gallbladder is present and is unremarkable. The biliary tree is patent.

PANCREAS: Focal hemorrhage is in the soft tissue just inferior to the mid portion of the pancreas. The pancreas is otherwise unremarkable.

SPLEEN: The spleen weighs 210 gms. and has focal subcapsular hemorrhage.

GASTROINTESTINAL TRACT: The pharynx and esophagus are unremarkable. The stomach contains approximately 100 cc. of partially digested food. Rice, peas, carrots, and other material are present. Examination of the duodenum reveals a mesenteric tear in the second portion of the duodenum. Some hemorrhage is present. Hemorrhage is also on the serosa of the duodenum in this area. The third portion of the duodenum is unremarkable. The remainder of the small intestine is unremarkable except for a 5 cm. Meckel's diverticulum in the mid portion. Examination of the cecum reveals transmural hemorrhage. There is prominent serosal hemorrhage along with transmural hemorrhage present. No evidence of ulceration of the mucosa is identified. The appendix is present and unremarkable. The ascending, transverse, and descending colons are not remarkable. The stool is soft. No blood is present. The sigmoid colon is unremarkable.

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COPE, AMANDA R**INTERNAL EXAMINATION**

(Continued)

ANUS AND RECTUM: Examination of the anus reveals hemorrhage at the anorectal junction in one area. This is 1 x 0.5 cm. in size. There is a small mucosal tear 0.4 cm. in length. This is running anterior posterior. There is prominence of the anal papillae. Examination of the rectum reveals prominent Peyer's patches 3 inches proximal to the anorectal junction. From 3 inches to 8 inches from the anorectal junction is a large area of hemorrhage in the wall. No evidence of hemorrhage is present on the serosal surface. No ulceration is identified. No perforations are present.

GENITALIA: Examination of the external genitalia reveals marked hyperemia of both the right and left sides. The hymen is absent. The vaginal opening is approximately 3 cm. in diameter. There is an area of hemorrhage over the left labia minora. Incisioning this does reveal hemorrhage in the underlying tissue. Removal of the entire vaginal canal reveals a small irregular superficial tear approximately 3 inches inward. There is extensive hemorrhage within the wall of the vagina in multiple areas. No tears are present. Examination of the cervix reveals a moderate exoversion. The os is somewhat dilated. Smears and material are obtained from the vaginal canal and cervix. Examination of the uterus reveals hemorrhage in the right broad ligament. This is 1.5 cm. in size. There is also hemorrhage over the right anterior uterine wall. The left side appears unremarkable. The cut surface reveals a menstrual endometrium. No evidence of pregnancy is identified. The myometrium appears unremarkable. Sections of the ovaries reveal a hemorrhagic corpus luteal cyst on the right side. the tubes are unremarkable.

NECK ORGANS: Examination of the neck reveals extensive hemorrhage in the strap muscles and soft tissue of the left neck. There is prominent hemorrhage beneath the left thyroid and the left thyroid cartilage. There is a small amount of hemorrhage in the right strap muscles. The hyoid bone and thyroid cartilage are unremarkable. No fractures are identified. The pharyngeal mucosa appears to be unremarkable. The airway is patent but has foamy frothy material. The right neck does have hemorrhage beneath the round to oval spot noted beneath the mid mandible.

Examination of the thyroid reveals a 15 gm. thyroid. Some hemorrhage is noted over the left side. Examination of the thymus reveals a few petechiae to be present.

SKELETAL SYSTEM: No fractures or dislocations are identified. The ribs are unremarkable. The cervical spine is intact.

SCALP AND SUBGALEA: No external evidence of trauma is identified. Reflecting the skin reveals extensive hemorrhage in the left temporalis muscle and in the left subgalea. There is moderate hemorrhage of the right temporalis muscle and right subgalea. Also

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INTERNAL EXAMINATION

(Continued)

present are focal areas of hemorrhage over the mid frontal scalp. No hemorrhage is noted over the posterior occipital scalp.

SKULL: No fractures are identified. There appears to be probable hemorrhage in the mastoid bones of both the right and left sides.

BRAIN: The brain weighs 1350 gms. and is markedly edematous. There is subdural hemorrhage present over the left side and focally over the right side in the mid parietal to occipital areas. Approximately 30 cc. total is present. Marked congestion and focal areas of leptomenigeal hemorrhage are present. The cut surface reveals moderate tonsillar and uncal herniation. No hemorrhages are grossly identified. No mass lesions are present.

EYES: The eyes are removed and there is extensive scleral hemorrhage. There is also hemorrhage that extends into the muscles of both eyes. The eyes are fixed prior to further examination.

DISPOSITION OF EVIDENCE: A rape kit is obtained. Clippings and scrapings of the nails are also obtained. Individual hairs found on the body are obtained. Wipes of the right breast and of the left inner thigh are also obtained. The clothing was sealed in addition. All of the material was appropriately labeled, identified, and sealed and given to Detective Robin Davis, Rock Hill Police Department.

BLOCK SUMMARY:

- 1 - Sections of the abrasion and contusion left shoulder
- 2 - Possible right breast injury
- 3 - Lower lip mucosa
- 4 - Soft tissue from the right neck
- 5 - Left labia minora
- 6 - Hemorrhagic peritoneum right pelvic wall
- 7,8 - Mesenteric tear from the duodenum
- 9 - Right temporalis muscle
- 10 - Left temporalis muscle
- 11 - Cecal wall
- 12,13,14 - Anal hemorrhage and small tear
- 15 - Distal rectum
- 16,17 - More distal beginning areas of the hemorrhage
- 18 - Upper area of hemorrhage in the rectum
- 19 - Sections of the posterior introital wall of the vaginal opening
- 20,21 - Anterior introitus
- 22,23 - Area of the mucosal tear in the mid vagina
- 24 - Upper vaginal mucosa
- 25 - Soft tissue adjacent to the vaginal wall posterior
- 26 - Hemorrhagic area of the cornu and broad ligament on the right side of the uterus
- 27 - Soft tissue beneath the vaginal wall in the upper vagina
- 28,29 - Sections of the cervical os

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INTERNAL EXAMINATION

(Continued)

- 30 - Endometrium
- 31 - Spleen
- 32 - Pancreas and liver
- 33 - Kidney and lung
- 34 - Lung
- 35 - Thymus
- 36,37,38,39 - Brain
- 40 - Heart
- 41 - Left posterolateral neck and left posterior thyroid
- 42 - Left anterior neck adjacent to the midline
- 43 - Strap muscles of the anterior neck
- 44 - Right posterior and posterolateral neck
- 45 - Left vocal cords
- 46 - Left eye
- 47 - right eye

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MICROSCOPIC DESCRIPTION

HEART: Sections of the myocardium are not remarkable. No hemorrhage, inflammation, or degenerative changes are identified.

LUNGS: The lungs have congestion and edema. There are focal areas of fresh hemorrhage present. No acute inflammation is present. Several areas of minimal chronic inflammation are noted. No foreign material is identified in the bronchi.

LIVER: The liver is not remarkable. No inflammation, degenerative changes, or atypia are identified.

PANCREAS: Mild autolysis is present. There is mild peripancreatic hemorrhage in the fatty tissue. No acute inflammation or fat necrosis are identified.

SPLEEN: The spleen has focal areas of subcapsular hemorrhage. No tears or disruption are identified. One area of parenchymal hemorrhage is also noted.

KIDNEYS: Sections of the kidneys reveal congestion. No inflammation or atypia are identified. No hemorrhages are identified.

THYMUS: Sections of the thymus reveal unremarkable thymic tissue. No hemorrhage or abnormalities are present.

NECK ORGANS AND CONTENTS: Sections of the soft tissue from the left neck and left posterior thyroid reveal extensive hemorrhage. The red cells are fresh. No inflammation is identified. The hemorrhage is in the fibroadipose tissue and within the skeletal muscle. The strap muscles of the anterior neck also have areas of hemorrhage. The right posterior neck tissue also has hemorrhage within the fibroadipose tissue and within the muscle. There are focal areas of hemorrhage in the left laryngeal tissue. Sections of the thyroid reveal scattered areas of hemorrhage. No abnormalities of the thyroid are identified.

BRAIN: Sections of the brain reveal leptomeningeal hemorrhage. The hemorrhage is fresh and prominent. No inflammation is identified. Sections of the cerebral tissue reveal focal hemorrhages to be present in the white matter. These are predominantly around vessels. There are other areas of hemorrhage around the ventricles away from vessels. No acute inflammation is identified. No AV malformations are other abnormalities are present.

EYES: Sections of the left eye reveal focal posterior retinal hemorrhage. No vitreous hemorrhage is identified. There is hemorrhage in the periorbital soft tissue. Sections of the right eye reveal extremely prominent hemorrhage in the periorbital soft tissue. No evidence of retinal hemorrhage, however, is identified. Marked congestion is noted.

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MICROSCOPIC DESCRIPTION

(Continued)

ABRASION FROM LEFT SHOULDER: Sections of the abrasion from the left shoulder reveal marked hemorrhage in the deep dermal and subcutaneous tissue. No inflammation is identified. The overlying epithelium is focally irregular. No inflammation is identified.

RIGHT BREAST LESION: Sections of the lesion from the right breast reveal hemorrhage to be present in the deeper tissue. Areas of hemorrhage are also noted in the mid dermis. The epithelium does not appear to be disrupted. No foreign material is identified. No acute inflammation is present.

LOWER LIP MUCOSA: Sections of the mucosa from the lower lip reveal marked hemorrhage in the soft tissue and in the deeper tissue. Hemorrhage is in deeper salivary gland tissue. No acute inflammation is identified.

RIGHT TEMPORALIS MUSCLE, HEAD: Marked hemorrhage is in the muscle and fibroadipose tissue. This is quite extensive in the sections. No acute hemorrhage is identified.

LEFT TEMPORALIS MUSCLE, HEAD: Sections of the left temporalis muscle also reveal extensive acute hemorrhage both in the fibroadipose tissue and in the muscle.

MESENTERIC TEAR, DUODENUM: Sections of the mesenteric tear of the duodenum reveal extensive hemorrhage. Hemorrhage is fresh. No evidence of acute inflammation is identified. No organization is present. Sections of several lymph nodes are not remarkable.

VAGINA AND UTERUS: Sections of the left labia reveal marked vascular congestion. There is mild chronic inflammation present. There are a few areas of hemorrhage with minimal numbers of red cells being present. Sections of the posterior vaginal introital wall reveal marked congestion of the vessels. There is mild chronic inflammation present. A few areas of mild fresh hemorrhage are noted. There are also a few areas with epithelial loss consistent with abrasion. Sections of the anterior vaginal introitus reveal marked hemorrhage beneath the epithelium along with marked vaginal congestion. There are focal areas of epithelial loss consistent with abrasion. There is also a mild to moderate chronic inflammatory cell infiltrate. Focal koilocytosis is noted. Sections of the mid vaginal tissue reveal hemorrhage within the wall. Areas of chronic inflammation are present. There is an area of epithelial loss present consistent with an abrasion. Marked vascular congestion is present. Sections of the upper vaginal mucosa reveal marked tissue congestion. Hemorrhage is in the soft tissue in the submucosal area. The mucosa appears to be intact. Sections of the soft tissue adjacent to the posterior vaginal wall reveal marked hemorrhage throughout the fibromuscular and fibroadipose tissue. No acute inflammation is present. Sections of the right cornu and broad ligament of the uterus reveal marked

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COPE, AMANDA R**MICROSCOPIC DESCRIPTION**

(Continued)

hemorrhage. Again, no inflammation is identified. Sections of the soft tissue and vaginal wall in the upper vagina reveal marked hemorrhage. Sections of the cervix reveal marked congestion. There is chronic cervicitis present. Focal areas of hemorrhage are noted. Some hemorrhagic material is in the vaginal canal. Areas of squamous metaplasia and slight nuclear variability are noted focally in the cervix. The mucus within the cervical os reveals a moderate amount of hemorrhagic material. Sections of the endometrium reveal a menstrual endometrium. Sloughing and hemorrhage are present. The myometrium reveals marked vascular congestion. No hemorrhage is identified other than the cornu on the right side.

CECUM: Sections of the cecal wall reveal prominent hemorrhage transmurally. There is hemorrhage focally present in the adjacent mesenteric tissue. Autolysis is present.

ANUS AND RECTUM: Sections of the anal mucosa reveal prominent hemorrhage in the deeper submucosa. Focal hemorrhage is within the wall. There are focal areas of epithelial loss at the anorectal junction. No acute inflammation is identified. Sections of the distal rectum reveal focal areas of epithelial loss and prominent vascular congestion. Mild chronic inflammation is present. Areas of hemorrhage are noted in the mucosa and submucosa. The distal rectum also has areas of lymphoid hyperplasia. Sections of the mid rectal tissue reveal areas of hemorrhage, epithelial loss, and marked vascular congestion. The hemorrhage is quite prominent within the wall but also within the submucosa. Sections of the more proximal rectal tissue also reveal prominent hemorrhage and vascular congestion. The upper most portion of the rectum is also similar with extensive hemorrhage within the soft tissue and in the rectal wall.

HEMORRHAGE IN RIGHT PERITONEAL WALL: Marked hemorrhage is in the right peritoneal wall within the soft tissue and fibroadipose tissue. No acute inflammation is present.

SMEARS OF VAGINAL MATERIAL: Smears of the vaginal material do not reveal any identifiable spermatozoa. Increased numbers of bacteria and polys are noted. No atypical changes are identified. There is some blood present.

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AUTOPSY REPORT01:AU000104
COPE, AMANDA R**FINAL SUMMARY**

The decedent was a 12 year old girl who was allegedly found by her father dead in bed. He allegedly stated that he found the girl with a blanket wrapped around her neck.

The autopsy revealed extensive injuries to the head, neck, abdomen, and perineum. There was evidence of repeated and massive trauma to these regions. In addition, evidence of sexual assault was noted. The brain had a small amount of subdural hemorrhage along with prominent leptomeningeal hemorrhage and hemorrhages within the white matter. Swelling of the brain was present. The neck revealed extensive hemorrhage consistent with strangulation. The hyoid bone was intact. The lungs had focal areas of hemorrhage present. The abdomen had extensive pelvic hemorrhage with hemorrhage along the pelvic brim. There was hemorrhage in the cecum noted transmurally. There was a tear of the mesenteric tissue in the duodenum. Hemorrhage was present. In addition, there was subcapsular hemorrhage in the spleen. Hemorrhage was also noted in the soft tissue in the perirectal and perivaginal areas. Examination of the vagina revealed multiple areas of hemorrhage with evidence of penetration. Focal mucosal tearing was present. Both external and internal hemorrhages were identified. There was prominent hemorrhage within the vaginal wall. No foreign objects were identified, however, no perforations were noted. The uterus was menstrual. There was hemorrhage on the right cornu of the uterus on the serosal surface. No hymen was present. The anorectal tissue also revealed areas of trauma and penetration. There was hemorrhage in the anal tissue and very prominent hemorrhage in the rectum. The hemorrhage extended up to 8 inches from the anorectal junction in the rectum. The hemorrhage was deep throughout the wall and into the adjacent soft tissue. Focal mucosal loss was present. Also noted were areas of lymphoid hyperplasia and chronic inflammation. There was also hemorrhage in the deep right breast tissue beneath the bruise or irregularity noted.

The apparent cause of death is strangulation, and the manner of death homicide.

The autopsy revealed extreme repeated blunt force trauma to the head, neck, abdomen, rectum, and vaginal areas. There was evidence of penetration of both the vagina and rectum. Extensive hemorrhage and trauma occurred to both areas. There were bruises noted over the left elbow, left upper arm, and the legs. These suggests a struggle or heavy pressure being applied manually. Some areas suggest probable finger marks or thumb marks. No foreign objects were found within the body or vaginal or rectal orifices. The injuries are fresh indicative of occurring up to approximately four hours prior to death or just prior to death. This is indicative by the amount of hemorrhage and the lack of inflammatory cells or fibrin organization. All of the injuries, including the head, neck, breast, abdomen, and pelvic areas, are of the same age.

01:AU000104
COPE, AMANDA R

FINAL PATHOLOGIC DX

I. HISTORY OF ASSAULT

- A. DECEDENT FOUND DEAD IN BED
- B. MASSIVE BLUNT FORCE INJURIES, HEAD
 - 1. MARKED HEMORRHAGE TO SCALP AND SOFT TISSUES OF HEAD
 - 2. SUBDURAL HEMATOMA, 60 CC. BRAIN
 - 3. SUBARACHNOID HEMORRHAGE
 - 4. INTRAPARENCHYMAL HEMORRHAGE, WHITE MATTER, BRAIN
 - 5. MODERATE UNCAL AND TONSILLAR HERNIATION
 - 6. HEMORRHAGE, PERIORBITAL TISSUE, RIGHT AND LEFT EYES
 - a. RETINAL HEMORRHAGE, LEFT EYE
- C. EXTENSIVE HEMORRHAGE, NECK
 - 1. MASSIVE HEMORRHAGE, LEFT, AND FOCALLY RIGHT NECK
 - 2. NO ABRASIONS ON SKIN
 - 3. CHANGES CONSISTENT WITH STRANGULATION
- D. CONTUSIONS, LEFT NECK BEHIND LEFT EAR
- E. LACERATION, LOWER LIP
- F. MULTIPLE AREAS OF BRUISING, UPPER LEFT ARM AND ELBOW
- G. BRUISING, RIGHT AND LEFT FLANKS
- H. BRUISING, THIGHS
 - 1. PATTERN BRUISES SUGGESTIVE OF HAND PRESSURE
- I. SUBCAPSULAR HEMORRHAGE, SPLEEN
- J. MESENTERIC TEAR, DUODENUM, SMALL INTESTINE
 - 1. EXTENSIVE HEMORRHAGE PRESENT
- K. TRANSMURAL HEMORRHAGE, CECUM
- L. MULTIPLE AREAS OF HEMORRHAGE, PELVIS
 - 1. EXTENSIVE HEMORRHAGE IN PELVIC SOFT TISSUE
ALONG PELVIC BRIM
- M. VAGINAL INJURIES
 - 1. HEMORRHAGE, RIGHT AND LEFT LABIA
 - 2. HEMORRHAGE, VAGINAL INTROITUS
 - 3. HEMORRHAGE, VAGINAL MUCOSA AND WALL
 - 4. SMALL VAGINAL TEAR PRESENT
- N. HEMORRHAGE, RIGHT CORNU, UTERUS

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COPE, AMANDA R

FINAL PATHOLOGIC DX

(Continued)

O. ANORECTAL INJURIES

1. HEMORRHAGE AND FOCAL TEARING, ANUS
2. MARKED HEMORRHAGE IN RECTUM
3. HEMORRHAGE IN RECTUM 3-8 INCHES FROM ANORECTAL JUNCTION
4. EXTENSIVE HEMORRHAGE IN SOFT TISSUE IN PERIRECTAL AREA
AND IN RECTAL WALL

P. BRUISING, RIGHT BREAST

1. HEMORRHAGE, DEEP TISSUE, RIGHT BREAST

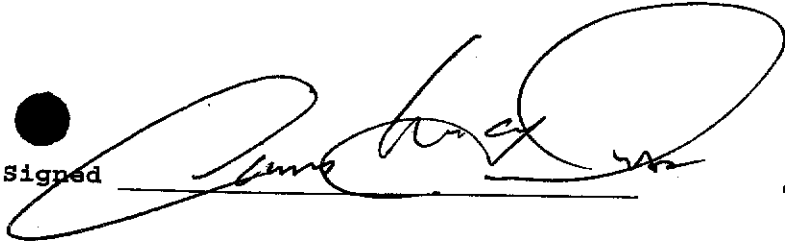
Q. CHRONIC INFLAMMATION, VAGINAL MUCOSA

1. CHANGES SUGGESTIVE OF CHRONIC ABUSE OR IRRITATION

R. PROMINENT LYMPHOID HYPERPLASIA, RECTAL MUCOSA

1. CHANGES SUGGESTIVE OF CHRONIC IRRITATION, POSSIBLE ABUSE,
OR DISEASE PROCESS

Signed


James L. Maynard MD 01/24/02

01:AU000104

DECEDENT'S NAME: COPE, AMANDA R

AGE: 12 Year Old White Female

AUTOPSY AUTHORIZED BY: Doug McKown, York County Coroner

DATE AND TIME OF DEATH: 11/29/01, Early Morning Hours, Approximately 0200-0400

DATE AND TIME OF AUTOPSY: 11/29/01, 1400

PROSECTOR: James L. Maynard, MD

ASSISTANT: Doug McKown, YCC

PERSON(S) PRESENT: Mike Williams, Todd Garner, Charlene Blackwelder, RHPD

CLINICAL SUMMARY

The decedent was found dead in her bed at home by her father at approximately 0600. He allegedly stated that he found the fringe of a blanket wrapped around her neck five times.

Allegedly, the girl and her two siblings had gone to bed at approximately 0130 after staying up doing homework. The mother was not at home as she was working third shift and would not arrive until 0700.

The prosector was requested and went to the scene. The scene revealed a very filthy house in marked disarray. Furniture and clothing were scattered everywhere. The rooms were packed with different items. The decedent was found somewhat diagonal in her bed. There was a blanket and a bedspread underneath her. He was not covered by any sheets or blankets. In the bed with her were several different items of clothing which were not of her size. There were homework papers underneath her body. Books were beside her right side and adjacent to her left shoulder. Also underneath the body was a metal stapler and a large metal collapsable rack that holds music. She was lying on her bed when seen. Allegedly, the father had found her facedown and had rolled her over. Numerous roaches, bugs, and apparent lice were noted in the house. Three cats were present in the house.

Examination of the decedent at the scene at 0830 revealed 1-2+ rigor mortis. There was 1+ facial livor mortis and 1-2+ left sided livor mortis.

The body and clothing were examined by ultraviolet light at the scene and again at Piedmont Medical Center.

The body along with the clothing and bed clothing were sealed and transported to Piedmont Medical Center.

EXTERNAL EXAMINATION

The decedent is a moderately obese young girl appearing her stated age. The decedent measures 63 inches in length and weighs approximately 160-170 pounds. The decedent has medium length brown hair. There is a rubber band around some of the hair forming a partial ponytail. Several rings and a watch are on the body. No

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COPE, AMANDA R.**EXTERNAL EXAMINATION**

(Continued)

jewelry is about the neck.

Examination of the scalp does not reveal any contusions or abrasions. Examination of the face reveals early bruising beneath the eye and extending onto the right cheek. There is an additional faint area of bruising over the left face and cheek. Examination of the eyes reveals large areas of scleral hemorrhage up to 0.5 cm. in size. The pupils are fixed and dilated. Examination of the nose reveals foamy material exuding. Examination of the mouth reveals edema and contusions along with hemorrhage of the upper and lower lips. This is most prominent on the lower lip. On the outer aspect of the lower lip is a 0.3 cm. mark suggestive of a bite mark. This did not penetrate the skin. Examination of the inner lip reveals a 1 cm. laceration of the inner mid lip. There are additional lacerations over the corners of the lips on the lower aspect. Examination of the remainder of the buccal mucosa reveals areas of hemorrhage extending prominently up the right side, both on the maxillary and mandibular portions but also on the left side in addition. The tip of the tongue appears unremarkable. No fractures of the teeth are identified. Manipulation of the bones of the face and of the mandible do not reveal any fractures. Examination of the neck reveals multiple petechiae predominantly over the left side. These are in a V shaped fashion extending from the midline of the neck superiorly toward the angle of the jaw superiorly toward the angle of the left jaw and inferiorly toward the left clavicle. The spread is 3-4 inches and the distance is approximately 4 inches. There are a few small petechiae noted over the right mid neck, however, on the right mid neck in the mid portion of the neck beneath the mandible is a round to oval 1 cm. hemorrhagic area. No abrasion of the skin is identified. Examination of the back of the neck does not reveal any ligature marks. No evidence of abrasions are noted on the neck. Examination of the chest reveals a small left breast. The right breast is approximately twice the size of the left breast. There is a 1 cm. possible hemorrhagic area lateral to the right nipple. Incising this does reveal hyperemia or possible hemorrhage beneath it. The abdomen is unremarkable. Examination of the flanks reveal an area of discoloration over the right lateral flank and also over the left lateral flank. These are ill defined areas in the mid portion. In addition, examination under fluorescent light reveals a 5 x 3 cm. area of fluorescence over the right lateral flank approximately rib 8 thru rib 11. This area wipes off with a swab. This is retained. Examination of the upper extremities reveal an abraded contused area 1.5 cm. in size over the top of the left shoulder. Incising this reveals a 5 cm. area of deep hemorrhage. This extends to the underlying bone. Examination of the upper extremities at the time of the autopsy does not reveal any contusions, abrasions, or lacerations. No asymmetry is identified. Examination of the hands reveals a very short partially polished nails. These are scraped and clipped. Examination of the lower extremities reveals a soft clear substance over the left upper inner thigh that appears to be coming from the vaginal area. Portions of

X wound
prominent
below
left side.

X Bruise (L) elbow
Bruise lower
upper arm

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COPE, AMANDA R**EXTERNAL EXAMINATION**

(Continued)

this material are obtained. The thighs have focal small areas of fluorescence. There is a small area of horizontal bruising above the left knee. Examination of the back is unremarkable.

Examination of the perineum reveals a kotex pad to be in place. There is a small amount of blood present. No straps are with the pad. The pad is rolled rather than being flat. There is prominent hyperemia or hemorrhage of the left labia minora. There is also some hyperemia present on the right side. Examination of the anal area reveals apparent hemorrhage and a possible tear. (See further examination).

Examination of the head hair reveals lice to be present.

EXAMINATION OF CLOTHING: The decedent is dressed in a blouse, bra, long gym or warm-up pants, and underwear. The left breast was exposed and uncovered at the scene. The right breast was covered. The bra was not hooked ~~by~~ ^{and} laid loosely over the breast. The bra was above the left breast. The straps were on the shoulder. The hook from the left side was between the left arm and the body. The left arm was extended outward somewhat. There were areas of fluid noted over the front of the blouse and over the left shoulder. These fluoresced prominently. Examination of the pants revealed fluid over the left groin area. This also fluoresced prominently. The pants were partially up. The back of the pants was up further than the front. The front just covered the pubic hair. The pants were rolled inward. This was noted on both the underwear and the pants. The back was not rolled. There were scattered hairs present on both the blouse and pants. There were removed and retained. There was also a hair present over the left flank. This was retained in addition.

DESCRIPTION OF INJURIES

Examination of the left lateral thigh reveals irregular areas of contusion, abrasion, and hemorrhage. Some of these reveal distinct patterns. There are two square-shaped patterns on the upper portion approximately level with the inferior buttock crease. Each of these is 2 x 2 cm. In addition there are linear contusions and abrasions beneath these for an additional 8 cm. These appear to be consistent with the stapler and metal music holder found in the bed. Examination of the pants after finding these, do not reveal any tears or separations of the fabric.

INTERNAL EXAMINATION

The body is opened with a Y-shaped thoracoabdominal incision.

SEROUS CAVITIES: Right and left pleural cavities are unremarkable. Pericardial cavity is unremarkable. The peritoneal cavity contains extensive hemorrhage in the soft tissue of the pelvis on the right lateral wall and focally the left lateral wall. Extensive hemorrhage

noted to be
String 9.6

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COPE, AMANDA RINTERNAL EXAMINATION

(Continued)

is beneath the symphysis pubis.

HEART: The heart weighs ³⁰⁰~~200~~ gms., has a smooth epicardial surface. The cut surface reveals an unremarkable myocardium and endocardium. The valves are unremarkable. The coronary arteries are free of atherosclerosis.

LUNGS: The right lung weighs 400 gms; the left lung 410 gms. The surfaces are congested. The cut surface reveals marked edema fluid. frothy fluid is in the bronchi. The pulmonary vessels are not remarkable. The hilar nodes are unremarkable.

REAT VESSELS: The aorta and venae cavae are unremarkable.

LIVER: The liver weighs 1900 gms. and is congested. The cut surfaces are unremarkable. The gallbladder is present and is unremarkable. The biliary tree is patent.

PANCREAS: Focal hemorrhage is in the soft tissue just inferior to the head portion of the pancreas. The pancreas is otherwise unremarkable.

SPLEEN: The spleen weighs 210 gms. and is unremarkable.

GASTROINTESTINAL TRACT: The pharynx and esophagus are unremarkable. The stomach contains approximately 100 cc. of partially digested food. Rice, peas, carrots, and other material are present. Examination of the duodenum reveals a mesenteric tear in the second portion of the duodenum. Some hemorrhage is present. Hemorrhage is also on the serosa of the duodenum in this area. The third portion of the duodenum is unremarkable. The remainder of the small intestine is unremarkable except for a 5 cm. Meckel's diverticulum in the mid portion. Examination of the cecum reveals transmural hemorrhage. There is prominent serosal hemorrhage along with transmural hemorrhage present. No evidence of ulceration of the mucosa is identified. The appendix is present and unremarkable. The ascending, transverse, and descending colons are not remarkable. The stool is negative. No blood is present. The sigmoid colon is unremarkable.

ANUS AND RECTUM: Examination of the anus reveals hemorrhage at the rectal junction in one area. This is 1 x 0.5 cm. in size. There is a small mucosal tear 0.4 cm. in length. This is running anterior to posterior. There is prominence of the anal papillae. Examination of the rectum reveals prominent Peyer's patches 3 inches proximal to the rectal junction. From 3 inches to 8 inches is a large area of mucosal and hemorrhage in the wall. No evidence of hemorrhage is present on the serosal surface. No ulceration is identified. No perforations are present.

EXTERNAL GENITALIA: Examination of the external genitalia reveals marked edema of both the right and left sides. There is an area of

01.AU000104
COPE, AMANDA R**INTERNAL EXAMINATION**

(Continued)

hemorrhage over the left labia minora. Incisioning this does reveal hemorrhage in the underlying tissue. Removal of the entire vaginal canal reveals a small irregular superficial tear approximately 3 inches inward. There is extensive hemorrhage within the wall of the vagina in multiple areas. No tears are present. Examination of the cervix reveals a moderate exoversion. The os is somewhat dilated. Smears and material are obtained from the vaginal canal and cervix. Examination of the uterus reveals hemorrhage in the right broad ligament. This is 1.5 cm. in size. There is also hemorrhage over the right anterior uterine wall. The left side appears unremarkable. The cut surface reveals a menstrual endometrium. No evidence of pregnancy is identified. The myometrium appears unremarkable. Sections of the ovaries reveal a hemorrhagic corpus luteal cyst on the right side. the tubes are unremarkable.

****NOTE: No hymen is present. The vaginal opening is approximately 3 cm. in diameter ~~with minimal opening.~~

NECK ORGANS: Examination of the neck reveals extensive hemorrhage in the strap muscles and soft tissue of the left neck. There is prominent hemorrhage beneath the left thyroid and the left thyroid cartilage. There is a small amount of hemorrhage in the right strap muscles. The hyoid bone and thyroid cartilage are unremarkable. No fractures are identified. The pharyngeal mucosa appears to be unremarkable. The airway is patent but has foamy frothy material. The right neck does have hemorrhage beneath the round to oval spot noted beneath the mid mandible.

Examination of the thyroid reveals a 15 gm. thyroid. Some hemorrhage is noted over the left side. Examination of the thymus reveals a few petechiae to be present.

SKELETAL SYSTEM: No fractures or dislocations are identified. The ribs are unremarkable. The cervical spine is intact.

SCALP AND SUBGALEA: No external evidence of trauma is identified. Reflecting the skin reveals extensive hemorrhage in the left temporalis muscle and in the left subgalea. There is moderate hemorrhage of the right temporalis muscle and right subgalea. Also present are focal areas of hemorrhage over the mid frontal scalp. No hemorrhage is noted over the posterior occipital scalp.

SKULL: No fractures are identified. There appears to be probable hemorrhage in the mastoid bones of both the right and left sides.

BRAIN: The brain weighs 1350 gms. and is markedly edematous. There is subdural hemorrhage present over the left side and focally over the right side in the mid parietal to occipital areas. Approximately 30 total is present. Marked congestion and focal areas of subarachnoid hemorrhage are present. The cut surface reveals

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INTERNAL EXAMINATION

(Continued)

moderate tonsillar and uncus herniation. No hemorrhages are grossly identified. No mass lesions are present.

EYES: The eyes are removed and there is extensive scleral hemorrhage. There is also hemorrhage that extends into the muscles of both eyes. The eyes are fixed prior to further examination.

DISPOSITION OF EVIDENCE:

f.d.d.-
(1) thigh
(2) flesh-
finger nails
4 tubes 3 (cool).
stomach -
oral rectal.
vag.
female

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

JAMES H. HODGES
Governor



ROBERT M. STEWART
Chief

December 3, 2001

Coroner Doug McKown
P. O. Box 1156
York, SC 29745

Re: 55-01-268 Amanda Cope

Dear Coroner McKown;

This office has received your report concerning the child fatality regarding Amanda Cope, which occurred in your county on 11-29-01. S/A Victor Farrish is the case agent handling this investigation. The SLED case number for this matter is 55-01-268. This agent can be reached at 864-467-8111 during normal office hours or 803-737-9000 after hours. Should any questions arise concerning this investigation please do not hesitate to contact him directly. You should receive a contact in the very near future by this agent.

Thank you.

Sincerely,

John W. Latham
Lieutenant SC Law Enforcement Division

Cc: S/A Vic Farrish

