

**Milwaukee County Medical Examiner  
933 W. Highland Avenue  
Milwaukee, WI 53233**

**AUTOPSY PROTOCOL**

NAME: JAMES, MALCOLM ISAIAH      SEX: MALE      AGE: 27 YEARS  
DOB: 10/29/1993  
DATE OF DEATH:      JUNE 1, 2021      TIME: 2359 HOURS  
DATE OF AUTOPSY:      JUNE 3, 2021      TIME: 0830 HOURS  
PLACE OF AUTOPSY:      Milwaukee County Medical Examiner's Office  
PERFORMED BY:      Jessica Lelinski, MD  
Assistant Medical Examiner

CAUSE OF DEATH:      Asphyxia

OTHER SIGNIFICANT  
CONDITIONS:      Hypertensive Cardiovascular Disease, Obesity

Signed           *Jessica Lelinski MD*            
Jessica Lelinski, MD  
Assistant Medical Examiner

          8/6/21            
Date Signed

RECEIVED AUG 23 2021

**Milwaukee County Medical Examiner**

**933 West Highland Avenue**

**Milwaukee, WI 53233**

**AUTOPSY PROTOCOL**

**Final Autopsy Diagnoses:**

- I. Asphyxia: following a physical struggle and subdual by multiple officers, deceased became unresponsive while strapped in a restraint chair, with hands handcuffed behind his back and a spit mask covering his mouth, after multiple officers placed their body weight on his head, posterior neck, and back
- II. Blunt force injuries
  - A. Focal abrasions; upper lip, upper left chest, lower right back, upper extremities, and right second toe
  - B. Contusions; upper left chest, posterior shoulders, upper extremities (including wrists) and lower extremities (including ankles), scalp, and temporalis muscles
  - C. Puncture wounds with surrounding abrasion, consistent with TASER probe sites; abdomen and anterior right thigh (with TASER probes in place), two on upper right side of the back, and two on anterior left thigh
  - D. Small (~5 mL) subdural blood clot and subarachnoid blood overlying left parietal lobe of brain
- III. Pulmonary congestion (1640 grams combined)
- IV. Natural disease
  - A. Hypertensive cardiovascular disease: cardiomegaly (510 grams)
  - B. Obesity (Body Mass Index 41.9 kg/m<sup>2</sup>)
- V. Toxicology: see separate Toxicology Report

The body is received within a sealed body bag.

**WITNESSES:**

Additional personnel present for portions of the autopsy include: Detectives Brandon Ergish and Jon Hasselbrink, Kenosha Sheriff's Department.

**CLOTHING AND PERSONAL EFFECTS:**

The body is received unclad.

**GENERAL EXTERNAL EXAMINATION:**

The body is that of a well-developed, obese, 75 inches long, 335 pounds (Body Mass Index 41.9 kg/m<sup>2</sup>), black male whose appearance is consistent with the reported age of 27 years. Focal very faint fixed red-purple livor mortis is on the posterior dependent surfaces of the body. Rigor is present. The body is cool (refrigerated).

**HEAD:** The scalp is covered with normally-distributed, short, curly, black hair. Facial hair consists of a short mustache and beard. **EYES:** The irides are brown. The corneae are slightly clouded. The sclerae are white, and the conjunctivae are clear and without petechiae. **EARS:** The earlobes are each remotely pierced once and the left pinna is remotely pierced twice; the ears are otherwise unremarkable. **NOSE:** The nose and maxillae are palpably stable. The nares are patent. **MOUTH:** The lips and labial mucosa show injury described below. The oral frenula are intact. The anterior teeth appear natural and in adequate condition. The facial skin and oral mucosa are free of petechiae.

**NECK:** The neck is straight and the trachea is midline. **CHEST:** The thorax is well-developed and symmetric. On the upper right side of the chest is a 0.2 cm round scab. On the medial right breast is a 5.0 x 2.0 cm area of patchy tan-pink scabs. **ABDOMEN:** The abdomen is obese, with pale striae. **GENITALIA:** The external genitalia are those of a normal adult male. The testes are bilaterally descended within the scrotum and free of masses. **BACK, BUTTOCKS, AND ANUS:** The back, buttocks, and anus are unremarkable, apart from injury described below. Few minute flecks of yellow material are adherent to the right side of the back.

**EXTREMITIES:** The upper and lower extremities are well-developed and symmetric, without clubbing, edema, or absence of digits. On the superior right shoulder is a 9.0 x

7.0 cm area of pinpoint to 1.0 cm thin linear scabs. On the posterior right shoulder are several 5.0 cm maximum length thin, linear, discontinuous scabs. On the anterior right shoulder near the axilla are two vertical 7.0 and 12.0 cm thin curvilinear scabs. On the right antecubital fossa is a 0.4 cm round area of hyperpigmentation. On the posterior right elbow is a 3.0 x 3.0 cm area of horizontal linear discontinuous scabs. On the lateral right forearm are multiple 0.3 cm round pale scars. On the anterior left shoulder is a vertical 8.0 cm thin linear scab. On the proximal medial left upper arm is a 1.0 cm maximum dimension scab. On the left antecubital fossa is a 0.3 cm round dimpled scar. On the dorsal left hand at the base of the middle finger is a 0.7 cm maximum dimension patchy scab. On the anterior to lateral right lower leg and anterior left knee are several 3.0 cm maximum dimension linear to "Y"-shaped pale scars. On the anterior inferior left knee is a 0.7 cm round dry scab. On the distal lateral left lower leg is a horizontal 0.5 cm linear scab. On the anterolateral left ankle are two horizontal 4.0 and 3.0 cm thin linear scabs spaced 0.2 cm apart. The fingernails and toenails are long and slightly dirty, with partial tearing of both middle fingernails.

**TATTOOS:**

On the lateral left shoulder is a black tattoo of a scorpion and "Scorpio".

**EVIDENCE OF MEDICAL INTERVENTION:**

A supraglottic airway is in the mouth, secured by a fabric strap around the neck (tip of the tube is in the larynx on internal examination). Defibrillator pads are attached to the upper right side of the chest and upper left side of the abdomen. Four cardiac monitoring electrodes are attached to the upper chest near the axillae and lower right and left sides of the abdomen. An intravascular catheter is in the left antecubital fossa. An intraosseous needle is in the lateral right shoulder. A very faint 6.0 cm circular skin indentation is on the midline lower chest, consistent with use of an automated chest compression device, with a small hemorrhage in the soft tissue of the underlying chest.

**DESCRIPTION OF BLUNT FORCE INJURIES:**

**HEAD:** On the midline upper lip is a 2.0 x 0.8 cm dry black abrasion. On the lower right side of the labial mucosa is a 1.2 x 0.5 cm superficial laceration. In the soft tissue of the left frontal scalp is a 5.0 cm maximum dimension area of yellow-purple hemorrhage and edema. In the soft tissue of the right frontal scalp is a 3.0 cm maximum dimension hemorrhage. In the soft tissue of the right and left parietal scalp are 1.5 cm and 3.0 cm maximum dimension areas of patchy hemorrhage, respectively. In the bilateral

temporalis muscles are patchy hemorrhage. Overlying the left parietal lobe of the brain are a minute focus of subarachnoid blood and a small (~5 mL) subdural blood clot.

**TORSO:** On the upper left side of the chest are three 0.5 to 1.0 cm very faint red contusions and a 0.2 cm round pink abrasion. On the abdomen just inferior and right of the umbilicus is a puncture wound with surrounding 0.6 cm maximum dimension black-pink abrasion, with an embedded tip of a TASER probe with attached copper-color wire. On the upper right side of the back, spaced 6.0 cm apart, are a puncture wound with surrounding 0.6 cm maximum dimension black-pink abrasion and a 0.7 cm maximum dimension black-pink abrasion. On the lower right side of the back is a 0.2 cm round pink abrasion.

**RIGHT UPPER EXTREMITY:** On the anterior to lateral right upper arm is a 6.0 x 4.0 cm area of horizontal thin linear abrasions. On the distal anterior right upper arm and right antecubital fossa is patchy red-purple contusion. Scattered on the right forearm are several 1.0 to 3.0 cm maximum dimension faint purple contusions. On the anterolateral right wrist is a horizontal 3.5 x 1.2 cm purple contusion. On the anteromedial right wrist is a horizontal 5.5 x 1.3 cm pink-purple contusion with a 1.0 x 0.3 cm superficial skin avulsion overlying the medial end. On the dorsal right hand is a 0.2 cm round pink abrasion. On the dorsal proximal right ring finger is a 0.5 cm maximum dimension superficial skin avulsion.

**LEFT UPPER EXTREMITY:** On the anterior left shoulder near the axilla is a vertical 5.0 x 2.0 cm faint red contusion. On the medial left upper arm is a 6.0 x 6.0 cm area of patchy blue contusion. On the anterior left upper arm are several 0.2 to 1.0 cm thin linear abrasions. On the posterior left elbow is a 0.6 cm maximum dimension brown abrasion. On the left antecubital fossa are scattered 0.5 to 1.8 cm maximum dimension red-purple ecchymoses. On the posteromedial left forearm are three 2.0 to 2.5 cm maximum dimension faint purple contusions. On the anterior left wrist are 0.3 and 0.1 cm round red abrasions. On the posteromedial left wrist is a horizontal 7.0 x 0.5 cm purple contusion.

**LOWER EXTREMITIES:** On the anterior right thigh is a puncture wound with surrounding 0.5 cm round black-pink abrasion, with an embedded tip of a TASER probe. On the medial right ankle is a horizontal 2.5 x 0.6 purple contusion. On the lateral right ankle is a horizontal 7.0 x 0.6 cm contusion. On the posterior right ankle is a

horizontal 4.0 x 1.0 cm purple contusion with longitudinal 0.5 cm central sparing. On the dorsal right second toe is a 0.3 cm maximum dimension red abrasion. On the anterior left thigh, spaced 11.0 cm apart, are a 0.2 cm maximum dimension laceration with adjacent 0.9 cm maximum dimension black abrasion and a punctate defect with surrounding 0.5 cm maximum dimension pink abrasion. On the left popliteal fossa is a 9.0 x 5.0 cm area of patchy black-purple contusion. On the anterolateral left ankle is a horizontal 7.0 x 0.5 skin impression bordered by very faint red contusion. On the posterior left ankle is a 2.5 x 1.0 cm purple contusion.

### **GENERAL INTERNAL EXAMINATION:**

#### **BODY CAVITIES:**

No adhesions or excess fluid are in the pleural or peritoneal cavities or pericardial sac. The organs occupy the usual anatomic positions.

#### **HEAD:**

The soft tissues of the scalp show previously described injury. The calvarium, basilar skull, and underlying dura mater are intact. The dural venous sinuses are patent. The atlanto-occipital joint is stable. **BRAIN:** Clear cerebrospinal fluid surrounds the 1500 gram brain, which is symmetric and has unremarkable gyri and sulci. The leptomeninges are thin and transparent. No epidural hemorrhage or subdural membranes are identified. Coronal sections demonstrate sharp demarcation between white and gray matter, without hemorrhage, contusive injury, masses, or evidence of infarct. The hippocampi are normally formed and symmetric. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial system are free of injury or other abnormalities.

#### **NECK:**

*In situ* dissection and examination of the soft tissues of the anterior neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and thyroid cartilage are intact. The laryngeal mucosa is unremarkable. The tongue is unremarkable.

#### **CARDIOVASCULAR SYSTEM:**

**HEART:** The 510 gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arterial distribution is normal and right dominant. Cross-sections of the vessels show no atherosclerosis. The

myocardium is red-brown and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.1 and 0.2 cm thick, respectively. The interventricular septum is 1.2 cm thick. The chambers do not appear dilated. The foramen ovale is sealed. The endocardium is smooth and glistening. **BLOOD VESSELS:** The aorta gives rise to three intact and patent arch vessels and shows no atherosclerosis. The venae cavae and major tributaries are patent and return to the heart in the usual distribution.

**RESPIRATORY SYSTEM:**

The right and left lungs weigh 960 and 680 grams, respectively. The pleural surfaces are smooth. The pulmonary parenchyma is red-purple and mildly edematous, with focal tan discoloration in the right middle lobe. Sectioning reveals no mass lesions or areas of discrete consolidation. The tracheobronchial tree and pulmonary vasculature are unobstructed.

**LIVER AND BILIARY SYSTEM:**

**LIVER:** The 2470 gram liver has an intact, smooth capsule covering firm, red-brown parenchyma. Sectioning reveals no mass lesions or other abnormalities. **GALLBLADDER:** The gallbladder contains green bile and no stones. The mucosal surface is green and velvety.

**GASTROINTESTINAL TRACT:**

**ESOPHAGUS:** The esophagus is lined by smooth, gray-white mucosa. **STOMACH:** The stomach contains 50 mL of bloody fluid. The gastric mucosa shows the usual rugal folds with partial autolysis and focal petechiae. **SMALL AND LARGE INTESTINES:** The duodenum is unremarkable. The small and large intestines have uniform dimension and appear unremarkable, without externally obvious masses. The appendix is present.

**PANCREAS:**

The pancreas has a normal size, shape, position, and firm tan parenchyma.

**GENITOURINARY TRACT:**

**KIDNEYS:** The right and left kidneys weigh 180 and 200 grams, respectively. The external surfaces are smooth. The cut surfaces are red-brown, with uniformly thick cortices and sharp corticomedullary junctions. The calyces, pelves, and ureters are non-dilated and free of stones. **URINARY BLADDER:** The bladder contains scant clear yellow urine. The mucosa is tan and smooth. **MALE INTERNAL GENITALIA:** The

prostate is normally sized, with firm, tan cut surfaces. The seminal vesicles are unremarkable. The testes are normally sized and free of masses or hemorrhage.

**RETICULOENDOTHELIAL SYSTEM:**

**THYMUS:** The thymus is normally positioned and sized, with emphysematous, fatty parenchyma. **SPLEEN:** The 210 gram spleen has a smooth, intact capsule covering soft maroon parenchyma with visible white pulp. **LYMPH NODES:** The regional lymph nodes are unremarkable.

**ENDOCRINE SYSTEM:**

**THYROID GLAND:** The thyroid gland is symmetric and red, without cystic or nodular change. **ADRENAL GLANDS:** The adrenal glands are symmetric, with yellow cortices and brown medullae in the expected ratio.

**MUSCULOSKELETAL SYSTEM:**

The skeletal muscles are firm and appropriate for body habitus. The ribs, sternum, and vertebral bodies are visibly and palpably intact. Removal of the pleurae reveals no additional abnormalities. The soft tissues of the mediastinum are emphysematous. Incision and examination of the soft tissues of the posterior neck, back, buttocks, and upper and lower extremities reveals small areas of soft tissue hemorrhage as follows: posterior right shoulder, posterior left shoulder, distal posterior right upper arm, mid anterior right forearm, right wrist, medial left antecubital fossa, mid lateral left forearm, left wrist, posterior right leg surrounding the popliteal fossa, and lateral right ankle.

**SPECIMENS:**

At the time of autopsy, iliac blood, vitreous fluid, liver, gastric contents, and urine are retained.

**EVIDENCE:**

Collected at the time of autopsy are two TASER probes.

**MICROSCOPIC EXAMINATION:**

**HEART (1, 12-14):** The left ventricle and interventricular septum (1) show focal hypertrophic myocytes and interstitial fibrosis. The right ventricle (1) shows no pathologic abnormality. Sections from the region of the atrioventricular node (12-14) show no pathologic abnormality.



**LUNGS (2-3):** The right (2) and left (3) lungs show focal eosinophilic fluid within alveolar spaces.

**KIDNEY (3):** The kidney shows no pathologic abnormality.

**LIVER (4):** The liver shows no pathologic abnormality.

**PANCREAS (4):** The pancreas shows diffuse autolysis.

**THYROID (4):** The thyroid shows no pathologic abnormality.

**BRAIN (5-7):** Sections of frontal cortex (5), hippocampi (6), and cerebellum (7) show no pathologic abnormality.

**SCALP AND TEMPORALIS MUSCLES (8-11):** Sections of the right frontal scalp (8), right temporalis muscle (9), left frontal scalp (10), and left temporalis muscle (11) show fibrofatty to muscular tissue with focal hemorrhage. Special stains for iron performed on blocks 8-11, with an appropriately stained positive control, are negative for stainable iron.



Case Number: 21-03778

**TOXICOLOGY LABORATORY**

Pathologist: Jessica Lelinski, M.D.

Name: James, Malcolm Isaiah

Report Date: 6/15/2021

**TOXICOLOGY REPORT**

**SPECIMENS COLLECTED**

The following Specimens were received by the Toxicology laboratory:

| <b>Item</b>         | <b>Description</b>                                                                                     |
|---------------------|--------------------------------------------------------------------------------------------------------|
| Liver 1782305       | Liver 1782305 was reportedly recovered from Autopsy and was received by the lab on Jun 03, 2021.       |
| Gastric 1782304     | Gastric 1782304 was reportedly recovered from Autopsy and was received by the lab on Jun 03, 2021.     |
| Iliac Blood 1782303 | Iliac Blood 1782303 was reportedly recovered from Autopsy and was received by the lab on Jun 03, 2021. |
| Urine 1782302       | Urine 1782302 was reportedly recovered from Autopsy and was received by the lab on Jun 03, 2021.       |
| Iliac Blood 1782301 | Iliac Blood 1782301 was reportedly recovered from Autopsy and was received by the lab on Jun 03, 2021. |
| Vitreous 1782300    | Vitreous 1782300 was reportedly recovered from Autopsy and was received by the lab on Jun 03, 2021.    |

**SCREENING RESULTS**

| <b>Specimen</b>     | <b>Compound</b>         | <b>Result</b> | <b>Analyst</b> | <b>Instrument</b> |
|---------------------|-------------------------|---------------|----------------|-------------------|
| Iliac Blood 1782303 | Carboxy-THC glucuronide | Indicated     | Juan Lezama    | LCMSTOF           |
| Iliac Blood 1782303 | Cotinine                | Indicated     | Juan Lezama    | LCMSTOF           |
| Iliac Blood 1782303 | Naloxone (free)         | Indicated     | Juan Lezama    | LCMSTOF           |

**QUANTITATIVE RESULTS**

| <b>Specimen</b>     | <b>Compound</b> | <b>Result</b> | <b>Units</b> | <b>Analyst</b>  | <b>Instrument</b> |
|---------------------|-----------------|---------------|--------------|-----------------|-------------------|
| Vitreous 1782300    | Sodium          | 143           | mmol/L       | Juan Lezama     | iSTAT             |
| Vitreous 1782300    | Potassium       | >9.0          | mmol/L       | Juan Lezama     | iSTAT             |
| Vitreous 1782300    | Chloride        | 128           | mmol/L       | Juan Lezama     | iSTAT             |
| Vitreous 1782300    | Glucose         | <20           | mg/dL        | Juan Lezama     | iSTAT             |
| Vitreous 1782300    | Urea Nitrogen   | 26            | mg/dL        | Juan Lezama     | iSTAT             |
| Vitreous 1782300    | Creatinine      | 1.6           | mg/dL        | Juan Lezama     | iSTAT             |
| Iliac Blood 1782303 | Volatiles       | Not Detected  |              | Chelsea Johnson | HSGC              |
| Vitreous 1782300    | Volatiles       | Not Detected  |              | Chelsea Johnson | HSGC              |

**Comments**

None

**ANALYTICAL PROTOCOL**



Case Number: 21-03778

**TOXICOLOGY LABORATORY**

Pathologist: Jessica Lelinski, M.D.

Name: James, Malcolm Isaiah

Report Date: 6/15/2021

**TOXICOLOGY REPORT**

Reference Ranges: Sodium (135-150mmol/L), Potassium (<15 mmol/L), Chloride (105-135 mmol/L), Glucose (<200 mg/dL), Urea Nitrogen (8-20 mg/dL), Creatinine (0.8-1.3 mg/dL) Indicated or detected results by LCMSTOF are presumptive only. Additional analysis is required for confirmation.

6/15/2021

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Name Of Approver: Sara J Schreiber

Date Approved

**Forensic Technical Director**



Case Number: 21-03778

**TOXICOLOGY LABORATORY**

Pathologist: Jessica Lelinski, M.D.

Name: James, Malcolm Isaiah

Report Date: 7/13/2021

**SUPPLEMENTAL TOXICOLOGY REPORT**

**SPECIMENS COLLECTED**

The following Specimens were received by the Toxicology laboratory:

| <b>Item</b>         | <b>Description</b>                                                                                     |
|---------------------|--------------------------------------------------------------------------------------------------------|
| Liver 1782305       | Liver 1782305 was reportedly recovered from Autopsy and was received by the lab on Jun 03, 2021.       |
| Gastric 1782304     | Gastric 1782304 was reportedly recovered from Autopsy and was received by the lab on Jun 03, 2021.     |
| Iliac Blood 1782303 | Iliac Blood 1782303 was reportedly recovered from Autopsy and was received by the lab on Jun 03, 2021. |
| Urine 1782302       | Urine 1782302 was reportedly recovered from Autopsy and was received by the lab on Jun 03, 2021.       |
| Iliac Blood 1782301 | Iliac Blood 1782301 was reportedly recovered from Autopsy and was received by the lab on Jun 03, 2021. |
| Vitreous 1782300    | Vitreous 1782300 was reportedly recovered from Autopsy and was received by the lab on Jun 03, 2021.    |

**QUANTITATIVE RESULTS**

| <b>Specimen</b>     | <b>Compound</b>                       | <b>Result</b> | <b>Units</b> | <b>Analyst</b> | <b>Instrument</b> |
|---------------------|---------------------------------------|---------------|--------------|----------------|-------------------|
| Iliac Blood 1782303 | Cotinine                              | 30            | mcg/L        | NMS            |                   |
| Iliac Blood 1782303 | delta-9-Tetrahydrocannabinol          | 0.86          | mcg/L        | NMS            |                   |
| Iliac Blood 1782303 | 11-nor-9-carboxy-Tetrahydrocannabinol | 21            | mcg/L        | NMS            |                   |

**Comments**

This report is supplemental to report dated June 15, 2021.

**ANALYTICAL PROTOCOL**

Handwritten signature of Sara J Schreiber in black ink.

7/13/2021

Name Of Approver: Sara J Schreiber

Date Approved

**Forensic Technical Director**