

Routier Autopsy
Routier Autopsy
Damon age 5 Routier Autopsy

This affidavit is in compliance with Texas Rules of Criminal Evidence, Rule 902 (10b).

Case No. 1810-96 in the matter of Routier, Damon, deceased.

Office of the Medical Examiner
in the County of Dallas
State of Texas

AFFIDAVIT

Before me, the undersigned authority, personally appeared RueNette J. Ellis, who, being duly sworn, deposed as follows:

My name is RueNette J. Ellis, I am over 21 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the Deputy Custodian of Records of the Dallas County Medical Examiner's Office. Attached hereto are 7 pages of records and xx photographs from the Dallas County Medical Examiner's Office. These said 7 pages of records and xx photographs are kept by the Dallas County Medical Examiner's Office in the regular course of business, and it was the regular course of business of the Dallas County Medical Examiner's Office for an employee or representative, or a doctor permitted to practice in the Dallas County Medical Examiner's Office, with personal knowledge of the act, event, condition, opinion or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original.

RueNette J. Ellis (signed)

SWORN TO AND SUBSCRIBED before me on December 27, 2001

Shirley Burrell (signed)
Notary Public in and for Dallas County, Texas

My commission expires

(By statute, the original records are retained by the Dallas County Medical Examiner's Office. See Art. 49.25, Sec. 11, Vernons Texas Statutes, CCP.)



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**SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCE**

Case No. 1810-96-1290JTP

Name: Routier, Damon

Age: 5 **Race:** White **Sex:** Male

Date of Death: 06 JUN 1996

Date of Examination: 06 JUN 1996

Time of Death: 3:26 am

Time of Examination: 9:15 am

Pronounced at: Baylor University Medical Center Dallas, Dallas County, Texas

AUTOPSY REPORT:

ORGAN WEIGHTS:

Brain	1510 g	R. Lung	95 g	R. Kidney	50 g
Heart	80 g	L. Lung	80 g	L. Kidney	45 g
Liver	600 g	Spleen	150 g	Thymus	25 g

EXTERNAL EXAMINATION:

Photographs, footprints, and an x-ray are taken. The hands are received bagged.

When first viewed, the body is nude. Accompanying the body, there is a cut away, bloodstained, black, printed tee shirt with defect. No jewelry is present.

The body is that of a normally developed white male child appearing consistent with the recorded age of 5 years. The body is of average build and nutritional status, measuring 43 inches (109.2 cm) in length, and weighing 40 pounds (10.1 kg). There is good preservation in the absence of embalming. There is reduced, blanching, posterior lividity and almost full rigidity. The body is at approximately room temperature.

The hairline is normal and there is straight, light brown hair measuring up to 5 inches in length. The scalp and ears are unremarkable. The eyes are open and have clear corneas and brown irides. The conjunctivae are without congestion or petechiae, The nose and mouth are unremarkable and the natural teeth appear to be in good condition. The face, neck, and chest are unremarkable. The abdomen is flat. The body is hair is preadolescent. The genitalia are those of a circumcised male child. The back contains injury to be described below. The limbs are equally and symmetrically developed and contain injury to be described below.

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IDENTIFYING MARKS AND SCARS:

There are multiple, up to 1-1/2 inch scars over the knees.

EVIDENCE OF TREATMENT:

An oral endotracheal tube is in place. There is a transparent bandage over two puncture marks in the left side of the neck. There are puncture marks circled in red in each side of the upper chest, in each inguinal area, and in each antecubital fossa. There is a red circle over the right lower chest. There are "stuck-on" metallic arrows on the right side of the lower chest and on the back (4). There is a left tibial interosseous catheter.

EVIDENCE OF INJURY:

SHARP FORCE INJURIES:

There are two incised wounds and four stab wounds of the back, which are numbered for purposes of identification without regard to possible chronologic sequence. All of these sharp force injuries are obliquely oriented from left superior to right inferior. All have a blunt left angle, a sharp right angle, and smooth margins.

STAB WOUND NO. 1:

There is a stab wound of entrance in the left mid-back, which is a 1-5/8 inch defect which is centered 12-1/4 inches below the top of the head and 1/2 inch to the left of midline. The blunt angle measures 1/16 Inch. There is a 1/16 inch, yellow-tan abrasion at the inferior angle.

After perforating the skin, the subcutaneous tissue, and musculature of the left mid-back, the track sequentially perforates musculature of the left seventh intercostal space and left eighth rib, and penetrates the lower lobe of the left lung.

Associated injury consists of a 25 ml left hemothorax.

The track travels back to front and very slightly left to right, without significant deviation upward or downward. The maximal depth of penetration is 1-3/4 inches.

STAB WOUND NO. 2:

There is a stab wound of entrance in the right upper back, which is a 1-7/8 inch defect which is centered 12 inches below the top of the head and 2 inches to the right of midline. The blunt angle measures 1/16 to 1/8 inch.

After perforating the skin, the subcutaneous tissue, and musculature of the right upper back, the track perforates the musculature of the right seventh intercostal space and right eighth rib, the lower lobe of the right lung, the middle lobe of the right lung, and the musculature of the right fourth Intercostal space, penetrating the musculature of the right upper chest.

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Associated injury consists of a 90 ml right hemothorax (see also stab wounds No. 3 and 4).

The track travels back to front and slightly left to right, without significant deviation upward or downward. The maximal depth of penetration is 4-3/8 inches.

STAB WOUND NO. 3:

There is a stab wound of entrance in the right mid-back which is a 1-7/8 inch defect that is centered 13-3/4 inches below the top of the head and 1-3/4 inches to the right of midline. The blunt angle measures 1/16 to 1/8 inch.

After perforating the skin, subcutaneous tissue, and musculature of the right mid-back, the track sequentially perforates the musculature of the right eighth intercostal space and penetrates the lower lobe of the right lung.

Associated injury consists of a 90 ml right hemothorax (see also stab wounds No. 2 and 4).

The track travels back to front, without significant deviation to the right or left, or upward or downward. The maximal depth of penetration is 1-7/8 inches.

STAB WOUND NO. 4:

There is a stab wound of entrance in the lower right mid-back, which is a 1-3/8 inch defect that is centered 15-3/8 inches below the top of the head and 2-1/8 inches to the right of midline. The blunt angle measures 1/16 inch, and there is a 1/16 inch squared-off red-tan abrasion at the blunt angle.

After perforating the skin, subcutaneous tissue, and musculature of the lower right mid-back, the track sequentially perforates the musculature of the right eleventh intercostal space, the lower lobe of the right lung, the diaphragm, and the right lobe of the liver.

Associated injury consists of a 90 ml right hemothorax (see also stab wounds No. 2 and 3).

The track travels back to front and slightly left to right, without significant deviation upward or downward. The maximal depth of penetration is 3 Inches.

INCISED WOUND NO. 1:

Incised wound No. 1 is a 9/16 inch defect in the posterior left shoulder which is centered 9-1/2 inches below the top of the head and 1-3/4 inches to the right of midline. The blunt angle measures 1/16 to 1/8 inch. The defect extends 1/8 inch into muscle.

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INCISED WOUND NO. 2:

Incised wound No. 2 is a 15/16 inch defect in the left upper back and has a 1/4 inch, very superficial, incised wound trailing to the right from the right angle. The defect is centered 11-1/8 inches below the top of the head and 5/8 inch to the left of midline. The blunt angle measures 1/16 inch. The defect extends 3/4 inch into muscle.

OTHER INJURIES:

On the uppermost mid-back, there is a 2-1/2 inch area of light red abrasions and contusions. On the right side of the mid-back, laterally, there is a 1/2 inch, very pale pink area that contains a 3/16 inch, red-brown scab.

On the posterolateral right arm, proximally, there is a 3/4 inch, faint, brown, linear scab. On the dorsum of the right foot, there is a 1/4 inch red abrasion. On the left pretibial area, there

are multiple, up to 1-1/2 inch, tan-brown contusions. On the dorsa of the left toes, there are a few, up to 1/8 inch, yellow-tan abrasions.

These injuries, having been once described, will not be repeated.

INTERNAL EXAMINATION:

BODY CAVITIES: See previous description.

CARDIOVASCULAR SYSTEM: The pericardium, epicardium, and endocardium are smooth, glistening, and unremarkable. There are no thrombi in the atria or ventricles. The foremen ovale is probe-patent. The coronary arterial system is right dominant and free of atherosclerosis. The right coronary ostium is located just above the junction of the right and non-coronary cusps. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is dark red-brown and firm, with no focal abnormalities. The aorta is of usual course and caliber, and its major branches and the great veins are normally distributed. The intimal surface of the aorta is free of atherosclerosis.

RESPIRATORY SYSTEM: See previous description.

HEPATOBIILIARY SYSTEM: See previous description.

MUSCULOSKELETAL SYSTEM: See previous description.

Apart from the features described above, examination of the organs and tissues which comprise the HEAD, CENTRAL NERVOUS SYSTEM, NECK, BODY CAVITIES, CARDIOVASCULAR, RESPIRATORY, HEPATOBILIARY, LYMPHORETICULAR, GENITOURINARY, GASTROINTESTINAL, ENDOCRINE, and MUSCULOSKELETAL SYSTEMS reveals all to be within the usual limits of size, character and position for age, sex, and development.

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In particular, it is noted that the hyoid bone is intact, except for fracture during prosection. The gallbladder contains 2 ml of bile, but no calculi. The urinary bladder contains I ml of cloudy, amber urine, The stomach contains approximately 150 ml of partially digested food, including pieces of carrot. No tablets or capsules are identified. The appendix is present and unremarkable. The body wall fat measures up to 3/16 inch in maximal thickness.

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FINDINGS:

1. Stab wound of left mid-back:

- a. Entrance wound. left mid-back.
- b. Injuries: perforation of left eighth rib and penetration of left lung, with a 25 ml left hemothorax.
- c. Path: back to front and very slightly left to right.
- d. Maximal depth of penetration: 1-3/4 inches.

2. Stab wound of right upper back:

- a. Entrance wound: right upper back.
- b. Injuries; perforations of right eighth rib and right lung, with a 90 ml right hemothorax (see also stab wounds No. 3 and 4).
- c. Path: back to front and very slightly left to right.
- d. Maximal depth of penetration; 4-3/8 inches.

4. Stab wound of lower right mid-back:

- a. Entrance wound: right mid-back.
- b. Injuries; perforations of right lung, diaphragm, and liver, with a 90 ml right hemothorax (see also stab wounds No 2 and 3).
- c. Path: back to front and slightly left to right.
- d. Maximal depth of penetration: 3 inches.

5. Incised wound of posterior left shoulder.

6. Incised wound of left upper back.

7. History that the deceased was stabbed at home as was his brother (companion case 1811-96).

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CONCLUSION:

It is our opinion that Damon Routier, a 5-year-old white male child, died as the result of sharp force injuries of the back.

MANNER OF DEATH: Homicide.

TOXICOLOGY:

Blood. Alcohols & Acetone - negative. Drug Screen - negative.
Vitreous: Alcohols & Acetone negative.

(signed)

J.K. Townsend-Parchman, M.D.

Medical Examiner

(signed)

Karen F. Ross, M.D.

Medical Examiner

(signed)

Joni L. McClain M.D.

Medical Examiner

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Sheila Spotswood, M.D.
Medical Examiner

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Charles B. Odom, M.D.
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J.M. Guileyardo, M.D.
Medical Examiner

(signed)
Jeffrey J. Barnard, M.D.
Chief Medical Examiner

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