



OFFICE OF THE MEDICAL EXAMINER  
701 W. Jefferson St.  
Phoenix, AZ 85007

REPORT OF AUTOPSY

DECEDENT: Sean Thomas Drenth

CASE: 10-06203

DATE OF EXAMINATION: 10/20/2010

TIME: 0855 Hours

PERSONS PRESENT AT EXAMINATION:

Phoenix Police Department: Detective Hansen #6250

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PATHOLOGICAL DIAGNOSES

- I. Shotgun wound to head with perforation of skull and brain.

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CAUSE OF DEATH: Shotgun wound to head with perforation of skull and brain  
MANNER: Suicide

07 December 2011  
Date Signed

  
ROBERT E. LYON, DO  
MEDICAL EXAMINER

**EXTERNAL EXAMINATION**

The body is received in a zippered body pouch secured by evidence seal #0000200.

Property with the body is comprised of paper bags covering the hands; short-sleeved T-shirt with a safety pin over the back of the collar region, and blood soaking over the back; and gray boxer-type briefs.

The body is that of a 210-pound, 68-inch, well-developed, well-nourished, muscular white man appearing the stated age of 34 years. Rigor mortis is developed. Lividity is posterior, rises to the posterior axillary line, and is fixed. The torso is cool.

The scalp hair is an estimated 1/4-inch long, black, and straight. The irides are brown. The conjunctivae have no petechiae. The teeth are natural and in good repair. The external genitalia are those of a normally developed, circumcised adult man. The anus has mucosal tags. The fingernails are short, trimmed, and have no trauma. The body has no lower extremity edema or recent injuries except as indicated.

**SCARS**

1. The submental region of the chin has a small irregular scar.

**TATTOOS**

1. The left arm has a black tattoo of a circumferential horizontal curvilinear design.
2. The right arm, laterally has a moderate size black tattoo of a vertical electric guitar.

**INJURIES****A. Shotgun wound to head**

1. The entrance perforation is over the submental region of the mandible, centrally and 60 inches superior to the sole of the left foot. Including the abrasion margin, the wound is 3.0 x 1.5 cm, ovoid, and coronally oriented. Within the abrasion margin is a 2.3 x 1.0 cm ovoid perforation oriented the same way. The abrasion is regular. The abrasion margin is widest at the 12 o'clock position where it is 0.6 cm. The adjacent skin along the posterior wound margin has a 0.5 cm wide cuff of black soot deposition extending from the 3 to 9 o'clock positions. The adjacent skin 0.8 cm posterior to the entrance perforation has a patterned abraded cutaneous laceration measuring 59-1/4-inches superior to the sole of the right foot. The overall surface dimensions are 2.5 x 1.0 cm. The wound is ovoid and coronally oriented. The laceration component is anterior, and is 2.0 cm in length and gapes to 0.4 cm and penetrates to subcutaneous tissue. The abrasion component measures 2.0 x 0.6 cm. The adjacent skin has no

stippling.

2. The wound path sequentially runs through the musculature of the floor of the mouth, tongue, palate, nasopharynx, floor of the skull, frontal lobes of the cerebral hemispheres, skull with external beveling, and exits over the right superior frontal parietal region of the head. Postmortem radiographs show no projectile. No projectile is recovered.
3. The exit wound is over the superior right frontal parietal aspect of the head and 6 inches superior to the superior attachment of the right ear, and 66-1/2 inches superior to the sole of the right foot. The wound is roughly stellate. The surface dimensions are 7.0 x 3.0 centimeters. The wound has no abrasion margin. The adjacent skin, which is in the hair bearing region of the scalp, has no stippling, soot deposition, or muzzle imprint.
4. The direction of the wound path with respect to the standard anatomic position is upward, and from left to right.

Associated findings comprise a 4.5 x 2.5 cm roughly L-shaped cutaneous and mucosal blast laceration over the right lateral aspect of the mouth and vermillion border of the lower lip. This laceration measures 62 inches superior to the sole of the right foot. The laceration penetrates subcutaneous tissue. The adjacent skin has a moderate size cluster of moderately dense short linear overstretching tears penetrating to dermis. The right buccal region of the face has a small oval horizontal overstretching skin tear penetrating to subcutaneous tissue, and a short linear overstretching skin tear penetrating to dermis. The philtrum region of the mouth has a short vertical linear overstretching skin tear communicating with the oral cavity. The dorsum of the nose and medial aspect of the right orbit have a contiguous 7 cm length cutaneous blast laceration gaping to 2 cm and communicating with the nasal vestibule, nasal cavity, and cranial vault. This laceration measures 66-1/4 inches superior to the sole of the right foot. The medial aspect of the left orbit has a moderate length curvilinear vertical overstretching skin tear penetrating to dermis. The maxilla and mandible have multiple open fractures with marked distraction and stripping of mucosa from the periosteum. The calvaria and floor of the skull are fragmented with moderate distraction, and visible external deformity. The fractures do not communicate with the foramen magnum. The dura has been partially stripped from the inner table of the skull. The frontal lobes of the brain are shredded. The wound path permits communication among the cranial vault, nasopharynx, and oral cavity.

**B. Other injuries**

1. The skin between the right thumb and index finger has a 0.5 x 0.3 cm square red abrasion. The right hand, posteriorly has a 0.2 x 0.2 cm pink cutaneous abrasion, 0.6 x 0.3 cm red cutaneous abrasion, and 0.5 x 0.3 cm red cutaneous abrasion.
2. The left hand, posteriorly and centrally has a 5 x 3 cm cluster of a few tiny red cutaneous abrasions. The left hand, posteriorly and medially has a tiny brown crust.

Having been described, the injuries will not be repeated.

**INTERNAL EXAMINATION****HEAD**

The scalp and skull are remarkable only as indicated above. There are no epidural or subdural blood accumulations. The brain weighs 1450 grams. The external and cut surfaces of the brain are remarkable only as indicated above.

**NECK**

The cervical spine, the laryngeal cartilages, the hyoid bone, and the strap muscles of the neck have no injuries. The upper airways have no foreign material. The tongue is remarkable only as indicated above.

**BODY CAVITIES**

The body cavities have no liquid accumulations. The organs are normally situated, have no congestion, and have no abnormality odors.

**CARDIOVASCULAR**

The aorta is unremarkable. The venae cavae have no thrombi. The pulmonary trunk and arteries have no thromboemboli. The great vessels and the chambers of the heart are collapsed and contain a thin layer of red liquid blood. The heart weighs 475 grams. The epicardial surfaces are smooth and have a moderate quantity of fat. The coronary arteries arise from normally situated, normal size ostia, and distribute in a right dominant pattern. The main epicardial coronary arteries have no atherosclerosis. The myocardial cut surfaces are red-brown with no gross evidence of fibrosis or necrosis. The tricuspid, pulmonary, mitral, and aortic valves are thin and unremarkable. The chambers have no dilatation. The endocardium is thin.

**LUNGS**

The left lung weighs 350 grams; the right lung weighs 375 grams. The pleural membranes of the right lung, posteriorly have a small zone of thin fibrous adhesions. The pleural membranes are otherwise and elsewhere are thin and unremarkable. The cut surfaces are pink with dependent purple congestion. The cut surfaces have no hexagonal checkerboard pattern of aspirated blood. The pulmonary arteries have no thromboemboli. The bronchial mucosa is reddish-pink and congested. No evidence of tumors, infarcts, emphysematous changes, or pulmonary edema is identified.

**LIVER, GALLBLADDER AND PANCREAS**

The liver weighs 1250 grams. The capsule is thin. The cut surfaces are red-brown and firm. The gallbladder contains thin green liquid bile and has no stones. The pancreas has tan, lobulated parenchyma.

**HEMIC AND LYMPHATIC**

The spleen weighs 200 grams. The capsule is thin. The cut surfaces are dark red and congested. The lymph nodes are not enlarged. The thymus gland is replaced by fat. The vertebral marrow is dark red.

**GENITOURINARY**

The left kidney weighs 175 grams; the right kidney weighs 175 grams. The cortical surfaces are smooth. The cut surfaces are red-brown and have the usual corticomedullary pattern. The ureters have no dilatation. The urinary bladder is moderately distended and contains an estimated 30 mL of yellow urine. The prostate has a normal size and shape. The cut surfaces are white-tan and have no nodules. The seminal vesicles are unremarkable. The testes are descended and have tan, stringy cut surfaces.

**ENDOCRINE**

The adrenal and thyroid glands have no hyperplasia or nodules. The pituitary gland is not identified.

**DIGESTIVE**

The esophagus, stomach and duodenum have no chronic ulcers. The stomach contains an estimated 200 mL of thin brown liquid containing small partially digested nondescript food solids. External examination of the small and large intestines, and appendix is unremarkable.

## **MUSCULOSKELETAL**

The clavicles, sternum, ribs, spine, and pelvis have no recent fractures. The musculature is unremarkable.

## **MICROSCOPIC DESCRIPTIONS**

**Heart:** Section of atrial, membranous and muscular septa, His bundle, and tricuspid and mitral valves, unremarkable.

**Lung:** Unremarkable.

**Liver:** Partial autolysis, otherwise unremarkable.

## **OPINION**

Based on all of the available information, Sean Thomas Drenth died from a shotgun wound to head with perforation of the skull and brain. The manner of death is suicide.

REL/hyf

D: 10/20/10

T: 10/29/10

MARICOPA COUNTY OFFICE OF THE MEDICAL EXAMINER

REPORT OF TOXICOLOGICAL EXAMINATION

Case Number: 10-06203  
Decedent: SEAN THOMAS DRENTH  
Date Submitted: 10/20/2010  
Report Date: 12/16/2010

Specimens Collected: VITREOUS, BLOT/FILTER PAPER, BILE, GASTRIC, URINE,  
LIVER

Medical Examiner: ROBERT E. LYON, DO

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**RESULTS\*:**

Vitreous: None detected for ethanol, methanol, isopropanol and acetone

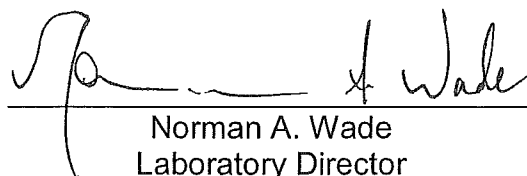
Liver: Positive for  
Diphenhydramine 0.75 mg/kg  
None detected for amphetamine, methamphetamine,  
phencyclidine, cocaine, benzoylecgonine, methadone, morphine,  
codeine, benzodiazepines, barbiturates, phenothiazines, tricyclic  
antidepressants, fentanyl, oxycodone, and volatiles by GC/MS

Bile: None detected for volatiles by GC/MS

Urine: Positive for  
Diphenhydramine  
Nordiphenhydramine (diphenhydramine metabolite)  
None detected for amphetamine, methamphetamine,  
phencyclidine, cocaine, methadone, codeine, phenothiazines, and  
tricyclic antidepressants

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\*If results are not listed for any specimen(s), that/those specimen(s) is/are deemed to be on "HOLD"

  
Norman A. Wade  
Laboratory Director

Jurisdictional Agency: PHOENIX PD  
By: svp, Tox.1/2000, DAWN

