



Armed Forces Medical  
Examiner System

**DEFENSE HEALTH AGENCY**  
115 PURPLE HEART DRIVE  
DOVER AIR FORCE BASE, DELAWARE 19902

August 21, 2018

Ms. Teri Caserta  
[REDACTED]

Dear Ms. Caserta,

As requested, enclosed within this sealed envelope is a complete copy of the Autopsy Examination Report of your son, AN Brandon P. Caserta.

The information contained within this report is graphically described to ensure complete accuracy of the physical details of the examination. This information can be potentially disturbing to review.

If you have questions regarding any portion of the report provided, please do not hesitate to contact our office to discuss with the Forensic Pathologist of record at (302) 346-8648. You may also contact our office via email at the following address: [usarmy.dover.medcom-afmes.mbx.operations@mail.mil](mailto:usarmy.dover.medcom-afmes.mbx.operations@mail.mil).

If you need any further assistance, please do not hesitate to contact me.

Sincerely,

LOUIS N. FINELLI, D.O.  
COL, MC, USA  
Armed Forces Medical Examiner



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115 PURPLE HEART DRIVE  
DOVER AIR FORCE BASE, DELAWARE 19902

## **AUTOPSY REPORT**

**Autopsy Number:** ME18-0157  
**Name:** Caserta, Brandon Patrick  
**Grade:** E-3, USN  
**Date of Birth:** 25 MAY 1997  
**Date of Death:** 25 JUN 2018  
**Place of Death:** Naval Air Station Norfolk, VA  
**Date/Time of Autopsy:** 27 JUN 2018 at 0730 hours  
**Place of Autopsy:** OAFME, Dover Air Force Base, DE  
**Date Report Signed:** 21 AUG 2018

**Circumstances of Death:** This Sailor was involved in an aviation ground mishap when his head struck the tail rotor of an MH-60 helicopter. Multiple suicide notes were identified in his living quarters.

**Authorization for Autopsy:** Armed Forces Medical Examiner, IAW 10 USC 1471.

**Identification:** Positive identification by ante-mortem and post-mortem fingerprint, dental, and DNA comparisons.

**CAUSE OF DEATH: Blunt Force Trauma to the Head**

**MANNER OF DEATH: Suicide**

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**EXTERNAL EXAMINATION**

The body is received wrapped in a white sheet within a white human remains pouch that is sealed with a blue plastic lock. Attached to the outermost pouch is a paper tag labeled with the decedent's demographics. The body is clad in the clothing listed below. A clear plastic bag and a paper bag accompany the body in the human remains pouch. A paper tag and a grey plastic identification band, both labeled with the decedent's demographics, are attached to the left ankle. A white tag labeled "ME18-0157" is attached to the left ankle at intake.

The body is that of a well-developed, well-nourished, young adult male, and appears compatible with the reported age. Injuries are described in the section "Evidence of Injury" and medical therapy is described in the section "Medical Intervention". The body is approximately 68-1/2" in length and weighs 147 pounds. Lividity is minimally blanching on the posterior surface of the body except in the areas exposed to pressure. Rigor is equally developed in all four extremities. There is faint marbling of the forearms.

The scalp hair is dark brown and up to 1" in length. The facial hair is clean shaven. The irides appear brown, the corneae are clear, and the sclerae are white. The conjunctivae are free of petechiae. There are no palpable fractures of the facial bones. The external nares, external auditory canals and mouth are free of abnormal secretions. The lips are without evident injury. The teeth are natural and in good condition. The chest and back are unremarkable. The genitalia are those of an adult circumcised male. The anus is non-traumatic. The extremities are symmetric. The fingernails are 1/8" – 3/16", trimmed, and intact. Multiple, well-healed, oval scars are present on the anterior and posterior right upper arm, the knees, and right anterior lower extremity. There are no tattoos.

**CLOTHING AND PERSONAL EFFECTS**

The body is clad in black socks, a blue blousing strap, black underwear, a blue T-shirt (previously cut), black boots, and blue Navy Working Uniform pants with a black web belt (cut halfway up the legs). The T-shirt is bloodstained/soaked, and the pants are bloodstained. Personal effects consists of a pen in the right pants pocket and a pink and yellow ear plug.

**MEDICAL INTERVENTION**

Electrocardiogram leads (four) are attached to the right and left upper chest and lower extremities. A dermal puncture is located on the left anterior forearm.

**RADIOGRAPHS**

A complete set of post-mortem radiographs is obtained and the results are incorporated into section "Evidence of Injury". Additional findings include a healed right clavicle fracture and a congenital anomaly of the C1 vertebra consisting of bilaterally open vertebral foramina.

**EVIDENCE OF INJURY**

There is a gaping, geographic shaped, full thickness, 13" x 2-1/2" laceration extending from the left posterior neck to the scalp posterior to the left ear, and

**Caserta, Brandon Patrick**

terminating on the right side of the top of the head. The inferior aspect of the wound features a 1/8" – 1/4" wide abrasion collar. There is a resultant open cranium with comminuted fractures of the calvarial skull, and the brain and midbrain to the level of the pons is extruded from the skull through the wound. The pituitary stalk is transected. Portions of the skull from the left posterior fossa extending to the right calvarium are absent. There are eggshell fractures of the remaining calvarial and basilar skull, including the right petrous pyramid and foramen magnum. Radiological examination identifies separation and subluxation of the C1 and C2 vertebra, as well as widening of the C4-5 interspace and anterior wedging of C5. Examination of the contents of the clear plastic and brown paper bags (reassociated based on circumstances) reveal portions of scalp skin and left ear, fragments of calvarial skull, and pulpified portions of brain and midbrain with patchy subarachnoid, intraparenchymal, and focal subdural hemorrhage (approximately 10-15 ml of clotted blood).

On the posterior head, perpendicular to the open cranium and extending from the left superior to the right inferior aspect, are a series of three, parallel, oval abrasions that are oriented in an approximately 2 o'clock to 8 o'clock direction (1-1/2" x 1/2" with a central 3/4" x 1/8" superficial laceration, 1-1/2" x 1/2", and 1-3/4" x 3/4" with a central 1" x 1/4" superficial laceration). Additional external injuries to the head include an oval, 1/4" in greatest dimension abrasion on the inferior aspect of the right side of the posterior head, a 1/2" x 1/4" oval abrasion on the left posterior neck, and a 1/2" x 1/4" geographic abrasion on the left side of the head, anterior to the left ear.

The left elbow and posterior forearm feature a cluster of three oval abrasions (1/2" x 1/4", 1/2" x 1/4", and 1" x 1/4"). There is a 1/2" x 1/4" oval abrasion on the left posterior wrist, and a pair of linear, 1/2" in length abrasions on the left posterior 4<sup>th</sup> digit. There is a geographic shaped, 1/2" x 1/2" abrasion on the right posterior wrist, a 1/8" oval abrasion on the right posterior hand overlying the 4<sup>th</sup> metacarpophalangeal joint, and a 1/16" oval abrasion on the left posterior third digit. There is a 3/4" x 1/2" oval contusion on the left knee.

**INTERNAL EXAMINATION****BODY CAVITIES:**

There are no adhesions or excess fluid in any of the cavities. The organs occupy their usual anatomic positions.

**HEAD (CENTRAL NERVOUS SYSTEM) and NECK:**

See also "Evidence of Injury." There is no epidural hemorrhage present. The leptomeninges are thin and delicate.

The brain present weighs 700 grams. The gyri and sulci, where uninjured, are unremarkable. Coronal sections through the cerebral hemispheres and sagittal sections through the cerebellum and brainstem reveal no non-traumatic lesions.

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage by layer-wise dissection. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa.

**RESPIRATORY SYSTEM:**

The upper airway is free of abnormal secretions. The mucosal surfaces are smooth, white-tan and unremarkable. The right and left lungs weigh 240 and 260 grams, respectively. The pulmonary parenchyma is pink to red-purple. The pulmonary arteries are normally developed and patent without thrombus or embolus.

**CARDIOVASCULAR SYSTEM:**

The heart is contained in an intact pericardial sac, and weighs 280 grams. The coronary arteries are present in a normal distribution and are present in a right-dominant pattern. There is focal atherosclerosis in the left anterior descending coronary artery (25% occlusion). The myocardium is firm and homogenous. The walls of the left ventricle, interventricular septum, and right ventricle are 1.2, 1.3, and 0.3 centimeters thick, respectively. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable. The vena cavae and its major tributaries return to the heart in the usual distribution and are free of thrombi.

**HEPATOBIILIARY SYSTEM:**

The liver weighs 1160 grams and has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown with the usual lobular architecture. No mass lesions are identified. The gallbladder contains approximately 15 milliliters of bile. The extrahepatic biliary tree is patent.

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 100 and 120 grams, respectively. The external surfaces are intact, smooth and red-tan. The cut surfaces are red-tan and the cortices are delineated from the medullary pyramids. The pelves are unremarkable and the ureters are normal in course and caliber. The bladder contains approximately 23 milliliters of clear, yellow urine. The prostate is unremarkable; the testes are descended bilaterally.

**GASTROINTESTINAL SYSTEM:**

The tongue is unremarkable. The esophagus is lined by smooth, grey-white mucosa. The stomach, small bowel, colon, and appendix are unremarkable. The stomach contains approximately 35 milliliters of tan, thin liquid with no partially digested food or pill fragments identified. The pancreas is pink-tan with a lobulated appearance. No mass lesions or other abnormalities are identified.

**LYMPHORETICULAR SYSTEM:**

The spleen weighs 120 grams and has a smooth, intact, red-purple capsule. The parenchyma is maroon with unremarkable lymphoid follicles. Lymph nodes in the hilar, peri-aortic and iliac regions are not enlarged.

**ENDOCRINE SYSTEM:**

See also "Evidence of Injury." Where uninjured, the pituitary gland is unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The right and left adrenal glands are symmetric, with bright yellow cortices and red-brown medullae. No masses or areas of hemorrhage are identified.

**MUSCULOSKELETAL SYSTEM:**

See also "Radiographs" and "Evidence of Injury." The ribs, sternum, and vertebral bodies are visibly and palpably intact. Muscle development is normal.

**MICROSCOPIC EXAMINATION**

Selected portions of organs are retained in formalin without the preparation of slides.

**ADDITIONAL REMARKS**

1. Assisting with the autopsy, and taking documentary photographs, are OAFME personnel.
2. Representatives from NCIS attended the autopsy.
3. A complete list of all individuals in attendance is on file.
4. Selected portions of organs and fluids are retained for toxicology, histology, and DNA identification. The dissected organs are released with the body.
5. Personal effects are released to personal effects personnel.
6. Recovered evidence: None.

**FINAL AUTOPSY DIAGNOSES**

- I. Blunt Force Trauma to the Head:**
  - A. Lacerations and abrasions of the head.
  - B. Eggshell fractures of the calvarial and basilar skull.
  - C. Extrusion and pulpification of the brain.
  - D. Subarachnoid, intraparenchymal, and subdural hemorrhage of the brain.
  - E. Transection of the pituitary stalk.
  - F. C1/C2 separation/subluxation.
  - G. Widening of the C4/5 interspace with anterior wedging of C5.
- II. Additional findings - Abrasions and contusion of the extremities.**
- III. Natural pathology:**
  - A. Mild, focal coronary atherosclerosis.
  - B. Open vertebral artery foramina of the C1 vertebra.
  - C. Healed right clavicle fracture.
- IV. Toxicology and Special Studies:**
  - A. VOLATILES: No ethanol detected in the blood.
  - B. DRUGS: No screened drugs of abuse/medications detected in the urine.

**OPINION**

This Sailor, Brandon Patrick Caserta, died of blunt force trauma to the head. The toxicology screen is negative. The manner of death, based on investigative details present at the time of this report, is suicide.

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Bryan J. Platt, M.D.  
LCDR, MC(FS/FMF) USN  
Deputy Medical Examiner