9/22/2019

Marny Hill

Major Crimes Prosecutor

Adair, Cherokee, Sequoyah, and Wagoner Counties

RE: Elijah Wooley

Mrs. Hill,

I have reviewed the following information regarding decedent Elijah Wooley:

1. Affidavit for issuance of arrest warrant (State of Oklahoma vs Woolley, William Third Case No. 18-0492)
2. Affidavit for issuance of arrest warrant (State of Oklahoma vs Woolley, Lisa Case No. 18-0492)
3. Wagoner County Sheriff's Office Incident Reports
4. Report of Autopsy: Elijah Woolley Case # 1801620 From Office of the Chief Medical Examiner Tulsa Oklahoma
5. Report to District Attorney
6. Review by Dr. Carl J. Schmidt
7. CD-ROM entitled: Photos from Search Warrant 03/31/18 18-0492 J. Weber
8. CD-ROM entitled: Crime Scene Photos 18-0492 3/30/18
9. CD-ROM entitled: Photos Woolley Elijah 181620 Office of the Chief Medical Examiner
10. 22 Glass histology slides from The Office of the Chief Medical Examiner, Tulsa Oklahoma. Each slide labeled with OCME-TULSA 1801620 Recut and a Numeric designation (#1-#22)

From the information Elijah Wooley was a 14-month-old male that on the night of his death was laid on his stomach with his blanket by his Grandmother Lisa Woolley at 2230 Hr. The next day at 0945 hrs. the decedent was discovered unresponsive still in the position he was laid down in. 911 was called and emergency medical services (EMS) were dispatched. The 911 dispatcher attempted to walk the caller through cardiopulmonary resuscitation (CPR), but the caller could not open the child's mouth. When EMS arrived, the decedent was found rigid, cold, not breathing and lividity had already set in. The Wagoner County Sheriff's Office arrived the decedent noted to be lying on the floor face up.

An autopsy was performed by Cheryl Niblo, D.O. on 03/31/2018 at 0745 Hrs. From the autopsy report and photographs the decedent was noted to have a fixed anterior lividity pattern with areas of sparing along the midline of the forehead, nose, cheeks and the perioral area. There was also sparing noted along the torso, wrists and knees. The lividity was pale purple in coloration. The body was noted to be in full rigor mortis. There was evidence of injury consisting of the following: contusion of the upper frenulum, contusion of the mucosa of the left side of the upper lip, laceration of the mucosa of the right side of the lower lip, hemorrhage in the soft tissue/musculature of the neck at the base of the skull, hemorrhage in the soft tissue/musculature of the upper right side of the back, and contusions and lacerations about the anus. Microscopically Dr. Niblo noted an acute bronchopneumonia of the lower lobe of the right lung.

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From her findings Dr. Niblo determined that Elijah Woolley's cause of death was Asphyxiation due to suffocation with other significant conditions of multiple penetrating blunt impact injuries to the anus and the manner of death was Homicide.

I agree with Dr. Niblo's opinion that the decedent died from Asphyxia due to Suffocation from smothering and the Manner of death is Homicide. I also agree with Dr. Niblo's opinion that there was penetrating blunt force injuries to the anus.

The decedent exhibits a patchy fixed lividity pattern in an anterior distribution with definitive blanching over the face, nose and mouth that is purple in coloration. There is also a pattern of blanching over the chest and abdomen. Also, from the description from witness statements that the decedent's mouth could not be opened which shows rigor mortis had already set in. The fact that the lividity is fixed and there was rigor mortis present shows that the decedent had been dead for a period of time before being discovered. The anterior distribution of the lividity is significant for the decedent being face down with his nose and mouth pressed up against something (mattress/pillow). The blockage of the nose and mouth could easily cause suffocation. Elijah is a 14 months old toddler and could easily have rolled himself out of this position (a milestone generally reached at 4 to 6 months of age). Possibilities to explain why the decedent would not roll out of this position would include that he was restrained in some manner or was already dead when placed in this position.

Autopsy photograph DSC 0027 (CD ROM entitled Photos Woolley Elijah 181620 Office of the Chief Medical Examiner Folder 1801620 Exam) shows abrasion of the lower lips with a centralized impression from the upper incisors; there is contusion of the mucosal surface of the upper lip matching the teeth; a frenula contusion; hemorrhage along the gumline of the upper incisors consistent with luxation (dislocation) of the teeth; and autopsy photograph 0031 there is a similar contusion of the mucosal surface of the lower lip from teeth impressions. These findings all represent trauma from the lips being forcefully pressed against the teeth and the teeth being moved out of place which is significant for suffocation/smothering in which the face is either forcefully pressed into something (i.e. mattress) or an object (i.e. pillow) is forcefully pressed over the face.

The hemorrhage at the base of the skull could possibly represent trauma from overstretching of the muscles. This occurs when an individual struggles against a restraint or the muscles are forced passed their normal limits resulting in tearing and hemorrhage. The hemorrhage along the back most likely represents a blunt trauma impact.

Smothering is a difficult diagnosis to make at the time of autopsy, the findings can be subtle to nonexistent. The findings of injuries to the mucosa of the lips is often the only finding at the time of autopsy.

The injuries about the anus consisting of lacerations and contusions are representative of penetrating trauma from a blunt object. Photograph 0040 clearly demonstrates the injuries. In the photograph there are clearly areas of contusion and lacerations with associated areas of hemorrhage. Histologically the microscopic sections show dilated blood vessels and evidence of injury consisting of focal hemorrhage. In the recut sections I received I do not see any hemosiderin laden macrophages, but if they are present this would also be significant for possible trauma. The fact that there is not significant hemorrhage in the sections that were sampled is of no consequence due to the injury clearly being seen grossly in the photographs.

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Dr. Niblo notes an acute pneumonia present in a single lobe of the lung. I do not see a pneumonia but instead see an occasional neutrophil and bronchiolar associated lymphoid tissue (BALT) which can be prominent in this age range.

My opinions are reached to a reasonable degree of medical certainty based on the information that I have been provided. I reserve the right to change my opinion if new information comes about.

Kendall Von Crowns, MD

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