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FORENSIC PATHOLOGY  
LEGAL MEDICINE

**PRIVILEGED & CONFIDENTIAL**

**ATTORNEY WORK PRODUCT**

January 10, 2012

Stuart M. Pepper, Esquire  
704 S.W. 6<sup>th</sup> Street  
Cape Coral, Florida 33991

**Re: Kevin Thacker, Deceased**

Dear Mr. Pepper:

Pursuant to your request, I have reviewed and analyzed all the records and materials provided to me in the matter of the death of Mr. Thacker.

#### **CLINICAL SUMMARY**

Mr. Kevin Thacker, a 20 year old man, was arrested in Marshalltown, Iowa for drunken driving on October 29, 1983. His blood alcohol was 0.208 %. After asking to use the restroom the second time, Mr. Thacker bolted in an attempt to escape. He was found unconscious in the back alley of the police station minutes later.

The CD of the booking video is reviewed. Mr. Thacker appears to be clearly under the influence of alcohol. He was unsteady as he walked a line and attempted to steady himself by reaching sidewall support on his right. Marshalltown Police Officer Kendall Eldred was the booking officer in the tape.

Mr. Thacker was admitted to Marshalltown Area Community Hospital at approximately 1:30 a.m. The emergency room report by D. S. Reading, M.D., noted that the Police Department postulated that he had perhaps gone up to the roof and tried to jump over to another building. Ambulance personnel found him lying on his back with a large pool of blood around his head. He was intubated and transferred by helicopter to Iowa Methodist Medical Center in Des Moines.

The news release Incident # 83-4572 noted Mr. Thacker's arrest on 10-29-85 at 0053. At 1:20 a.m., Mr. Thacker asked to use the restroom twice. On the second trip from the rest room, he bolted and allegedly ran through the back inside door. The officer did not find him in the alley. At 1:24 a.m., another officer on his way to the Police Department found the prisoner lying in the alley on the west side of the building. Police investigation suggested that the prisoner ran up the back inside stairs, and went out onto the roof. Mr. Thacker must have walked out on the beam and tried to jump over onto the coliseum roof, but could not maintain his grip and apparently fell backwards landing on the pavement beneath. "The alley is 16 feet wide. The beam extends 4 ft so the prisoner jumped about 12 ft across the alley, and then fell from the Coliseum roof approximately 24 ft. Injuries were restricted to the back of the head and facial area."

At 4:30 p.m. on Nov 5, 1983, an autopsy was performed by Roberto Ramoso, M.D. Dr. Ramoso was a general pathologist and Polk County Deputy Medical Examiner to Dr. Wooters, the Polk County Medical Examiner. His deposition was taken on 5-3-84. Board certified in Pathology, Dr. Ramoso is board qualified in Forensic Pathology.

He expressed the following opinion: "Kevin Thacker died of head injuries sustained from a fall. The manner of death is classified as accidental", based upon the autopsy findings and the history he was given. Dr. Wooters had told Dr. Ramoso of the victim's fall from three stories high. The point of impact was on the left temple - "a couple of inches in size, there was no injury to the left ear --- no abrasions, laceration, or bruises".

The autopsy revealed that the scalp, forehead, face, neck, trunk and extremities showed no evidence of injury except for old bruises in front of both axillae, healing abrasions to the front of the right leg, and small abrasions on the back of the left hand and left side of the chin.

There was hemorrhage over the left temporal scalp area, "compatible with impact". There were fractures which were not depressed that could have resulted from a heavy object or instrument striking a stationary head. The fracture of the left temporal bone extended to the left occipital bone, the left petrous bone, and the left middle cranial fossa. Dr. Ramoso testified that the decedent's head injury could have been caused by the victim's head hitting something with just one impact. There was approximately 20 cc of recent subarachnoid hemorrhage over the right cerebrum. There were extensive contusions of the right temporal and frontal lobes involving both the grey and white matter with hemorrhage. The brain weight was 1430 grams. There were minute hemorrhages in the pons.

In his deposition, Dr. Ramoso stated that there was a healing abrasion on the bridge of the nose. (This was not mentioned in the protocol.) There were no bruises, abrasions or fractures on the forehead, cheek, jaws and chin bones. The ears were not swollen. There were no external or

internal injuries in the chest and abdomen. Dr. Ramoso suggested that the victim must have fallen sideways to have sustained the impact injuries found at autopsy.

The deposition of Thomas Carlstrom, M.D., was taken on May 31, 1984. The October 29, 1983 CT scans confirmed the comminuted fracture of the left skull extending to the base with associated right cerebral hemisphere contusion involving primarily the right frontal and temporal lobes. The comminuted fracture of the left temporal bone extended into the occipital bone inferiorly with the fracture line obliquely projecting to the lambdoid suture posteriorly. The opacification of the sphenoidal sinus was due to the fracture of the base of the skull. This type of fracture is usually associated with a heavy blow to the left side of head approximately above the left ear. Contrecoup injury was present in the right side. Dr. Carlstrom testified that “perhaps a night stick could do it”.

Dr. Carlstrom found Mr. Thacker’s neurologic status on admission to be “just about brain death”. From the history, he noted “apparently was running from the police - tried to jump from one building to another, slipped and fell three stories”.

The blood that was coming out from the left ear was probably from the middle ear, some from external canal laceration, and also from the basal skull fracture.

Repeat scans on November 1 showed small contusions on the right posterior frontal and temporal lobes with small areas of hemorrhage. There was significant cerebral edema with compression of the right lateral ventricle and a right to left shift. Mr. Thacker died on November 5, 1983 from severe cranio-cerebral trauma.

Dr. D.L. Michealis offered an opinion on July 13, 1984. He stated that it was highly unlikely that Mr. Thacker could have fallen from a three story building onto an asphalt surface and sustained only the findings at autopsy. “If in fact Thacker did land directly on his head, that would have caused him to have severe lacerations and fractures of the maxilla, mandible and several of the cervical vertebrae – every bone in his face would have broken and most likely his brain would be extruding from compound comminuted fractures.”

Deposition exhibit from Dr. Tom Bennett on 10/15/1984 sets forth an opinion that “the decedent could have crawled out onto the girder, and attempted to jump over to the other building roof, and even jumping over to the roof without taking up sufficient speed from the gravitational acceleration to do significant injury to himself in this first segment of the fall. – slid backwards from the roof (the second roof), then falling to the asphalt alley – he started to spin, such that instead of falling feet first, he could have fallen to allow his head to strike the asphalt surface – it is my opinion that the head injuries are not consistent with the stationary head being hit with a moving object such as a fist, club – unlikely that the head could be accelerated

sufficiently and enough force applied by an individual -- smashing it into a wall for the skull fracture and brain injuries to have been sustained.”

Twenty-three 5” x 7” photographs of the scene and 2 enlarged to 10”x 8” depict the three flights of darkness in the steps to and on the rooftop 35 feet above the asphalt alley, the width of the beam overhang and “planted” cigarette pack and lighter. Mr. Thacker was supposed to have broad jumped to a building across the alley approximately 10 feet lower. He then supposedly fell backwards 24 feet to the asphalt surface flat on his back.

Jury verdict of wrongful death in favor of the decedent was overturned by the Judge who had been City Attorney before becoming Judge. This Judge supposedly agreed that Mr. Thacker “was never on the roof, was assaulted in the alley, but he decided it was insufficient evidence that this particular policeman, Kendall Eldred, was the murderer.” Iowa Supreme Court reversed the judge and reinstated the verdict. Family continues to press for murder and perjury charges against the involved police officer. Other police officers had fabricated the fall in support of their co-worker. The Republican US Attorney and FBI declined to pursue the case.

## **MEDICOLEGAL QUESTION**

### **What was the most probable scenario that resulted in the injuries found at autopsy?**

Just as certain external and internal bodily lesions often permit conclusions regarding the type of fall involved, information may frequently be derived from the skeletal injuries. Skull fractures are especially informative in this regard. A fall onto a flat surface such as the alley asphalt would have resulted in several fracture lines radiating from the point of impact. An injury of the head sustained by a fall is commonly located at the level of the brim of the hat, while an injury resulting from a blow is mostly situated above this level. The point of impact at the posterior left temporal bone in the case of this death may actually be consistent with either a fall or a blow to the left side of the victim’s head.

In falls from a height such as three floors with a minimum height of 24 feet in this case, however, an isolated head injury is highly unlikely.

The usual finding in a fall from a height is an open comminuted skull fracture combined with additional facial bone fracture and splattering of brain substance over wide areas in a head-first impact. Even with a head first impact, thoracic injuries such as abrasions, bruises on the chest wall along with rib fractures are found in nearly all fatal falls from such a height.

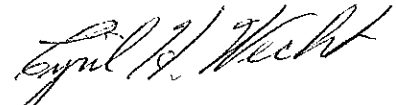
In 54% of cases, hemorrhage is found in the heart: the pericardium, epicardium and endocardium, usually in the vicinity of the entrance of the inferior vena cava into the right atrium. There is usually some disruption of the thoracic blood vessels at the isthmus of the thoracic aorta, along with mediastinal hemorrhage and lung contusions. In 33% of falls from a height, there is associated mild to moderate hemorrhage in the neck subcutaneous tissue, muscle, hyoid and thyroid gland. Cervical spine fractures are common.

## **OPINION**

Following the review of all the submitted documents including the results of the autopsy, photographs, the booking CD, depositions of the deputy medical examiner autopsy prosector, and attending neurosurgeon, and the opinions of two pathology consultants, based upon a reasonable degree of medical certainty, it is my professional opinion that Mr. Kevin Thacker did not sustain the head injuries as noted at autopsy from a fall. He was most likely struck on the left side of the head either by a fist or night stick at the level of the left temporal bone causing the complex skull fracture, then the contrecoup injury to the right brain as his head bounced off the wall on his right.

The brain shift from right to left, cerebral edema and brain stem injury from cranio-cerebral trauma resulted in Mr. Thacker's death.

Very truly yours,



Cyril H. Wecht, M.D., J.D.