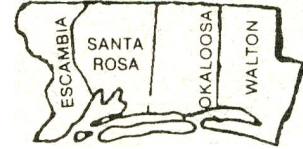




OFFICE OF THE MEDICAL EXAMINER
DISTRICT ONE, FLORIDA
Deanna A. Oleske, M.D.
Interim Chief Medical Examiner



RECORDS REQUEST RESPONSE/REDACTION COVER LETTER

ME Case Number: 12-348

Decedent's Name: Donald Holland

Date of Death: 6/4/2012

Enclosed records did not require redaction of information.

Enclosed records required redaction of information based on Florida Statutes:
Decedent's Social Security Number and Law Enforcement private telephone

A records request was received but cannot be completed at this time due to:

Additional Comments:
Entire File

For questions regarding this response please contact us at 850-332-7300.

District One Medical Examiner

OFFICE OF THE MEDICAL EXAMINER
DISTRICT I, FLORIDA
AUTOPSY PROTOCOL
MLA12-348

HOLLAND, DONALD P.

44/W/M

DOB: 02/12/68

DOD: 06/04/12

INVESTIGATING AGENCY: BALDWIN COUNTY SHERIFF'S OFFICE
INVESTIGATING OFFICER: WINBURG
COMPLAINT NUMBER: 12-1901

DIAGNOSES:

I. GUNSHOT WOUND OF HEAD:

- A. ENTRANCE: RIGHT TEMPLE.
- B. RECOVERY: LEAD AND COPPER FRAGMENTS FROM BRAIN.
- C. PATH: SKULL AND BRAIN.
- D. DIRECTION: RIGHT TO LEFT, UPWARDS.

II. ARTERIOSCLEROTIC AND HYPERTENSIVE CARDIOVASCULAR DISEASE:

- A. CARDIOMEGALY.
- B. MULTIFOCAL MODERATE TO SEVERE CORONARY ATHEROSCLEROSIS WITH BYPASS GRAFTS.
- C. AORTIC ATHEROSCLEROSIS.

CAUSE OF DEATH: GUNSHOT WOUND OF HEAD.

MANNER OF DEATH: SUICIDE.



ANDREA N. MINYARD, M.D.
FORENSIC PATHOLOGIST
CHIEF MEDICAL EXAMINER
DISTRICT I, FLORIDA

DATE COMPLETED:

7/5/12

ANM/mmr
06/12/12
07/05/12

OFFICE OF THE MEDICAL EXAMINER
DISTRICT I, FLORIDA
AUTOPSY PROTOCOL
MLA12-348

HOLLAND, DONALD P.

44/W/M

DOB: 02/12/68

DOD: 06/04/12

INVESTIGATING AGENCY: BALDWIN COUNTY SHERIFF'S OFFICE
INVESTIGATING OFFICER: WINBURG
COMPLAINT NUMBER: 12-1901

The autopsy is performed by Dr. Andrea N. Minyard in the District One Medical Examiner's Office located in Sacred Heart Hospital in Pensacola, Florida at 9:30 a.m. on June 6, 2012, with Ms. Christina Tisa and Mr. Nicholas Linck in attendance.

CLOTHING:

The body is received unclad.

IDENTIFICATION TAGS:

The right ankle and right great toe have identification tags bearing the decedent's name.

EXTERNAL EXAMINATION:

The body is that of a well-developed, well-nourished, white male, appearing at least ten years older than the offered age of 44 years. The body has a predonation length of 72 inches and a predonation weight of 270 pounds. Rigor mortis is easily broken. Livor mortis is posterior, except over pressure points, and does not blanch.

The scalp hair is gray with male pattern balding and measures up to 2 inches in maximum length. The irides are hazel. The sclerae and conjunctivae are unremarkable. The nose and mouth are clear. The natural mandibular teeth are in adequate repair. The decedent wears a mustache and beard.

The neck is unremarkable. The trachea is in the midline. The chest is symmetrical. The abdomen is flat. The external genitalia are those of a normally-developed adult male. The fingernails are short to long and dirty.

IDENTIFYING MARKS:

OFFICE OF THE MEDICAL EXAMINER
DISTRICT I, FLORIDA
AUTOPSY PROTOCOL
MLA12-348

HOLLAND, DONALD P.

44/W/M

DOB: 02/12/68

DOD: 06/04/12

INVESTIGATING AGENCY: BALDWIN COUNTY SHERIFF'S OFFICE
INVESTIGATING OFFICER: WINBURG
COMPLAINT NUMBER: 12-1901

The right arm has a tattoo of an eagle. The chest has a midline vertical linear 8 inch scar. The left arm has a tattoo of a deer. The left forearm has a tattoo of a cross. Each medial thigh has a vertical linear 3 inch scar. The left leg has a vertical linear 9 inch scar. The right leg has a vertical linear 8 inch scar. The mid lower back has a vertical linear 5 inch scar.

MARKS OF MEDICAL INTERVENTION:

The head has a bandage. The right shoulder has a tan medicinal patch. The right wrist has two identification bracelets bearing the decedent's name. Both sides of the upper back and the left lower back have EKG pads. The entrance wound to be described has sutures.

EVIDENCE OF TISSUE DONATION:

Both arms and both lower extremities have vertical linear incisions closed with string.

INJURIES - EXTERNAL AND INTERNAL:

GUNSHOT WOUND OF HEAD:

- A. Entrance: In the right temple, 3 inches from the top of the head and centered in line with the right external auditory meatus, is an entrance gunshot wound consisting of a ½ inch round defect with a circumferential 1/16 pink abrasion collar. The wound is surrounded by several irregular red abrasions and puncture holes consistent with medical therapy.
- B. Recovery: Recovered in the left parietal lobe of the brain are two distorted lead fragments and a distorted copper fragment.
- C. Path: The hemorrhagic wound track sequentially perforates the

OFFICE OF THE MEDICAL EXAMINER
DISTRICT I, FLORIDA
AUTOPSY PROTOCOL
MLA12-348

HOLLAND, DONALD P.

44/W/M

DOB: 02/12/68

DOD: 06/04/12

INVESTIGATING AGENCY: BALDWIN COUNTY SHERIFF'S OFFICE
INVESTIGATING OFFICER: WINBURG
COMPLAINT NUMBER: 12-1901

right temporal bone, the right temporal lobe of the brain, and the left parietal lobe.

Associated abnormalities include patchy subarachnoid hemorrhage, subdural hematoma, fractures of both orbital plates, the right temporal bone, and the right frontal bone, contusions of the inferior aspects of both frontal lobes of the brain, and ecchymoses of both eyes.

D. Direction: The wound track travels from the decedent's right to left and upwards.

Having been described, the injuries will not be repeated.

INTERNAL EXAMINATION:

BODY CAVITIES:

The lungs are normally-inflated and collapse when the pleural cavities are opened. The pleural cavities have medial adhesions. The diaphragm has no abnormality. The mediastinum is in the midline. The pericardial sac is firmly adhered to the epicardial surface. The abdominal cavity has glistening serosa and has no free fluid. The organs are normally situated and congested. There are no unusual odors.

CARDIOVASCULAR SYSTEM:

The heart is 700 grams (expected range 330 - 575 grams). The epicardial surface has barely patent bypass grafts extending from the aorta to the left circumflex artery (x 2) and the aorta to the right coronary artery. The heart is of the normal configuration. The chambers and valves have the usual size-position relationship. The mural and valvular endocardia have no vegetations or thrombi. The papillary muscles and projecting myocardial muscle bundles are

OFFICE OF THE MEDICAL EXAMINER
DISTRICT I, FLORIDA
AUTOPSY PROTOCOL
MLA12-348

HOLLAND, DONALD P.

44/W/M

DOB: 02/12/68

DOD: 06/04/12

INVESTIGATING AGENCY: BALDWIN COUNTY SHERIFF'S OFFICE
INVESTIGATING OFFICER: WINBURG
COMPLAINT NUMBER: 12-1901

of normal prominence. The chordae tendineae have no abnormalities. The coronary ostia are in their usual location and give rise to normally-distributed arteries. The coronary circulation is left-dominant. The coronary arteries distal to the graft insertion sites have varying degrees (between 50% and 75%) of atherosclerotic stenoses. The cut surfaces of the red-brown myocardium are free of abnormal markings.

The pulmonary trunk and arteries have no thromboemboli. The intimal surface of the aorta has mild atherosclerosis. The ostia of the major branches are of a normal distribution and dimension. The inferior vena cava and its major tributaries are thin-walled and patent and have no antemortem clots.

RESPIRATORY SYSTEM:

The lungs are of the usual lobation and weigh 1100 grams and 900 grams, right and left respectively. The pleural surfaces are thin and free of exudates. The tracheobronchial tree is patent and the bronchi are lined by smooth tan epithelium with a small amount of tan foamy fluid. The cut surfaces of the lungs are red and edematous. Pulmonary arteries and veins are normally developed and patent.

LIVER, GALLBLADDER, AND PANCREAS:

The liver is 2440 grams. The capsule is intact. The cut surfaces are homogeneously red-brown and of normal consistency. There are no focal lesions. The thin-walled gallbladder contains approximately 30 ml of dark green bile. There are no stones. The pancreas has the usual tan lobulated appearance, without calcification or hemorrhage.

HEMATOPOIETIC SYSTEM:

OFFICE OF THE MEDICAL EXAMINER
DISTRICT I, FLORIDA
AUTOPSY PROTOCOL
MLA12-348

HOLLAND, DONALD P.

44/W/M

DOB: 02/12/68

DOD: 06/04/12

INVESTIGATING AGENCY: BALDWIN COUNTY SHERIFF'S OFFICE
INVESTIGATING OFFICER: WINBURG
COMPLAINT NUMBER: 12-1901

The spleen is 260 grams. The capsule is smooth, shiny, and intact. The cut surfaces are dark purple. Lymph nodes are not enlarged. The thymus is not seen. The bone marrow is red-brown and homogeneous without focal abnormality.

GENITOURINARY SYSTEM:

The kidneys are of similar size and shape and together weigh 420 grams. The intact capsules are smooth and thin. The cortical surfaces are smooth and red-brown. The cut surfaces have well-demarcated cortices and medullae. The calyces, pelves, and ureters are unremarkable. The urinary bladder is empty. The mucosa is gray-tan and intact.

The prostate and testicles are unremarkable.

ENDOCRINE SYSTEM:

The thyroid and adrenal glands are unremarkable.

GASTROINTESTINAL SYSTEM:

The esophagus is lined by intact, tan-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds, and the lumen contains 10 ml of dark brown fluid. The small and large intestines are unremarkable. The mesentery and omentum appear normal. The appendix is present. The colon contains formed stool.

MUSCULOSKELETAL SYSTEM:

The ribs, sternum, clavicles, pelvis, and vertebral column have no recent fractures. The supporting musculature and soft tissues are not unusual.

NECK:

OFFICE OF THE MEDICAL EXAMINER
DISTRICT I, FLORIDA
AUTOPSY PROTOCOL
MLA12-348

HOLLAND, DONALD P.

44/W/M

DOB: 02/12/68

DOD: 06/04/12

INVESTIGATING AGENCY: BALDWIN COUNTY SHERIFF'S OFFICE
INVESTIGATING OFFICER: WINBURG
COMPLAINT NUMBER: 12-1901

Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and thyroid cartilages are intact. The larynx and trachea are patent and contain no foreign matter. There are no tongue contusions.

NERVOUS SYSTEM:

The brain is of a normal convolitional pattern and weighs 1440 grams. The cerebral hemispheres are symmetrical, with a normal pattern and distribution of sulci and gyri. Aside from described injuries, the cut surfaces of the brain reveal no other lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere. Sections through the brain stem and cerebellum are unremarkable.

ANM/mmr
06/12/12
07/05/12

MICROSCOPIC EXAMINATION:

SKIN ADJACENT TO ENTRANCE WOUND: Abraded epithelium without obvious soot-like material.

ANM/mmr
07/05/12



OFFICE OF THE MEDICAL EXAMINER
DISTRICT ONE, FLORIDA

Escambia Santa Rosa Okaloosa Walton

MORGUE REGISTER

Body Intake	
Name of Decedent: <u>Donald Holland</u>	Case Number: <u>12-348</u>
Place of Death: <u>Baptist Hospital</u>	Investigator:
Receipt of Body	
Date: <u>6/5/12</u> Time: <u>1445</u>	Identification tag? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name on Bag? <u></u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Person Delivering Body: (Print) <u>Paul Jones</u>	Firm: <u>WFRS</u>
Body Received By: (Print) <u>N. Link</u>	Firm: <u>MEC</u>
Release of Body	
Authority for Release (Name & Relationship): <u>Valerie Jones - County</u>	
Body Ready for Release? <input checked="" type="checkbox"/> Yes Date: <u>6/6/12</u> Investigator: <u>N. Link</u>	
I, THE UNDERSIGNED ASSUME CUSTODY OF THE BODY HEREIN DESIGNATED AND AFFIRM THAT I AM PROPERLY AND LEGALLY AUTHORIZED TO DO SO BY THE NEXT OF KIN OR BY THE FIRM WHO HAS LAWFUL CUSTODY OF THE BODY FOR PURPOSE OF BURIAL OR OTHER RECOGNIZED MEANS OF DISPOSING OF THE REMAINS. THE OFFICE OF THE DISTRICT MEDICAL EXAMINER AND ALL ITS EMPLOYEES ARE HEREBY RELIEVED OF ALL LIABILITY IN RELEASING THE SAID BODY AND SUCH LIABILITY AND RESPONSIBILITY ARE ASSUMED BY THE UNDERSIGNED.	
Person Removing Body: (Print) <u>MATTHEW BIRDSALL</u>	Removal Service: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature: <u>[Signature]</u>	FIRM: <u>Trahan</u>
** Removal Services "Must" Identify the Funeral Home Represented for Pickup **	
Identification Tag Checked: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" give reason): _____	
Name on Bag Checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" give reason): _____	
Body Released by: (Print) <u>N. Link</u>	
Signature: <u>[Signature]</u>	
Date of Release: <u>6/6/12</u> Time of Release: <u>1426</u> hours.	Personal Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

- CONFIDENTIAL -

SCANNED

University of Florida Pathology Laboratories
Department of Pathology and Laboratory Medicine
4800 SW 35th Drive
Gainesville, FL 32608
Phone: 352-265-9900 Fax: 352-265-9904

Page: 1 of 1
LAB NUMBER: R12-01012
NAME: Holland, Donald
CASE NO: 12-348
RECEIPT DATE: 06/08/2012

Forensic Toxicology Laboratory

SUBMITTER: Dr. Andrea Minyard, District 1 Medical Examiners Office (Escambia), 5151 North Ninth Avenue, Pensacola, FL 32504-8721.


SPECIMENS RECEIVED:

- A. Blood - Antemortem, 6/1/12@1503
- B. Serum - Antemortem
- C. Plasma - Antemortem
- D. Bile
- E. Vitreous Humor

<u>Analyte</u>	<u>Qualitative Results</u>	<u>Quantitative Results</u>
VOLATILES		
A. Blood - Antemortem	None Detected	
D. Bile	None Detected	
COMPREHENSIVE DRUG SCREEN		
D. Bile	Morphine	Positive

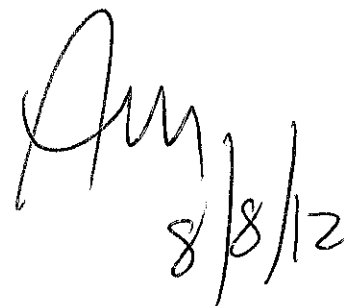
RESULT CERTIFICATION:

Results Certified by:


 Bruce A. Goldberger, Ph.D., DABFT
 Director of Toxicology & Professor

R1201012 - 01/ BG
PRINTED: 08/07/12

08/07/12 [0209]


 8/8/12

College of Medicine

Department of Pathology, Immunology and Laboratory Medicine
Diagnostic Referral Laboratories
Forensic Toxicology Laboratory

4800 S.W. 35th Drive
Gainesville, FL 32608
Tel: (352) 265-0680 ext. 72001
Fax: (352) 265-9904

Medical Examiner: Andrea N. Minyard, M.D.
District One
5151 N. Ninth Ave.
Pensacola, FL 32504

Phone: 850-416-7210
Fax: 850-416-6475

County: Escambia

- Checkboxes for Routine, Pending Tox, Traffic

Subject Name: Donald Holland M.E. Case Number: MLA-120348

Age: 44 Sex: Male Race: White Decomp:

Comments: GSW

Drugs Suspected:

Specimens Submitted:

- Checkboxes for Blood, Urine, Bile, Vitreous Humor, Stomach Contents, Other

Analyses Requested:

- Checkboxes for Volatiles Only, Comprehensive Toxicology, Drug Quantitation, Carboxyhemoglobin, Cyanide, Other, Routine Drug Screen, Vitreous Chemistries, Hepatitis B, Hepatitis C, HIV (ELISA Screen), Priority Case

Submitter Use Only

To be completed by an authorized representative of the Medical Examiners Office:

I verify that the specimens were obtained, labeled, sealed, and placed into a tamperproof bag with the original chain of custody form and closed with a tamperproof evidence seal.

Name (Print): Andrea N. Minyard, M.D.

Signature
Date: 06/06/12 Time: 9:30 AM/PM

Laboratory Use Only

Lab Accession #

Specimens received with seals intact from:

By:
Date Time: AM/PM
Received From:
By:
Date Time: AM/PM
Received From:
By:
Date Time: AM/PM

Medical Examiner: Andrea N. Minyard, M.D. – District One, Florida

PRIORITY CASE

County of Death: Escambia

Decedent Name: Donald Holland

Case Number: MLA-120348

Comments: R12-01012 # _____

12-348
Holland, Donald

CHAIN OF CUSTODY

Released to Toxicology: E. Marks (MEO) Number of Cassettes: 1

Date: 6/7/12

Received by Toxicology: A. Dersark (TOX) Number of Cassettes: 1

Date: 6/8/12

Submitted to Histology: S. Phelous (TOX) Number of Cassettes: 1

Received by Histology: RH

Date: 6/20/12

Released to Toxicology: BH (TOX) Number of Paraffin Blocks: 1

Received by Toxicology: A. Dersark Number of Glass Slides: 1

Date: 6/26/12

Released to Medical Examiner: A. Dersark (TOX) Number of Paraffin Blocks: 1

Date: 6/27/12 Number of Glass Slides: 1

Received by Medical Examiner: T. Guy (MEO) Number of Paraffin Blocks: 1

Date: 6/28/12 Number of Glass Slides: 1

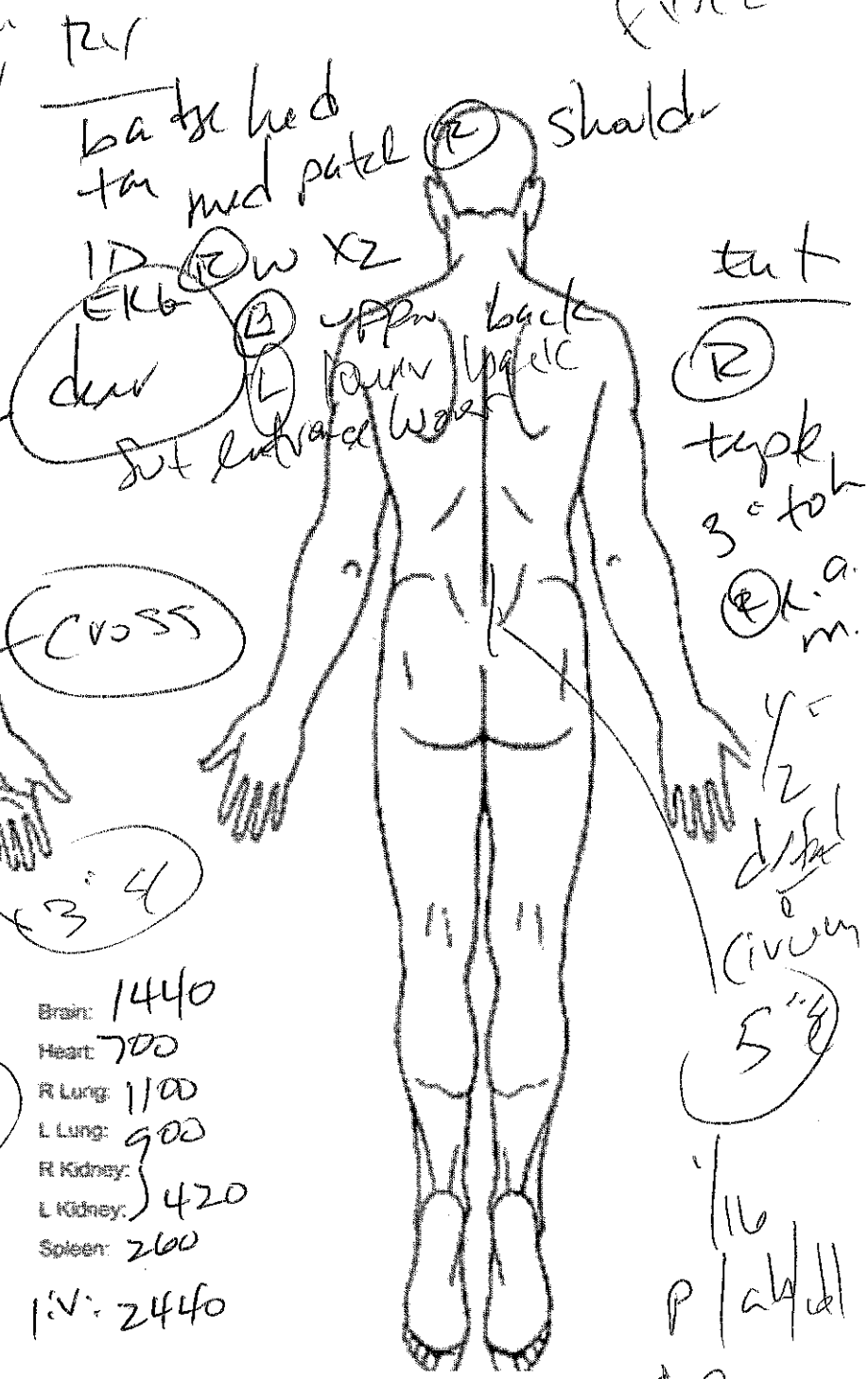
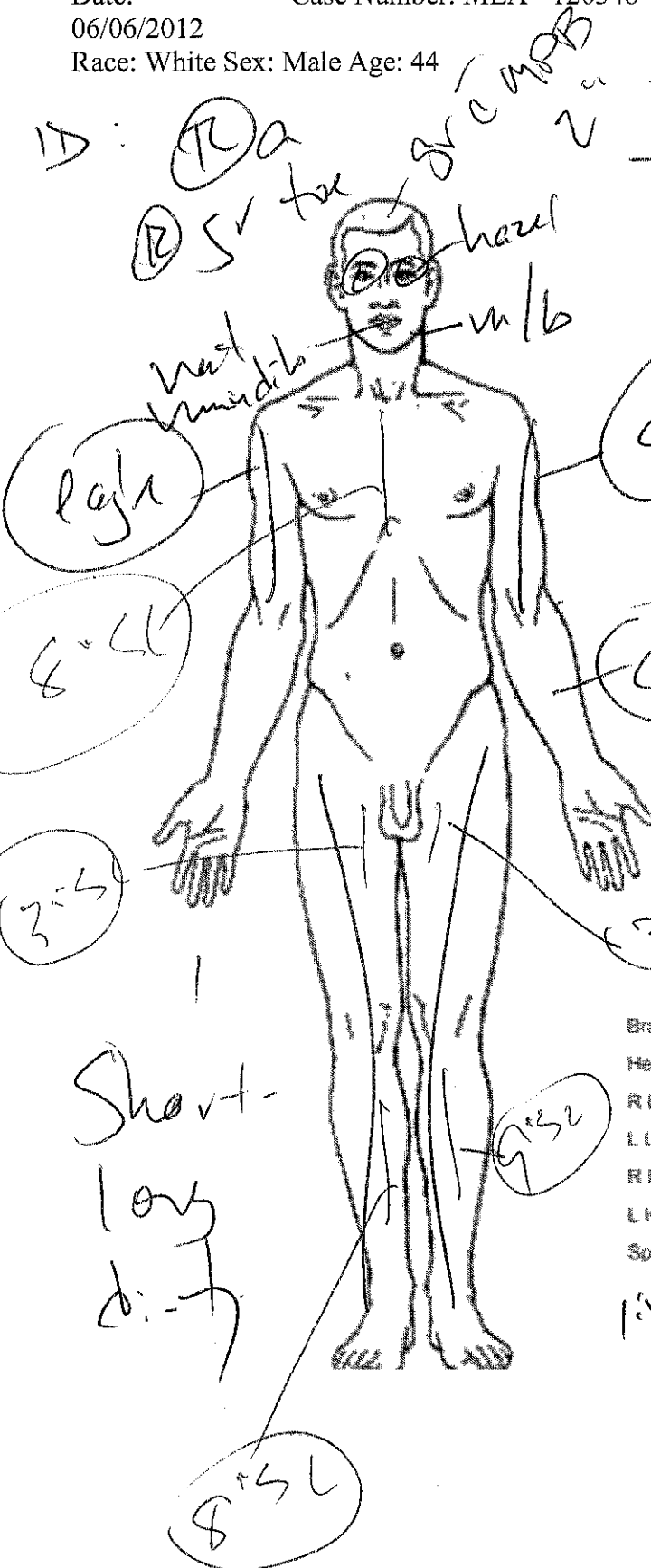
Comments: _____

FULL BODY, MALE, ANTERIOR AND POSTERIOR VIEWS
(VENTRAL AND DORSAL)

Date: 06/06/2012 Case Number: MLA - 120348 Name: Donald Holland
Race: White Sex: Male Age: 44

9:30

(FAE)



- Brain: 1440
- Heart: 700
- R Lung: 1100
- L Lung: 900
- R Kidney: 420
- L Kidney: 420
- Spleen: 260
- I.V.: 2440

Short-love diet

8 1/2 L

1/16 P / a / d / l Sv inv / r / a d / p / m / e / t / e / r ch / h / o / l / e / r S / e / t / e / r

**OFFICE OF THE MEDICAL EXAMINER
DISTRICT 1, FLORIDA**

Autopsy Notes of Chief Medical Examiner
Andrea N. Minyard, M.D.

Date: 06/06/12 **Case Number:** MLA 120348 **Name:** Donald Holland
Race: White **Sex:** Male **Age:** 44

pre-donation < Height 72
Weight 270

GOA to
LCX XZ
RCA

50 - LAD
75 - LCX
RCA
AORTA - mild

HEART
Pericard
Hypert
Dilat
Muscle
Valves
Coronar
LAD
LCX
RCA
AORTA

LUNGS
Right
Left
Adhes
Fluid
Atelectasis
Edema
Congest
Consul
Bronchi
Nodes

Path
(12) tryp
(14) par

Sdit
fx (B) orb plates
(R) tryp base
(P) frontal base
cont (B) frontal lobes int

PERITONEUM
Fluid
Adhes

LIVER

GB 30

SPLEEN
Color
Consist
Caps
Malpig

PANCREAS
ADRENALS
KIDNEY

Caps
Cortex
Vessels
Pelvis
Ureter

BLADDER ϕ
GENITALIA
Prost +
Testes +
Uterus
~~Tubes~~
~~Ovar~~

ESOPHAGUS
STOMACH 10 dk br fluid
DUOD & SMINT
APPENDIX Yes
LARGE INT
SKELETON
Spine

BRAIN
Dura
Fluid
Ventic
Vessels

PITUITARY

NOTES:

R → L

sl ↑

2 lead fragments
1 copper jacket

10 dk br fluid

(14)
~~stomach~~
par
lobe



OFFICE OF THE DISTRICT ONE MEDICAL EXAMINER

A.N. Minyard, M.D. - Chief Medical Examiner



Escambia - Santa Rosa - Okaloosa - Walton
5151 North Ninth Avenue Pensacola FL 32504

Telephone: (850)416-7210 Fax: (850) 416-6475 Email: districtone@fldme.com

PRELIMINARY REPORT OF INVESTIGATION

DECEDENT: Donald Paul Holland

Case Number: MLA-120348

ADDRESS: 12046 Bay Street, Fairhope, AL 36532

Approving Signature:

Table with 6 columns: AGE, RACE, SEX, DOB, SSN, MARITAL STATUS; HEAD-HAIR, EYES, POSITION, RIGOR, FROTH, SCARS/TATOOS; SKIN TEMPERATURE, OTHER HAIR, TEETH/DENTAL, LIVOR, BLOOD, DECOMPOSITION; WEIGHT, LENGTH, CLOTHING, OTHER.

Table with 6 columns: ITEM, DATE, TIME, LOCATION, COUNTY, PREMISES. Includes sections for INCIDENT INFORMATION, INJURY, DEATH, BODY DISCOVERED, LAST KNOWN ALIVE, ARRIVED ON SCENE, CORE BODY TEMPERATURE, and SUSPECTED MANNER.

Table with 6 columns: If Motor Vehicle Involved, Decedent Position, Safety Equipment, Hit and Run, Airbag Deploy, Type of Vehicle; If Weapon Related, Type of Weapon, Description of Wound, Location of Injury; Instrument, Ligature Description; If Overdose (Suspected), Suspected Substance, Remarks.

SCENE CONDITIONS

Biological/ Environmental Conditions	Animal Activity:	Weather Conditions:	Surface Type:
	Insect Activity: Beetle: Ant	Body Location: Indoors	Body Fluids:

MEDICAL HISTORY

Condition:	Medical Provider Information:	Medications:
------------	-------------------------------	--------------

Next Of Kin: Windy Holland 251-504-9207 Wife

Identification: Visual

Identified By: Family

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

44 y/o w/m pronounced in Baptist Hospital from a suspected self-inflicted gunshot wound to the head. On 06/01/12 at approximately 1300 hrs., the decedent reportedly called his wife and told her that he was not going to an interview with Baldwin County Sheriff's Office (BCSO) and that he was going to "jump off a bridge". According to BCSO, the decedent was a suspect in child sexual abuse case and had an appointment at 1400 hrs. with investigators. At approximately 1350 hrs., the decedent spoke to his wife again on the phone and told her he was coming home. When the decedent did not show up, the decedent's wife went to look for him. At approximately 1424 hrs., the decedent was found with labored breathing and a gunshot wound to his head in his vehicle at the dead end of County Road 33 in Fairhope, AL. 911 was notified and BCSO arrived on scene and the decedent was Lifeflighted to Baptist Hospital in Pensacola. Computed Tomography (CT) scans showed the decedent to have a large bullet fragment present in the brain and a wound to the right parietal area. Comfort measures were implimented. On 06/03/12 this office (Inv. N. Linck) was notified of this case by LifeQuest Organ Procurement and requested consent for organ and tissue recovery. Full consent was granted by Jeff Martin, Director of Operations. On 06/04/12 at 1810 hrs., cardiac death was pronounced after the decedent was extubated. It should be noted that organs were unable to be harvested, however, tissue recovery still occurred. At approximately 1839 hrs., I was notified of cardiac death by Marie Strohl, House Supervisor, with Baptist. The decedent was transported to the District One Medical Examiner's Office in Pensacola for further investigation and examination. It should be noted that admission specimens were transported with the body. According to BCSO, the firearm used was a .25 caliber semi-automatic handgun.

Personal Effects:

Evidence Collected:

Release To:

DISPOSITION OF BODY**Transported To:** Transported to SHH**Funeral Home:** Trahan Mortuary 850-438-6235**Physician to Sign Death Certificate:** A.N. Minyard, M.D.**Forensic Investigator:** E. Macks - FICase Number: **MLA-120348**



OFFICE OF THE MEDICAL EXAMINER
DISTRICT ONE, FLORIDA

Escambia Santa Rosa Okaloosa Walton

Clothing / Personal Effects

Name: Holland, Donald

Date: 6/5/12

Case Number: MLA 12-348

SS Shirt	Hose
LS Shirt	Jeans
Sweater	Pants
T-Shirt	Belt
Sweatshirt	Undershirt
Coat	Slip
Suit Jacket	Shoes
Hat	Slippers
Dress	Pajamas
Skirt	Nightgown
Bra	Robe
Underwear	Handkerchief
Socks	Gloves
Other	
Eyeglasses	Rings
Earrings	
Necklace	Keys
Watch	Currency
Bracelets	Change
	Checkbook
Purse	
Wallet	
Other	
Dentures	

I have received all of the above listed items and I release the District One Medical Examiner's Office from any liability.
Released to:

MATHEW BIRDSALL
print name

[Signature]
signature

Date: 6-6-12

of TRAHAN

print name of Agency or Funeral Home

Time: 1430 hours

Date: 6/6/12

Investigator: N. Link



OFFICE OF THE DISTRICT ONE MEDICAL EXAMINER

Pensacola Fax: (850) 416-6475
Ft. Walton Beach Fax: (850) 651-7775



CONSENT FOR BODY RELEASE

SCANNED

The District One Medical Examiner is hereby given permission to release the body of :

Name : Donald Holland

DOB: 02/12/68

To: Trahan Mortuary 850-438-6235

The undersigned represents that:

- 1. Pursuant to Florida State Statute 497.005, I am defined as a legally authorized person who has the right to direct a funeral home to dispose of the decedent's remains in a manner prescribed by law.
2. To the best of my knowledge, I am not aware that the decedent, in any legal document, declared his or her wishes to will their remains to any person, entity or funeral home.
3. I have provided the Medical Examiner with all known information, which could identify or locate a higher class living relative and understand if the priority of consent classification of which I am a member, contains more than one person, or a higher class relative who objects or may object to the release of the decedent by the Medical Examiner, that I must make such objection known to the Medical Examiner prior to the release of the decedents remains.
4. If the decedent is unclaimed pursuant to Florida State Statute 406.50(4) and I am not the spouse of the decedent, I swear and affirm that I am not aware of any other person, who has an equal or greater legal interest or claim to the decedent's remains than I.
5. I hereby release the District One Medical Examiner's Office and the County, their agents, employees or representatives from any and all liability which may result or arise out of the release of the said decedent and as such hereby accept sole liability and financial responsibility for any action filed against the District One Medical Examiner for the release of the decedent to the person, entity or funeral home I have selected.

Valerie Jones - County
Name and Relationship

850 595 3130
Telephone Number

Street Address

City, State, Zip Code

Signature (Legally Authorized Person)

Print Name (Legally Authorized Person)

Emily Macher
Witness Name

6/6/12
Date

(Via phone)

Legally Authorized Person: (Priority of Consent)

- 1. Spouse
2. Adult Son or Daughter
3. Parent
4. Adult Brother and Sister
5. Other Blood Relative
6. Judicially Appointed Guardian
7. Personal Representative (Estate)
8. Public Health Officer

** Important Legal Information ** Any person who knowingly fails or refuses to report information pertinent to a death investigation by the Medical Examiner shall be guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.



FILE COMPLETION CHECKLIST



Name : Donald Holland		Case Number: MLA 120348
INFORMATION NEEDED	DATE RECEIVED / UPDATED BY (Initials)	
CALL SHEET	6/4/12	
POLICE REPORT		
EMS RUN SHEET	6/6/12 ✓	
INVESTIGATION REPORT	6/8/12 ✓	
MLA/MLO COMPLETE		
MEDICAL RECORDS	6/6/12 ✓	
BODY RECEIPT	6/5/12 ✓	
CONSENT FOR RELEASE	6/6/12 ✓	
RX PILL COUNT		
TOXICOLOGY REPORT	8/7/12 ✓	
HISTOLOGY	6/28/12 (C) ✓	
TRANSCRIPTION	6/12/12 ✓	
AUTOPSY LETTER MAILED	6/12/12 ✓	
OTHER RESULTS: <i>Fingerprint</i>	6/5/12	
OTHER RESULTS:		
SCANNED DOCUMENTS	Initials <i>TG</i> Date Confirmed <i>7/16/12</i> <input checked="" type="checkbox"/> Consent Form <input checked="" type="checkbox"/> Property Inventory <input checked="" type="checkbox"/> Death Certificate <input checked="" type="checkbox"/> Body Diagram <input checked="" type="checkbox"/> Toxicology Results <input checked="" type="checkbox"/> Morgue Register	
DATE:	INV:	ACTION/NOTE:
6/6/12	EM	Requested Lifelight + Baptist records
7/10/12	MR	AL to SAG + Baldwin (Case)
7/11/12	EJ	Inv. check completed
8/8/12	TG	Drug stats

KEEP IN FILE

Faxed to County 6/6/12 (EM)



OFFICE OF THE DISTRICT ONE MEDICAL EXAMINER

A.N. Minyard, M.D. - Chief Medical Examiner



Escambia - Santa Rosa - Okaloosa - Walton
5151 North Ninth Avenue Pensacola FL 32504

Telephone: (850)416-7210 Fax: (850) 416-6475 Email: districtone@fldme.com

PRELIMINARY REPORT OF INVESTIGATION

DECEDENT: **Donald Holland**

Case Number: **MLA-120348**

ADDRESS: 12046 Bay Street, Fairhope, AL 36532

Approving Signature:

DECEDENT INFORMATION AND DESCRIPTION OF BODY					
AGE: 44 Yr	RACE: White	SEX: Male	DOB: 02/12/68	SSN:	MARITAL STATUS: Married
HEAD-HAIR:	EYES:	POSITION:	RIGOR: Neck: Arms: Legs:	PROTH:	SCARS/TATOOS:
SKIN TEMPERATURE:	OTHER HAIR:	TEETH/DENTAL:	LIVOR: Color: Fixed: Location:	BLOOD:	DECOMPOSITION:
WEIGHT:	LENGTH:	CLOTHING:	OTHER:		

INCIDENT INFORMATION					
ITEM	DATE	TIME	LOCATION	COUNTY	PREMISES
NOTIFICATION:	06/04/12	18:39	(Agency/Informant) BCSO - Baldwin County Sheriff's Office Report By: Marie Strohl/469-7998	Offense Number: LE Investigator: Eric Winburg	Phone Number:
INJURY:	06/01/12			Baldwin	
ILLNESS:					
DEATH:	06/04/12	18:10 PRO	Baptist Hospital 1000 W. Moreno St. Pensacola, FL 32501 Pronounced by: Marie Strohl/Baptist	Escambia	Hospital IP
BODY DISCOVERED:			Found by:		
LAST KNOWN ALIVE:			(Name/Relationship)		
ARRIVED ON SCENE:			(Premises Type)		Photos Taken: No Residence Secure: N/A
CORE BODY TEMPERATURE :			(Location/Site Taken)	Body Temp:	Area Temp:
SUSPECTED MANNER: Suicide				ME Attended Scene: No	Employment Related: No

MEANS OF DEATH - IF OTHER THAN NATURAL					
If Motor Vehicle Involved:	Decedent Position:	Safety Equipment:	Hit and Run: Multiple Fatality:	Airbag Deploy: Ejection:	Type of Vehicle:
If Weapon Related: Instrument:	Type of Weapon:	Description of Wound:	Location of Injury:	Ligature Description:	
If Overdose (Suspected)	Suspected Substance:	Remarks:			

Office of the Medical Examiner, District One, Florida Records Request

Date Requested 6/20/2012 ME Case # MLA 12-348 Date of Death 6/4/2012

Name of Deceased: Donald Holland

Records Requested: AR

Requestor's Name: Lee Smith - Baptist Hospital Contact Number:

METHOD OF DELIVERY OF REPORT

Delivery Method: : Fax

Regular Mail:

Fax Number: 469-5110

E-mail address:

FOR MEDICAL EXAMINER OFFICE USE		
Date Sent:	# of Pages Sent	Info Redacted
7/24/12	7	
Autopsy/Observation Report
Death Certificates
Morgue Register
Removal Form
Toxicology Reports
Tox Chain of Custody
Body Diagram/Autopsy Notes
Investigator's Report
Supplemental Reports
Medication Count Reports
Clothing/Personal Effects
Inventory Chain of Custody
Body Release Consent
File Completion List
Records Requests
Correspondence
Other
Scene Photographs



OFFICE OF THE MEDICAL EXAMINER
DISTRICT ONE, FLORIDA
Andrea N. Minyard, M.D.
Chief Medical Examiner



RECORDS REQUEST RESPONSE

Date: 7/26/2012 ME Case Number: MLA 12-348

Decedent's Name: Holland, Donald Date of Death: 6/4/2012

Request Made By: Lee Smith - Baptist Hospital

Enclosed records did not require redaction of information.

Enclosed records required redaction of information based on Florida Statutes:

A records request was received but cannot be completed at this time due to:

Additional Comments:

For questions regarding this response please contact me at 850-416-7210.

Melissa M. Roper
Records Custodian



720 SW 2nd Avenue
Suite 570 North
Gainesville, FL 32601
Tel: (352) 733-0350

July 6, 2012

Andrea N. Minyard, M.D.
5151 North 9th Avenue
Pensacola, Florida 32504
(850) 416-6475

To Whom It May Concern:

Please forward a copy of the autopsy report when available on the following donor(s):

LAST NAME	FIRST NAME	HOSPITAL	MONTH-YEAR
HOLLAND	DONALD	BAPTIST HOSPITAL - PENSACOLA	JUNE-2012

Sincerely,

Jane Oswalt
Data Quality Analyst
Fax #: (352) 733-0353

*Faked 7/24/12
AK - 7/28/12*

12348



A Donor Life Organization

24-Hour Referral Line: (800) 535-CIVIL
Regional Offices in Jacksonville, Tallahassee and Pensacola



OFFICE OF THE MEDICAL EXAMINER
DISTRICT ONE, FLORIDA
Andrea N. Minyard, M.D.
Chief Medical Examiner



RECORDS REQUEST RESPONSE

Date: 7/26/2012 ME Case Number: MLA 12-348

Decedent's Name: Holland, Donald Date of Death: 6/4/2012

Request Made By: LifeQuest

Enclosed records did not require redaction of information.

Enclosed records required redaction of information based on Florida Statutes:

A records request was received but cannot be completed at this time due to:

Additional Comments:

For questions regarding this response please contact me at 850-416-7210.

Melissa M. Roper
Records Custodian



OFFICE OF THE MEDICAL EXAMINER
DISTRICT ONE, FLORIDA
Andrea N. Minyard, M.D.
Chief Medical Examiner



RECORDS REQUEST RESPONSE

Date: 7/26/2012 ME Case Number: MLA 12-348

Decedent's Name: Holland, Donald Date of Death: 6/4/2012

Request Made By: Windy Holland

Enclosed records did not require redaction of information.

Enclosed records required redaction of information based on Florida Statutes:

A records request was received but cannot be completed at this time due to:

Additional Comments:

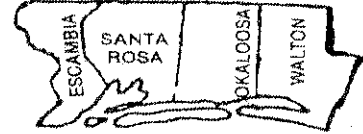
Tox results are not available as of today. Toxicology report will be
mailed as soon it is complete.

For questions regarding this response please contact me at 850-416-7210.

Melissa M. Roper
Records Custodian



OFFICE OF THE MEDICAL EXAMINER
DISTRICT ONE, FLORIDA
Andrea N. Minyard, M.D.
Chief Medical Examiner



RECORDS REQUEST RESPONSE

Date: 8/15/2012 ME Case Number MLA 12-348

Decedent's Name: Holland, Donald Date of Death: 6/4/2012

Request Made By: Windy Holland

Enclosed records did not require redaction of information.

Enclosed records required redaction of information based on Florida Statutes:

A records request was received but cannot be completed at this time due to:

Additional Comments:

For questions regarding this response please contact me at 850-416-7210.

Melissa M. Roper
Records Custodian



OFFICE OF THE MEDICAL EXAMINER
DISTRICT ONE, FLORIDA
Andrea N. Minyard, M.D.
Chief Medical Examiner



RECORDS REQUEST RESPONSE

Date: 9/25/2012 ME Case Number: MLA 12-348

Decedent's Name: Holland, Donald Date of Death: 6/4/2012

Request Made By: SETA

Enclosed records did not require redaction of information.

Enclosed records required redaction of information based on Florida Statutes:

A records request was received but cannot be completed at this time due to:

Additional Comments:

For questions regarding this response please contact me at 850-416-7210.

Melissa M. Roper
Records Custodian

TRANSACTION REPORT

SEP/25/2012/TUE 04:41 PM

FAX (TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
001	SEP/25	04:31PM	913523725572			MEMORY BUSY	0186

THE FOLLOWING DATA COULD NOT BE SENT.
PLEASE GIVE THIS TRANSACTION REPORT TO SENDER.



OFFICE OF THE MEDICAL EXAMINER
 DISTRICT ONE, FLORIDA
 Andrea N. Minyard, M.D.
 Chief Medical Examiner



RECORDS REQUEST RESPONSE

Date: 9/25/2012 ME Case Number: MLA 12-348

Decedent's Name: Holland, Donald Date of Death: 6/4/2012

Request Made By: SETA

Enclosed records did not require redaction of information.

Enclosed records required redaction of information based on Florida Statutes:

A records request was received but cannot be completed at this time due to:

Additional Comments:

OFFICE OF THE DISTRICT ATTORNEY

Deputy Chief Assistant District Attorneys
W. Rushing Payne, Jr.

Assistant District Attorney, Division Chiefs
Christi R. Kolb
P. David Matheny
John M. Oxford, Jr

Assistant District Attorneys
Brett Matthew Anderson
Michaelyn S. Gober
G. Ray Kolb, Jr.
Matt Seymore
Patrick Prendergast

HALLIE S. DIXON
District Attorney
Twenty-Eighth Judicial Circuit
Post Office Box 1269 Bay Minette, Alabama
36507
(251) 937-0274 (251) 937-0380 (fax) (251)
580-1689 (fax)

Assistant District Attorneys
Deidre W. Lee
Chandra D. Paul
Megan B. Webb
Teresa Heinz
Scott P. Taylor

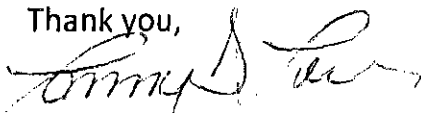
08/16/13

Office of the Medical Examiner
District I, Florida
Attn: Melissa
Phone: 850.416.7200
Fax: 850.416.6475

Re: Request for Complete Autopsy Report including but limited to all photographs.

Date of Record: 07/05/12
Deceased: Donald Holland
DOB: 02/12/68
DOD: 06/04/12

Thank you,



Tammy S. Toler
VSO – Teresa G. Heinz ADA
Baldwin County District Attorney's Office
Phone: 251.937.0274 ~Ext. 7328
Fax: 251.937.0380
tstoler@baldwincountyal.gov

12-348
M. 8/19/13
AR-7pgs
TOR-1pg
AR-2005
C.A. Autopsy photos



**OFFICE OF THE DISTRICT ONE MEDICAL EXAMINER
RECORDS REQUEST**



Date/Time of Request: 12/15/14 1125 **Case Number:** MLA120348

Decedent Name: Donald Holland

Pursuant to Florida State Statute 119, the Medical Examiner's Office shall not require the requestor to personally identify themselves unless the requestor has asked for the records be mailed. For that purpose, staff may inquire as to how the requestor would like the envelope to be addressed.

Requestor's Name: _____ **Telephone Number:** _____

Address:
(Include City, State & Zip Code)

Email: jsharp@al.com **Fax Number:** _____

Delivery Method: Postal Email Fax

RECORDS REQUESTED

<input checked="" type="checkbox"/> Autopsy / Observation Report	<input type="checkbox"/> Death Certificate
<input type="checkbox"/> Morgue Register	<input type="checkbox"/> Removal Form
<input type="checkbox"/> Toxicology Report	<input type="checkbox"/> Toxicology Chain of Custody
<input type="checkbox"/> Body Diagram / Autopsy Notes	<input type="checkbox"/> Investigation Report
<input type="checkbox"/> Supplemental Report(s)	<input type="checkbox"/> Medication Count
<input type="checkbox"/> Inventory Form	<input type="checkbox"/> Chain of Custody (Property / Evidence)
<input type="checkbox"/> Consent for Release	<input type="checkbox"/> File Completion Checklist
<input type="checkbox"/> Records Request Form(s)	<input type="checkbox"/> Correspondence
<input type="checkbox"/> Scene Photographs	<input type="checkbox"/> Autopsy Photographs
<input type="checkbox"/> Other	

ADMINISTRATION USE ONLY

Date Sent:	Number of Pages Sent	Information Redacted
12/30/14 Autopsy / Observation Report	7	
Death Certificate		
Morgue Register		
Removal Form		
Toxicology Report	1	
Toxicology Chain of Custody		
Body Diagram / Autopsy Notes		
Investigation Report		
Supplemental Report(s)		
Medication Count		
Inventory Form		
Chain of Custody (Property Evidence)		
Consent for Release		
File Completion Checklist		
Records Request Form(s)		
Correspondence		
Scene Photographs		
Autopsy Photographs		
Other:		

Request Taken By: DCH



OFFICE OF THE MEDICAL EXAMINER
DISTRICT ONE, FLORIDA
Andrea N. Minyard, M.D.
Chief Medical Examiner



RECORDS REQUEST RESPONSE

Date: 12/30/2014 ME Case Number: MLA 12-348

Decedent's Name: Holland, Donald Date of Death: 6/4/2012

Request Made By: jsharp@al.com

Enclosed records did not require redaction of information.

Enclosed records required redaction of information based on Florida Statutes:

A records request was received but cannot be completed at this time due to:

Additional Comments:

Autopsy and Toxicology Reports at your request.

For questions regarding this response please contact me at 850-416-7210.

Robin B. Wiggins
Records Custodian



**OFFICE OF THE DISTRICT ONE MEDICAL EXAMINER
RECORDS REQUEST**



Date/Time of Request: 01/16/15 1635	Case Number: MLA120348
Decedent Name: Donald Holland	
<i>Pursuant to Florida State Statute 119, the Medical Examiner's Office shall not require the requestor to personally identify themselves unless the requestor has asked for the records be mailed. For that purpose, staff may inquire as to how the requestor would like the envelope to be addressed.</i>	

Requestor's Name:	Telephone Number:
Address: <small>(Include City, State & Zip Code)</small>	
Email: jsharp@al.com	Fax Number:
Delivery Method: <input type="checkbox"/> Postal <input checked="" type="checkbox"/> Email <input type="checkbox"/> Fax	

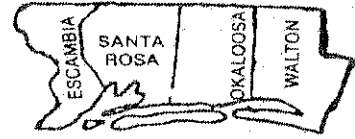
RECORDS REQUESTED	
<input checked="" type="checkbox"/> Autopsy / Observation Report	<input type="checkbox"/> Death Certificate
<input type="checkbox"/> Morgue Register	<input type="checkbox"/> Removal Form
<input type="checkbox"/> Toxicology Report	<input type="checkbox"/> Toxicology Chain of Custody
<input type="checkbox"/> Body Diagram / Autopsy Notes	<input type="checkbox"/> Investigation Report
<input type="checkbox"/> Supplemental Report(s)	<input type="checkbox"/> Medication Count
<input type="checkbox"/> Inventory Form	<input type="checkbox"/> Chain of Custody (Property / Evidence)
<input type="checkbox"/> Consent for Release	<input type="checkbox"/> File Completion Checklist
<input type="checkbox"/> Records Request Form(s)	<input type="checkbox"/> Correspondence
<input type="checkbox"/> Scene Photographs	<input type="checkbox"/> Autopsy Photographs
<input type="checkbox"/> Other	

ADMINISTRATION USE ONLY		
Date Sent:	Number of Pages Sent	Information Redacted
01/30/15		
Autopsy / Observation Report	7	
Death Certificate		
Morgue Register		
Removal Form		
Toxicology Report	1	
Toxicology Chain of Custody		
Body Diagram / Autopsy Notes		
Investigation Report		
Supplemental Report(s)		
Medication Count		
Inventory Form		
Chain of Custody (Property Evidence)		
Consent for Release		
File Completion Checklist		
Records Request Form(s)		
Correspondence		
Scene Photographs		
Autopsy Photographs		
Other:		

Request Taken By: DCH



OFFICE OF THE MEDICAL EXAMINER
DISTRICT ONE, FLORIDA
Andrea N. Minyard, M.D.
Chief Medical Examiner



RECORDS REQUEST RESPONSE

Date: 1/30/2015 ME Case Number: MLA 12-348

Decedent's Name: Holland, Donald Date of Death: 6/4/2012

Request Made By: jsharp@al.com

Enclosed records did not require redaction of information.

Enclosed records required redaction of information based on Florida Statutes:

A records request was received but cannot be completed at this time due to:

Additional Comments:

Autopsy and Toxicology reports at your request.

For questions regarding this response please contact me at 850-416-7210.

Robin B. Wiggins
Records Custodian