**COUNTY OF SAN DIEGO**

**OFFICE OF THE CORONER**

5555 Overland Avenue
Building 14
San Diego, California 92123
(619) 565-5645

**CORONER'S REPORT**

**File #** 104915

**CC#** 87-963

**DATE:** May 10, 1987

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<table>
<thead>
<tr>
<th>Name of Deceased</th>
<th>First-Middle-Last Name</th>
<th>Date &amp; Time of Death</th>
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</thead>
<tbody>
<tr>
<td>RHONDA LYNN HOLLIS</td>
<td></td>
<td>5-10-87 1630</td>
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<tr>
<th>Sex</th>
<th>Race/Ethnicity</th>
<th>Birthplace</th>
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<th>Age</th>
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<tr>
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<td>12-19-65</td>
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<tr>
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<td>Unemployed</td>
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<th>Person Notified</th>
<th>Relationship</th>
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<tr>
<td>Found, open area</td>
<td>Colleen Burdick</td>
<td>Mother</td>
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<tr>
<td></td>
<td>Ralph L. Hollis</td>
<td>Father</td>
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<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>3600 Block, Valley Rd.</td>
<td>Everette, Wa. 98201 No Phone</td>
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<td>Marysville, Wa. 206 653-6497</td>
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<td>2 minor children whereabouts unknown</td>
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**Place of Injury:** Undetermined

**Date & Time of**

**Homicide:** Found, 5-10-87 1630

Specify: Accident - Suicide - Homicide - MVA, etc.

**Injury Information:**

Stabbed in chest and strangled by another person.

**At Work?** No  **Employer Notified?** N/A  **Law Enforcement Agency** SDCSO

**Report #** 87-35593  **Officer/Team #** Rick Figueroa
NAME: Rhonda Lynn Hollis

CC #: 87-963

Property: None Taken   x   Cor to Fam     Cor to PC   Cor to PA   Info to PA   x   LEA

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<th>Make</th>
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<tbody>
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Weapon or Other Property:
- One yellow metal ring left on body, yellow metal chain with "Foxy Lady" pendant and white metal earring with multiple clear stones to SDCSO.

Sponsor Info for:
- Military Depn's: N/A

Regular Physician: None

Current Physician: N/A

Phone: N/A

Notified: N/A

Date Last Seen by Regular Physician: N/A

Current Medical History: None

Past Medical History (Include Surgeries):
- None

Operations & Dates: None

Medications: None

Hospitals: N/A

Cause of Death: Stab wounds, chest

Due To:

Due To:

Contributing AND/NOT Related: Asphyxia by strangulation

Pathologist: J. W. Eisele, M.D.

Mayer Mortuary, San Diego, California

Disposition

Date & Time of Call | Arrived | Completed |
--------------------|---------|-----------|
5-10-87 1815 | 1855 | 1930

Informant: SDCSO

Identification: Fingerprints via San Diego County Sheriff's Dept. 5-11-87


INVESTIGATIVE SUMMARY: (SEE ATTACHED)
INVESTIGATIVE SUMMARY:

The undersigned viewed the decedent lying on the ground approximately 7 feet north of the 3600 block of Valley Road in Bonita. The body was wrapped in a yellow, blue and orange quilt-pattern blanket with a yellow border with a yellow rope binding around the neck and feet. The body appeared to be in a right lateral recumbent position within the blanket. The blanket was not removed from the decedent at the scene and was transported intact to the Coroner's Office.

Coroner's Pathologist, J. Eisele, M.D., was requested by the undersigned to be present during the examination of the body in the Coroner's Office. Dr. Eisele performed the examination and found that portion of the blanket beneath the decedent's right side was saturated with blood like substance. The bindings and the blanket were removed which revealed a Caucasian female appearing to be in her mid twenties with light brown hair, brown eyes and being approximately 5 ft. 4½ inches tall and approximately 130 pounds. Clothing consisted of blood saturated light blue shorts and black midriff cut T-shirt. There were also ankle length black mesh type stockings. There was a copious amount of drying blood on the decedent's face and upper body. The decedent's hands were bound at the wrists with the same type of rope which bound the blanket around the body. The knees were pulled up to the chest with the left knee between the hands. A small light colored line had been looped around the decedent's neck and extended down to and around the upper legs. The neck area was flaccid and the remainder of the body was in moderate rigor mortis which was easily broken. The face and left hand were deeply cyanotic. There were several puncture wounds to the mid chest area and abrasions noted on the right knee area. There were areas of ecchymosis over the entire body. There was linear ecchymotic area around the decedent's neck which appeared to be consistent with ligature marks. There were two unidentifiable homemade tattoos on the dorsum of the left hand and a rose tattoo on the left breast. Jewelry, which was retained by homicide detectives, consisted of a white metal earring with multiple clear stones and a yellow metal necklace with a "Foxy Lady" pendant. A yellow metal ring was left on the decedent's left ring finger.

Homicide detective Roger Bohren was at the scene and reported the decedent had been found by unidentified joggers who were in the area and observed the decedent just to the north of the street in some tall weeds under trees. Authorities were summoned and the scene preserved by Deputy R. O'Brien until the arrival of this office and homicide investigators.

The decedent's parents were subsequently located and notified. The decedent had two minor children whose whereabouts were unknown at the time of the report. This case was referred to the San Diego County Public Administrator's Office.

For further information refer to the San Diego County Sheriff's Office report as referenced on page one.

C. R. BOLTON, Deputy Coroner
AUTOPSY REPORT

Name of Deceased    RHONDA LYNN HOLLIS
Place of Death      Found, open area, 3600 block Valley Road, Bonita
Date of Death       FOUND, May 10, 1987
Place of Autopsy    San Diego County Examining Room
Date of Autopsy     May 10, 1987  9:00 p.m.

EXTERIOR EXAMINATION

When initially viewed, the body is wrapped in a multicolored blanket. A yellow rope measuring approximately 3/16 inch in diameter is wrapped five times around what appears to be the lower legs of the body and then extends up to what appears to be the neck region, where it is wrapped three times. The end of this rope around the neck, then extends across the back and is tied on the left side of the legs in a complex knot. The end of the rope extends from this knot approximately 10 inches. The blanket has a multicolored quilt pattern. The portion beneath the body is blood-soaked.

Removal of the blanket reveals that the body is curled into a fetal position. The right side was originally down (the bloody side of the blanket). The body is held in position with another piece of the yellow rope, as well as a thin, white, braided cord. Additional items visible at this time are a white metal, pierced-type earring which is lying on the right side of the neck, a white metal necklace, a black tank top which is pulled up above the breasts anteriorly and a few inches below the axillae posteriorly. A white towel is present over the anterior part of the body. A pair of blue and white print shorts with the waist unbuttoned and fly unzipped are in place, as well as a pair of blue net ankle-high stockings. The yellow rope is tied in a loop which extends around the back of the neck and the posterior aspect of the left knee.
The white cord extends around the neck and around the back of the right knee. The wrists are tied together with a separate piece of yellow rope which extends behind the left upper leg. The left wrist is lateral to the left knee and the right between the knees. Examination of the hands at this point reveals a yellow metal ring on the left ring finger. The fingernails are neatly trimmed. They are slightly dirty but no specific foreign material is noted at this time.

Removal of the black top reveals two small defects in the front, corresponding to two of the smaller stab wounds. Rigidity is absent in the neck. It is slight to moderate in the extremities but easily broken. Lividity is present over the right side of the body and does not blanch with pressure. The body is cold.

There is smeared, liquid blood over the right arm and right chest which, to some extent, has been spread by removal of the clothing. Dried blood tracks extend to the left from the lower stab wounds (No. 3, 4 and 5) and toward the lower neck from the superiormost stab wound (No. 1). The right-most and left-most stab wounds (No. 2 and 6) do not show blood drainage patterns. The bottoms of the feet are dirty. The toenails are painted with pink nail polish which is extensively chipped, with significant amounts present only on the great toes.

Examination of the face reveals eye makeup. A small amount of dried blood staining is present about the mouth with a pattern draining to the left and posteriorly and superiorly.

Speculum examination of the vagina and external examination of the anus reveals no evidence of trauma.

May 11, 1987, 8:55 a.m.

At this time the body is cleaned. The length is 64-1/2 inches and weight, as received, is 134 pounds. Lividity and rigidity have been described above. At this time there is also slight dorsal lividity which blanches partially with pressure.

The scalp is covered by medium length, straight blond hair. No abnormal facial hair is present. The external ears are normally formed and located. There are a total of six pierced holes along each earlobe and helix. A small amount of mascara is present on the eyes. The irides are brown and corneae dull. The conjunctivae show scattered petechial hemorrhages, particularly at the junction of the bulbar and conjunctival portions. On the left there is also an area of scleral hemorrhage measuring approximately 1/2 x 1/8 inch below the iris. On the right, a similarly sized area of hemorrhage is present at the junction of the palpebral and bulbar conjunctivae and a slightly smaller hemorrhage over the superior sclera. The nose is intact. The lips are intact except for
slight postmortem drying. Scattered petechiae are present in the gingival gutters. There are several punctate, 1/16 to 1/4 inch skin lesions in varying degrees of healing over the cheeks, and to a lesser extent, the forehead. The teeth are natural and in good condition.

The neck is normally formed. It is the site of injuries to be described. The chest is normally formed, as are the breasts, which are small. Pale striae are present on the breasts. A crude tattoo of what appears to be a flower is present over the upper left breast. The abdomen is flat and soft. Scattered pale striae are present. The external genitalia are normal adult female. Speculum examination has been described above.

The arms are normally formed. Over the extensor aspect of the left thumb web there is a crude tattoo that appears to be a pachuco sign. Also, an illegible tattoo is present on the extensor aspect of the left hand. No needle punctures or tracks are noted. The nailbeds are cyanotic. The fingernails have been described above. The legs are normally formed. Injuries will be described below. As noted above, the toenails are painted with chipped, and in some places absent, pink polish. The back is straight and symmetrical.

**EVIDENCE OF INJURY**

**Asphyxia**

1. There are petechial and confluent hemorrhages in the conjunctivae and oral mucosa, as detailed above.

2. In the left submental region just anterior to the angle of the mandible there is a 1/4 x 1/4 inch abrasion. Its base is dry and translucent. Just posterior to the latter abrasion there are several 1/16 to 1/8 inch abrasions in an irregular pattern.

3. Over the right sternocleidomastoid muscle below the thyroid prominence there is a 1/8 x 1/16 inch abrasion.

4. Extending from the previously described abrasion across the thyroid prominence and onto the right side of the neck there is a faint 3-3/4 inch pressure mark. This consists of interrupted lines of abrasions which individually measure approximately 1/16 inch in width. This corresponds to the necklace which was found on the neck.

5. There is a 1/4 inch hemorrhage in the musculature overlying the right side of the thyroid cartilage. A 1/4 x 1/2 inch area is present in the inferior pharyngeal constrictor in the midline. In the left thyrohyoid membrane there is a 1/8 x 1/4 inch interrupted hemorrhage.
6. There is a 1/4 inch area of hemorrhage in the mucosa on the superior edge of the right side of the thyroid cartilage. There is also focal congestion and hemorrhage over the right arytenoid.

7. Over the anterior aspect of the laryngeal mucosa, extending below the vocal cords, there is a 1/4 to 1/2 inch area of interrupted petechial hemorrhage.

8. Over the left carotid sheath there is a 1/4 inch area of slight hemorrhage.

Stab Wounds

1. A stab wound is present in the left parasternal region just below the clavicle. This is 52 inches above the heel and 1 inch to the left of midline. It initially consists of a 3/4 x 1/4 inch defect. With the edges approximated, the length is 1 inch and the long axis is oriented from 1 to 7 o'clock. There is slight blunting on the superolateral end. On the inferomedial aspect there is a 1/8 inch area of abrasion which is widest and deepest on the end nearest the center of the wound.

The weapon penetrated the skin and subcutaneous tissue and perforated the second intercostal space. The weapon then entered the left chest cavity, which contains 900 ml of fluid blood. It perforated the upper lobe of the left lung and then entered the pericardial cavity on the superolateral aspect. It perforated the pulmonary artery, creating 1/4 to 3/8 inch defects. It perforated the esophagus and then entered the the right pleural cavity through the posterolateral pericardium. It then penetrated the medial aspect of the lower lobe of the left lung. The right chest contains approximately 300 ml of blood.

The weapon passed from front to back, above downward, and left to right. The depth of the wound is approximately 6 inches.

2. A stab wound is present in the left chest lateral to No. 1 at a point 51-1/2 inches above the heel and 3 inches to the left of the midline. It consists of a 1/4 x 1/8 inch defect. Approximation of the edges yields a linear defect with the long axis oriented from 10 to 11 o'clock and a small amount of blunting on the medial end. Gentle probing indicates a wound track that extends posteriorly from this defect to a depth of approximately 1/2 inch. The weapon did not enter the chest cavity.

3. A stab wound is present between and just below the previously described wounds at a point 51 inches above the heel and 1-1/2 inches to the left of midline. This initially consists of a 5/8 x 1/4 inch defect. With the edges approximated, the length remains
5/8 inch and the long axis oriented from 1 to 7 o'clock. Blunting is not appreciated but there is focal drying on the superolateral end.

The weapon penetrated the skin and subcutaneous tissue and transected the third costal cartilage. This defect is separated from the defect of wound No. 1 only by a thin strand of tissue on the edge of the rib. The paths cross on the internal side of the thoracic wall. The weapon penetrated the upper lobe of the left lung.

The weapon passed from front to back, below upward and without significant deviation to left or right. The total depth of the wound is approximately 3 inches.

4. A stab wound is present in the left parasternal region centered 48-1/2 inches above the heel, 1/2 inch to the left of midline. This initially measures approximately 1/4 x 1/8 inch and there is no significant change in the dimensions with the edges approximated. The long axis extends from 1 to 7 o'clock. There is slight marginal abrasion on the inferolateral edge but blunting is not appreciated. Gentle probing indicates that the wound extends from front to back, left to right, and below upward, to a depth of 1/2 inch. It does not enter the chest cavity.

5. A stab wound is present in the left parasternal region below and lateral to No. 4 and centered 47-1/2 inches above the heel and 1 inch to the left of midline. This initially consists of a 3/8 x 1/4 inch defect. Approximation of the edges shows a 1/4 inch defect with the long axis oriented from 2 to 8 o'clock, and with a 1/4 x 1/8 inch abrasion on the inferolateral aspect. Gentle probing indicates that the track extends from below upward, and from front to back to a depth of approximately 3/4 inch. The weapon did not enter the chest cavity.

6. A stab wound is present in the right midclavicular line, midway between the shoulder and nipple, and centered 52 inches above the heel and 3-1/2 inches to the right of midline. This initially consists of a 1/2 x 1/4 inch defect. With the edges approximated, the length remains 1/2 inch and the long axis oriented from 10 to 4 o'clock. Blunting and marginal abrasion are not appreciated.

The weapon penetrated the chest wall and entered the right pleural cavity. It perforated the anterolateral aspect of the upper lobe of the right lung and penetrated the lower lobe.

Blunt Injuries

1. On the radial aspect of the right wrist there is a 3/8 x 1/16 inch abrasion with the long axis oriented from approximately 10 to 4 o'clock.
2. Over the ulnar-extensor aspect of the distal interphalangeal joint of the right middle finger there is a 1/4 inch very superficial scratch.

3. Over the flexor aspect of the left index finger there is a 1/8 x 1/16 inch abrasion.

4. Over the lateral aspect of the right hip there is a 1-1/4 x 1/4 inch area of interrupted abrasion.

5. Over the right patella there are several abrasions. On the superolateral, superomedial and medial aspects there are linear scratches that measure from 1/4 to 1 inch in diameter. They are oriented from upper left to lower right. Over the lateral aspect there is a 5/8 x 1/4 inch oval abrasion, and over the inferolateral aspect there is a 3/4 x 3/8 inch abrasion consisting of a vertical rectangle with a linear scratch extending medially from the lower end of the rectangle.

6. Over the right mid clavicle there is a 1/8 x 1/16 inch scratch.

7. Over the right side of the tongue there is a 1/2 inch focus of hemorrhage into the musculature. The overlying mucosa is intact.

**INTERNAL EXAMINATION**

There is blood in the chest cavities, as previously described. The pericardial cavity contains only a trace of blood and is in communication with the left pleural cavity. There is no fluid in the peritoneal cavity. The serosal surfaces are smooth and glistening. The organs are anatomically located.

**CARDIOVASCULAR SYSTEM**

The heart weighs 280 grams. It has its normal shape. The pericardium is intact. The coronary arteries are right-dominant. They show no significant atherosclerosis. The endocardium is smooth and glistening. The cardiac valves are intact and without evidence of vegetations. The myocardium is reddish-brown and firm. It shows no focal lesions. The aorta follows its usual course.

**RESPIRATORY SYSTEM**

The neck organs are removed en bloc following removal of the organs of the torso and head. They are the site of the previously described injuries. Elsewhere, the muscles and thyroid are unremarkable. The cartilaginous and bony structures of the larynx are intact. There is hemorrhage in the laryngeal mucosa which is described above, but no other hemorrhage is noted. The airway contains a small amount of mucoid material and is patent.
The right and left lungs weigh 340 grams and 240 grams, respectively. They have their normal shape and lobation. The pleura is the site of the previously described injuries but is otherwise intact. The lungs are collapsed, soft and noncrepitant to palpation. The cut surfaces are moist, and with digital pressure, exude only minimal amounts of bloody fluid. There is no consolidation or enlargement of the air spaces. The intrapulmonary arteries and bronchi are patent.

GASTROINTESTINAL SYSTEM

The esophagus is the site of the previously described injuries. The stomach contains a trace of bloody, foamy fluid. The gastric mucosa shows focal hemolytic staining but is otherwise intact. The pylorus is patent and duodenum unremarkable. The small and large intestines are externally unremarkable.

HEPATOBILIARY SYSTEM

The liver weighs 1340 grams. It has its normal shape and the capsule is intact. Cut surfaces show the usual lobular architecture with slight, diffuse softening. The gallbladder contains approximately 15 ml of bile. The walls of the gallbladder are distended with gas as a result of decomposition but the mucosa is unremarkable.

PANCREAS

The pancreas is not remarkable.

ENDOCRINE SYSTEM

The thyroid gland has its usual size and location. The external and cut surfaces show the usual architecture.

The adrenal glands are of the usual size, shape and consistency.

HEMATOPOIETIC SYSTEM

The spleen weighs 110 grams. It has its normal shape and the capsule is intact. Cut surfaces show the usual features.

The lymph nodes of the mesentery and mediastinum are not enlarged. Inspection of the bone marrow reveals no grossly remarkable findings.

GENITOURINARY SYSTEM

The right kidney weighs 120 grams; the left kidney, 120 grams. They have their normal shape. The capsules strip with ease, revealing smooth external surfaces. Cut surfaces show the usual corticomedullary architecture with slight cortical pallor. The pelves and ureters are unremarkable.
The bladder contains approximately 500 ml of urine.

The uterus is unremarkable. There are bilateral tubal adhesions. The right ovary is distorted by a 2 cm cystic area filled with clotted blood. The left ovary is unremarkable.

**MUSCULOSKELETAL SYSTEM**

The musculature is well developed and consistent with that of an adult female.

The skeleton is consistent with that of an adult female. No fractures are noted.

**CENTRAL NERVOUS SYSTEM**

Reflection of the scalp reveals no hemorrhage. The calvarium is intact. There is no epidural or subdural hemorrhage. Removal of the dura from the base of the skull reveals no fractures. The pituitary and proximal spinal cord are unremarkable.

The brain weighs 1350 grams. The meninges are glistening and transparent and there is no evidence of subarachnoid hemorrhage. The gyri are normally oriented. There is no evidence of herniation. The arteries at the base of the brain are normally located and show no significant atherosclerotic or congenital changes. The cranial nerves are grossly intact.

Coronal sections of the cerebral hemispheres reveal an intact cortical ribbon. The internal landmarks, ventricles and white matter are intact and unremarkable. Horizontal sections of the brain stem and coronal sections of the cerebellum show the usual features without atrophy or focal lesions. There is diffuse, slight to moderate softening of the brain consistent with postmortem change.

**MICROSCOPIC EXAMINATION**

Heart: No pathologic diagnosis.

Liver: No pathologic diagnosis.

Lung: Atelectasis; increased pigmented macrophages.

Kidney: Autolysis.

Ovary: Focal hemorrhage -- cyst wall not present.

Brain: No pathologic diagnosis.

Oral, anal and vaginal smears: Spermatozoa not identified.
ANATOMIC DIAGNOSES:

1. Asphyxia by strangulation.
   a. Abrasions of skin of neck.
   b. Focal hemorrhage in soft tissues of neck.
   c. Conjunctival and oral petechiae.

2. Stab wounds (six) of torso.
   a. Perforations of lungs, pulmonary artery, and esophagus.
   b. Bilateral hemothorax and hemopericardium.
   c. Maximum depth of wounds, approximately 6 inches, and minimum width of deep wounds approximately 1/2 inch.

3. Abrasions of extremities.

CAUSE OF DEATH: Stab wounds, chest.

Other Significant Conditions: Asphyxia by strangulation.

JOHN W. EISELE, M.D.
Pathologist for the Coroner

JWE:M&M:s
T. 06/05/1987