OFFICE OF COUNTY MEDICAL EXAMINER

COUNTY OF MORRIS
DEPARTMENT OF LAW & PUBLIC SAFETY
Serving the Counties of Morris, Sussex and Warren

[redacted]

REPORT OF EXTERNAL EXAMINATION

Decedent's Name: FREHLEY, PAUL
Case Number: 19-25-0232
Date of Birth/Age: 04/27/1951, 74 Years
Pronouncement: 10/16/2025, 1550 Hours
Date of Examination: 10/17/2025

CERTIFICATION:

I hereby certify that I, Frederick J. DiCarlo, M.D., PhD., Deputy Medical Examiner have performed an external examination of the identified, refrigerated, unembalmed remains of Paul Frehley, case number 19-25-0232, on 10/17/2025, at Morristown Medical Center between 0945 and 1200 hours, with the assistance of Forensic Technician Darryl White.

IDENTIFICATION:

The body is received in a body bag with a tag labeled "Paul Frehley, case number 19-25-0232". The body bag is also sealed with another tag labeled "Paul D. Frehley". A tag is on the left great toe labeled "Paul D. Frehley". A hospital band is around the right wrist labeled "Paul D. Frehley". An orange band is around the right wrist labeled "Paul Frehley". The identification is confirmed by his daughter, Monique Frehley.

CLOTHING AND PERSONAL EFFECTS:

The body is nude. No clothing is received separately with the body. Around the right wrist is a rope necklace with two cloth pendants and two white metal pendants.

EVIDENCE OF RECENT MEDICAL/SURGICAL TREATMENT:

Left hemicraniectomy surgical incision measuring 36 cm in length is intact with grey metallic staples. Left hemicraniectomy performed with evacuation of left subdural hematoma. A vascular line is in the right neck. A vascular line is in the left wrist. A Foley catheter is in place. A pad is over the lower mid back.

EVIDENCE OF RECENT TRAUMA:

A reddish-purple bruise is on the lateral right hip/upper lateral right thigh region measuring 17 cm x 10 cm in greatest dimension. A large purplish bruise is on the lower lateral left abdomen/hip and upper left thigh measuring 38 cm x 12 cm in greatest dimension. Several healing

reddish-purple bruises are in the anterior lower left leg ranging in size from 0.5 cm to 3 cm.

CT scan of head: Large left subdural hematoma with midline shift to the right, right occipital hemorrhagic contusion, bifrontal subarachnoid and intraparenchymal hemorrhage, bilateral occipital bone fractures extending to the foramen magnum, left temporal bone fracture.

EXTERNAL EXAMINATION:

The body is that of a White male, weighing 250 lbs., measuring 72" and appearing to be the stated age of 74 years. The temperature of the body is cold to the touch. Rigor mortis is well-developed in the upper extremities, lower extremities, jaws, and neck. The head hair is grey, medium length and shows male pattern baldness. A mustache and a beard are present. The eyes are brown with pale conjunctivae. There are no petechial hemorrhages in the conjunctivae. The corneas and lenses are transparent. The skeleton of the nose is intact. The external ears and the external auditory canals do not show any abnormality. There is no injury on the lips. The frenula on the inner aspects of the upper and lower lips are intact without abnormality. The teeth in the upper and lower jaws are in a good state of dental repair. There is no evidence of traumatic injury in the oral cavity.

The neck structures are midline, and no masses are palpable in the neck. The shoulders and chest do not show any abnormality. No masses are palpable through the abdominal wall. There is no evidence of traumatic injury to the external genitalia or anus.

The fingernails are slightly long, and the nailbeds are pale. A tattoo in black ink is on the lateral right arm which spells "Ace". A multicolored tattoo is on the upper lateral left arm which includes a picture of a guitar. The toenails are slightly long, and the toenail beds are pale.

Passive motion of the head, neck, shoulders, elbows, wrists, fingers, knees, and ankles does not elicit crepitus or abnormal motion.

Left frontotemporal region shows an area of reddish discoloration and edema measuring 8 cm x 8 cm in greatest dimension.

Partially fixed lividity is over the posterior parts of the body, except in areas exposed to pressure where it is absent. The back does not show any abnormality.

TOXICOLOGY:

Hospital blood is submitted for toxicology testing. A separate report will be issued.

OTHER PROCEDURES:

1. Photographs are prepared.
2. An FTA card is prepared with a blood sample which is stored in the file.
3. A sample of pulled scalp hair is obtained which is stored in file.
4. Fingerprints are prepared which are stored in the file.
5. Blood and urine samples are saved at the Medical Examiner's Office.

DIAGNOSES:

1. Blunt trauma injuries of head:
    a. CT scan of head:
    -Large left subdural hematoma with midline shift to the right.
    -Right occipital hemorrhagic contusion.
    -Bifrontal subarachnoid and intraparenchymal hemorrhage.
    -Bilateral occipital bone fractures extending to the foramen magnum.
    -Left temporal bone fracture.
2. Underwent left hemicraniectomy with evacuation of left subdural hematoma.
3. MRI of brain: chronic lacunar infarct of left thalamus.
4. Healing bruise of lateral right hip/upper lateral right thigh.
5. Healing bruise of lower lateral left abdomen/hip.
6. Ataxia (clinical).
7. Dysmetria (clinical).
8. Cerebellar stroke syndrome (clinical).
9. EEG: seizures, prescribed Levetiracetam (clinical).
10. Hypoxemic respiratory failure (clinical).
11. Anemia (clinical).
12. Thrombocytopenia (clinical).
13. Hypertension (clinical).
14. Hyperlipidemia (clinical).

CAUSE OF DEATH:

Blunt Trauma Injuries of Head due to a Fall.

MANNER OF DEATH:

Accident.

Frederick J DiCarlo

Frederick J. DiCarlo, M.D., PhD.,
Deputy County Medical Examiner

DATE: 11-06-2025

FJD/mmb
Distrib: File; Pros; State