

*DEFENDER ASSOCIATION  
OF PHILADELPHIA*

**COPY**

70 North 17th Street  
Philadelphia, Pennsylvania 19103  
(215) 568-3190

ELLEN T. GREENLEE  
Defender

March 31, 1997

Ms. Lorna Hawkins-Bell  
Office of the Medical Examiner  
Record Room  
321 University Avenue  
Philadelphia, Pa. 19104

RE: Commonwealth v. Armin Evans  
M.C.#97-C3-2564-65  
Decedent: Pamela Blue

Dear Ms. Hawkins-Bell:

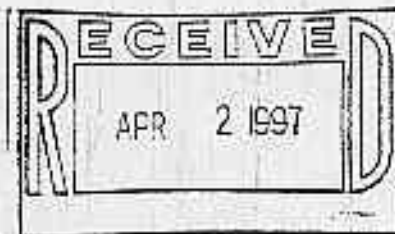
Our office has been appointed to represent the above-captioned defendant, who has been charged with homicide. Based on the information we have received from the District Attorney's Office, Pamela Blue died on March 22, 1997. Could you please forward to our office a copy of the complete case file, including but not limited to the Medical Examiner's Report in this case.

Thank you for your kind attention to this matter.

Sincerely,

*Sylvia Padilla*  
SYLVIA PADILLA  
Homicide Unit Secretary

/sp



*Loquill*



**City of Philadelphia**  
**OFFICE of the MEDICAL EXAMINER**  
 321 University Avenue, Phila. PA 19104  
**DEATH CERTIFICATE INFORMATION**

N.E. CASE No. 97-1354
Blue, Pamela
POLICE FILE No.
DATE REPORTED 03/22/97 6:42pm/ETS

NAME OF DECEASED (First Middle Last) Pamela Blue	AGE 35	RACE Black	SEX Female
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Alias: March 22 1997 Unidentified

[1] Name.....Pamela Blue  
 [4] Date of Death.....22 Mar 97 7:50pm  
 [3b] County of Death.....Philadelphia  
 [9c] City of Death.....Philadelphia  
 [3d] Facility Name.....146 N MILLICK ST  
 [5] Hispanic Origin.....  
 [24] Time of Death..... 7:50pm  
 [25] Date Pronounced.....22 Mar 97  
 [26] Referred to MED.....Yes  
 [27a] Immediate Cause of Death.....STRANGULATION  
 [27b] Due To (or consequence of)....  
 [27c] Due To (or consequence of)....  
 [27x2] Other significant conditions..  
 [28a] Autopsy Performed...Yes  
 [28b] Autopsy Results.....Yes  
 [29] Manner of Death.....HOMICIDE  
 [30d] Date of Injury....> 22 Mar 97  
 [30d] Time of Injury....> UNK  
 [30c] Injury at Work.....No  
 [30d] Describe Injury...> STRANGLED BY ANOTHER  
 [30e] Place of Injury Home  
 [30f] Location.....> 146 N MILLICK ST  
 > Philadelphia, PA 19139  
 [31d] Date Signed.....24 Mar 97  
 [32] Pathologist.....Bennett Preston MD  
 Assistant Medical Examiner  
 321 University Avenue



**City of Philadelphia**  
**OFFICE of the MEDICAL EXAMINER**  
 321 University Avenue, Phila. PA 19104  
**Case Registration Summary**

A.E. CASE NO.  
 97-1354  
 U97-03-22, 2  
 POLICE FILE NO.

DATE REPORTED  
 03/22/97 6:42PM/ET

REPORTED BY	NAME Det Thomas PERKS, #9195, MCM	AFFILIATION Philadelphia Police Department		
	TOWN/HOSPITAL NAME & ADDRESS/OTHER ADDRESS Philadelphia, PA			Phone No.
NAME OF DECEASED (First, Middle, Last) U97-03-22, 2		AGE	RACE Black	SEX Female
RESIDENTIAL ADDRESS (No., Street, Town, State)				PHONE
PLACE OF DEATH		PRONOUNCED DEAD ->	ON (Date)	AT (Time)
PLACE ADDRESS		BY		
DISPOSITION	Sign-out w/Examination	PRINTED ON 22 Mar 97 7:05pm		
REPORTED TO	NAME OF INVESTIGATOR Eugene T. Suplee, Jr.	MEDICAL EXAMINER Bennett Preston MD		
NAME-NOK-RELATIVE	RELATIONSHIP	DATE NOTIFIED	NOTIFIED BY	

CIRCUMSTANCES OF DEATH

Alias: March 22 1997 Unidentified  
 Initial report very sketchy - two black females, dead - at least one, if not both are bound & gagged.

Information about Attacker(s):

Multiple?

↑  
 Why I was the only one in the house I thought





City of Philadelphia  
 OFFICE of the MEDICAL EXAMINER  
 321 University Avenue, Phila. PA 19104  
 REPORT OF AUTOPSY

M.E. CASE NO.  
 97-1354  
 DATE OF DEATH  
 22 Mar 97

DECEDENT'S NAME Pamela Denise Blue	AGE 34	RACE Black	SEX Female	HEIGHT 5'10"	WEIGHT
PRONOUNCED DEAD BY Carl Spurrill	AT 146 N MILLICK ST Philadelphia, PA 19139			DATE 22 Mar 97	TIME 7:50pm
ID WITNESS NAME JAMES A BLJE	ADDRESS 5654 BELMAR ST Philadelphia, PA 19143			RELATION Brother	
ID WITNESS NAME (2) FREDRICK BLJE	ADDRESS 5654 BELMAR ST Philadelphia, PA 19143			RELATION Brother	

Alias: March 22 1997 Unidentified

PATHOLOGIC FINDINGS:

ABRASIONS ON NECK  
 PETECHIAL HEMORRHAGES TO EYES

CAUSE OF DEATH:

STRANGULATION

MANNER OF DEATH: HOMICIDE

*Bennett Preston MD*  
 Bennett Preston MD  
 Assistant Medical Examiner  
 11 Apr 97

City of Philadelphia  
OFFICE of the MEDICAL EXAMINER  
221 University Avenue, Phila. PA 19104  
REPORT OF AUTOPSY

M. E. CASE NO.  
97-1354

NAME  
Pamela  
Denise  
Blue

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**INTRODUCTION**

This is the case of a 34 year old Black female who has been identified as being Pamela Denise Blue. The subject's body was found bound and strangled at her residence on March 23, 1997. The body of another individual, Roseanne Young (MEO #1355-97) was also found at her residence.

An autopsy was performed at the Philadelphia Medical Examiner's Office on March 23, 1997 from 09:00 a.m. until 11:00 a.m.

**EXTERNAL EXAMINATION**

**CLOTHING:**

The clothing on the body included a gray USA pair of sweatpants, a green-striped scarf was knotted around the neck in a loose manner.

This is the body of a 34 year old Black female that had a height of 5 feet 10 inches and a weight of 130 pounds. The hands were tied behind the back with a yellow electrical cord. As stated before, there was a green-striped scarf which had been knotted around the neck in a loose fashion.

**HEAD:**

The subject had black hair, brown eyes and natural teeth. The lips were dried. The ears were pierced. The face appeared dusky. There were petechial hemorrhages around the eyes which will be described in detail below. There were abrasions to the right ear and behind the right ear which will be described in detail below.

**NECK:**

There was an area of bruising to the anterior neck which will be described in detail below. There were abrasions present to the right side of the neck which will be described in detail below.

**CHEST:**

There were bruises to the right upper chest and to the left upper chest which will be described in detail below. There were

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Narrative Description: (continued)

abrasions to the left upper chest.

ABDOMEN:

The abdomen was not remarkable.

BACK:

The back was not remarkable.

EXTREMITIES:

There were abrasions to the lateral aspect of the right shoulder. There were also abrasions on the left hand. There were linear abrasions to the right ankle.

EXTERNAL GENITALIA:

The external genitalia was that of an adult female. The pubic hair was black. There was no evidence of trauma to the vagina or to the labia.

POSTMORTEM CHANGES:

The postmortem changes consisted of full rigidity and partially fixed posterior lividity.

*NO RARE*

EVIDENCE OF INJURY AND CAUSE OF DEATH

I. STRANGULATION

Examination of the neck reveals the presence of 3 inch by 1 inch roughly rectangular area of bruising to the anterior neck. Internal examination of the neck reveals the presence of hemorrhage within the anterior, lateral and posterior neck muscles. The hyoid bone was intact. There were petechial hemorrhages within the conjunctivae of both eyes. The face was dusky. These injuries are consistent with being produced by ligature strangulation.

There was a 1 inch by 1/2 inch abrasion behind the right ear which is consistent with being produced by the knot of the scarf

City of Philadelphia  
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321 University Avenue, Phila. PA 19104  
REPORT OF AUTOPSY

Narrative Description: (continued)

ligature. There were multiple 1/8 inch abrasions to the right lateral aspect of the neck which may have been produced by fingernails, possibly from the decedent in a vain effort to remove the ligature.

II. EVIDENCE OF A STRUGGLE

Examination of the dorsal aspect of the left hand reveals the presence of two abrasions which are consistent with a struggle. ~~To the left lower aspect of the neck, over the collar bone,~~ there was a 1 inch by 1-1/2 inch bruise which is consistent with an impact with a blunt object. In addition, there were two 1/8 inch bruises to the right upper chest below the neck, and there was a 2 inch by 1 inch area of bruising to the left upper chest at the shoulder. These injuries may have been inflicted as the result of the subject being struck with a blunt object. To the left lower aspect of the neck, over the collar bone, there was a 1 inch by 1-1/2 inch bruise which is consistent with an impact with a blunt object.

*This says a fight happened  
Nobody heard*

III. EVIDENCE OF DRAGGING

There were abrasions present on the right ear and the left chest. There was a 4 inch by 1 inch area of irregular abrasions to the outer and posterior aspect of the right shoulder. In addition, there were two linear, and irregularly shaped abrasions to the right ankle. These injuries may have been sustained as the result of the subject's body being dragged.

IV. HAND BINDINGS

As stated before, the hands were tied behind the back with a yellow electrical cord. Incision of the muscles of the wrists, at the area of the binding, reveals hemorrhage within the left wrist. This indicates that the subject was alive when she was bound.

V. GENITAL EXAMINATION

Examination of the vagina and of the vulva failed to reveal the presence of trauma. There was no evidence of trauma to the rectum. Examination of smears reveals the presence of complete

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**Narrative Description: (continued)**

sperm and sperm heads within the vagina. No sperm was detected within the rectum. Acid-phosphatase studies were positive for the vagina but negative for the rectum. In addition, examination of smears from the mouth failed to reveal the presence of sperm. Acid-phosphatase studies were negative for the mouth.

On internal examination, other than the bruising to the neck, there were no injuries detected.

Based on the above findings at autopsy, the cause of death is ligature strangulation, and the manner of death is homicide.

**INTERNAL EXAMINATION AND ORGAN SYSTEM REVIEW**

**RESPIRATORY SYSTEM:**

The right lung weighed 230 grams, and the left lung weighed 640 grams. Both lungs appeared normally formed and were without evidence of active disease or trauma. The lungs were congested.

**CARDIOVASCULAR SYSTEM:**

The heart weighed 315 grams and appeared normally formed. The coronary vessels were patent. The cardiac valves were not remarkable. Sections of the heart revealed a uniformed red-brown myocardium.

**HEPATOBIILIARY SYSTEM:**

The liver weighed 1560 grams and exhibited a red-brown glistening external surface without evidence of active disease or trauma. The gallbladder was pear-shaped and contained mucoid green bile. Serial sections of the liver failed to reveal the presence of active disease or trauma.

**SPLEEN:**

The spleen weighed 115 grams and was not remarkable.

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REPORT OF AUTOPSY

M. E. CASE NO.  
97-1354

NAME  
Pamela  
Denise  
Blue

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Narrative Description: (continued)

PANCREAS:

The pancreas weighed 120 grams and was not remarkable.

INTERNAL GENITALIA

The internal genitalia consisted of the uterus, the tubes, the ovaries, the cervix and weighed in aggregate to 110 grams. There was no evidence of active disease or trauma. There were no products of conception detected.

URINARY SYSTEM:

The right kidney weighed 130 grams, and the left kidney weighed 125 grams. Both kidneys exhibited a red-brown glistening external surface without evidence of active disease or trauma. The cortex and the medulla of the kidneys were not remarkable.

GASTROINTESTINAL TRACT:

The lips and the tongue were dried. There was bruising around the esophagus in the area of the neck muscles. The stomach contained 1600 ml of fluid. The intestines were not remarkable.

CENTRAL NERVOUS SYSTEM:

The brain weighed 1410 grams and appeared dusky and slightly edematous. There were no contusions detected and no subdural, subarachnoid or epidural bleeds. The cranial nerves were intact. The vessels of the Circle of Willis were patent. Serial sections of the brain failed to reveal the presence of active disease or trauma within the cerebral cortex, periventricular white matter or within the basal ganglia. There were no skull fractures or contusions on the scalp.

City of Philadelphia  
OFFICE of the MEDICAL EXAMINER  
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REPORT OF AUTOPSY

M.E. CASE NO.  
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NAME  
Penela  
Denise  
Blue

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Autopsy Started: 23 Mar 97 9:00am

*Bennett Preston MD*  
Bennett Preston MD  
Assistant Medical Examiner  
11 Apr 97

(End of Report)

# TOXICOLOGY REPORT

CITY OF PHILADELPHIA

OFFICE OF THE MEDICAL EXAMINER

CASE NO. 1354-97

NAME: BLUE, PAMELA

AGE 35Y RACE B SEX F

DR. BP

THE RESULTS OF TOXICOLOGICAL ANALYSES WERE NOT REMARKABLE

THE VAGINAL SWABS REVEALED ACID-PHOSPHATASE ACTIVITY. THE ORAL AND RECTAL SWABS REVEALED NO SUCH ACTIVITY.


Toxicological analyses were performed in order to detect the presence of the following agents (or classes of agents):

<input type="checkbox"/> analgesics	<input checked="" type="checkbox"/> ethanol	<input checked="" type="checkbox"/> other sedative hypnotics
<input type="checkbox"/> anticoagulants	<input type="checkbox"/> ethchlorvynol	<input type="checkbox"/> salicylates
<input checked="" type="checkbox"/> antidepressants	<input type="checkbox"/> fentanyl	<input type="checkbox"/> solvents
<input checked="" type="checkbox"/> antihistamines	<input type="checkbox"/> heavy (Reinsch) metals	<input checked="" type="checkbox"/> stimulants
<input type="checkbox"/> benzodiazepines	<input checked="" type="checkbox"/> narcotics	<input type="checkbox"/> tetrahydrocannabinoids
<input type="checkbox"/> carbon monoxide	<input checked="" type="checkbox"/> phencyclidine (PCP)	<input type="checkbox"/>
<input checked="" type="checkbox"/> cocaine	<input type="checkbox"/> phenobarbital	<input type="checkbox"/>
<input type="checkbox"/> cyanide	<input type="checkbox"/> quinine/quinidine	<input type="checkbox"/>

SIGNATURE OF TOXICOLOGIST

  
SAMUEL ROSEN, PhD.

DATE

  
April 30, 1997

CERTIFICATION OF IDENTIFICATION		CITY OF PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH OFFICE OF THE MEDICAL EXAMINER		CASE NO. 97-1354	
APPARENT PLACE OF DEATH			USUAL RESIDENCE State PA County Phila		
PHYSICIAN PRONOUNCING DEATH		DATE AND TIME OF PRONOUNCEMENT		CITY, BOROUGHS, TOWNSHIP Phila	
PLACE OF PRONOUNCEMENT			STREET ADDRESS 146 N. Millick St		
NAME OF DECEASED (First) (Middle) (Last) (Also known as) Pamela Denise Blue					VETERAN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SEX F	RACE B	DATE OF BIRTH 1/5/63	AGE	MARITAL STATUS S	
CITIZENSHIP USA	OCCUPATION	SOCIAL SECURITY NO.	BIRTHPLACE Phila	2. WAR	
FULL NAME OF SPOUSE			MOTHER'S MAIDEN NAME Wilkie Smith		3. SERIAL NO.
FATHER'S NAME James L. Blue			RELIGION C		NEW PLATE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I.D. WITNESS (if not informant) NAME & ADDRESS Frederick Blue 5654 Belmont St 19143		RELATIONSHIP Brother	I.D. WITNESS (if informant) NAME & ADDRESS James G. Blue S/O		RELATIONSHIP Brother
		TELEPHONE 727-2789			TELEPHONE NO. S/O
DECEASED HISTORY (Check all applicable cases)					
<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergy	<input type="checkbox"/> Cancer	<input type="checkbox"/> Depression	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Injury	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Stroke
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Ulcer	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Heart Disease
C.O.D. / Name		ADDRESS None	HOW LONG TREATED		DATE LAST VISIT
PLACES AND DATES OF HOSPITALIZATION(S) AND OPERATION(S) <input type="checkbox"/> In Patient <input type="checkbox"/> Out Patient None					
USE OF ALCOHOL, DRUGS, TOBACCO AND MEDICATIONS See no yes no					
LIST KINDS OF WORK PERFORMED					HAZARDOUS TASK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
GIVE FACTS RELATIVE TO CIRCUMSTANCES OF DEATH					
<p>① The last time I had seen Denise was about a week or so ago. She was just coming out from her home. As I sat there, she was always there in my mind.</p> <p>② The last time I had seen her was Christmas of last year. She was at her parents' house.</p>					
AUTHORIZED FUNERAL DIRECTOR		PHONE NO.	BODY VIEWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PLACE OF VIEW <input checked="" type="checkbox"/> O.M.E. <input type="checkbox"/> Scene <input type="checkbox"/> Hospital	
NAME OF NEXT OF KIN (NOT I.D. WITNESS) James G. Blue		RELATIONSHIP	DATA SUPPLIED BY INFORMANT <input checked="" type="checkbox"/> Personally <input type="checkbox"/> Via Phone <input type="checkbox"/> From Record		
SIGNATURE OF IDENTIFICATION WITNESS James G. Blue		CERTIFIED TO (Investigator's Signature) C. J. [Signature]			DATE/TIME 3/22/97

CERTIFICATION OF IDENTIFICATION		CITY OF PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH OFFICE OF THE MEDICAL EXAMINER		CASE NO. 97-1354 Blue, Pamela, Denise	
APPARENT PLACE OF DEATH Residence 146 N MILLICK ST Philadelphia, PA 19139 (215) 474-2031			USUAL RESIDENCE 146 N MILLICK ST Philadelphia, PA 19139 (215) 474-2031		
NAME OF DECEDENT (First Middle Last) Pamela Denise Blue					VETERAN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SEX Female	RACE Black	DATE OF BIRTH 01/06/63	AGE 34	MARITAL STATUS Single	
CITIZENSHIP USA	OCCUPATION	SOCIAL SECURITY NO.	BIRTHPLACE Philadelphia, PA		a. WAR
FULL NAME OF SPOUSE			MOTHER'S M maiden NAME WILKIE SMITH		b. SENIAL
FATHER'S NAME JAMES L BLUE			RELIGION Roman Catholic		
I.O. WITNESS (informant) JAMES A BLUE 5654 BELMAR ST Philadelphia, PA 19143		RELATIONSHIP Brother TELEPHONE (215) 727-2759	I.O. WITNESS (non-informant) FREDRICK BLUE 5654 BELMAR ST Philadelphia, PA 19143		RELATIONSHIP Brother TELEPHONE (215) 727-27
DECEDENT MEDICAL HISTORY HEALTHY					
L.H.S. (None) NONE		ADDRESS	HOW LONG TREATED	DATE LAST VISITED	
USE OF DRUGS, ALCOHOL, TOBACCO, AND MEDICATIONS NO-DRUGS, YES-ETCH, YES-SMOKING, NO-MEDICATION.					
GIVE FACTS RELATIVE TO CIRCUMSTANCES OF DEATH " ACCORDING TO THE BROTHER FREDRICK BLUE, THE LAST TIME HE HAD SAW ALIVE WAS A WEEK AND HALF AGO. AT THAT TIME SHE WAS AT CERUCH AND THERE WAS NO COMPLAINT." " ACCORDING TO JAMES BLUE, THE LAST TIME HE HAD SAW HIS SITER ALIVE WAS DURING THE CHRISTMAS HOILDAY OF LAST YEAR. AT THAT TIME WE WERE HAVING DINNER OVER THE PARENTS HOUSE.					
AUTHORIZED FUNERAL DIRECTOR <i>Charles Egan Home</i>		TELEPHONE	CERTIFIED TO (Investigator's Signature) <i>[Signature]</i>		
NAME OF NEXT OF KIN FREDRICK BLUE		RELATIONSHIP Brother			
SIGNATURE OF IDENTIFICATION WITNESS		SIGNATURE OF IDENTIFICATION WITNESS (and)			DATE/TIME 25 Mar

OFFICE OF THE MEDICAL EXAMINER  
DEPARTMENT OF PUBLIC HEALTH

1354 3-CC-11  
RUE, PAMELA  
146 N. HILLCICK ST  
33 F 0

POSTMORTEM EXAMINATION Autopsy  Yes  No

DATE & TIME

BODY READY FOR RELEASE

Pathologist BS per MKS

3-23-97 9:00 AM

Yes  No

Hold per  Fingerprint(s) Completed by Thad. S. [Signature] RELEASE ISSUED BY [Signature]

O.M.E. Photo(s) Compl. by \_\_\_\_\_  Other per \_\_\_\_\_  Hold Terminated by \_\_\_\_\_

- CLOTHING
- |                                     |  |                                       |                                 |                                    |                                       |  |
|-------------------------------------|--|---------------------------------------|---------------------------------|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Hat or Cap | <input type="checkbox"/> Coat                | <input type="checkbox"/> Ball         | <input type="checkbox"/> Dress  | <input type="checkbox"/> Girdle    | <input type="checkbox"/> Pajamas      | <input checked="" type="checkbox"/> Held as Evidence     |
| <input type="checkbox"/> Overcoat   | <input checked="" type="checkbox"/> Trousers | <input type="checkbox"/> Undervest    | <input type="checkbox"/> Blouse | <input type="checkbox"/> Brassiere | <input type="checkbox"/> Baby Clothes | <input type="checkbox"/> Destroyed for Sanitary Purposes |
| <input type="checkbox"/> Sweater    | <input type="checkbox"/> Shirt               | <input type="checkbox"/> Slacks       | <input type="checkbox"/> Skirt  | <input type="checkbox"/> Rightgown | <input type="checkbox"/> Blanket      |  |
| <input type="checkbox"/> Jacket     | <input type="checkbox"/> Tie                 | <input type="checkbox"/> Underclothes | <input type="checkbox"/> Slip   | <input type="checkbox"/> Robe      | <input type="checkbox"/> No Clothes   |  |

OTHER ITEMS DELIVERED WITH BODY (List)

RECEIPT AND ABOVE ITEMS RELEASED TO UNDERTAKER BY (Signature of Holder Attendant) [Signature] (Signature of Undertaker) [Signature] BY [Signature] DATE 3-26-97 TIME 10:30 AM

55-X-473 (Rev. 6/77)

ORDER TO RELEASE BODY		CITY OF PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH OFFICE OF THE MEDICAL EXAMINER		MEDICAL EXAMINER'S CASE NO. <u>97-1354</u>	
TO <input checked="" type="checkbox"/> Med. Ex. Off. <input type="checkbox"/> Hospital (Name)		NAME OF UNDERTAKER <u>[Signature]</u>		DATE <u>3/22/97</u>	
WEASAF DELIVERED TO (Signature of Funeral Director) <u>[Signature]</u>		NAME OF DECEASED <u>[Signature]</u>		M.E. INVESTIGATOR (Signature) <u>[Signature]</u>	
NOT VALID UNTIL AFTER COMPLETION OF POSTMORTEM EXAMINATION AND OF FINGERPRINTS		M.I. Photographs <input checked="" type="checkbox"/>			

55-X-473 (Rev. 6/86)