County of San Diego

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INVESTIGATIVE REPORT

Natural ___
Other X
INVESTIGATOR: C. R. BOLTON

FILE # ___
CC # 99-1420
DATE July 25, 1999

Name of Deceased: First-Middle-Last ADOLPHUS DEMETRIUS DUBOSE					Date & Time of Death 07/24/99 2114
Sex Male	Race/Ethnicity Black	Birthplace Washington	Date of Birth 03/23/71	Age 28 Yrs 4 Mos	Citizenship USA
Marital Status Single	Social Security 533-72-1835	Current Occupation Football Player	Name of Employing Company National Football League		
Place of Death Scripps Memorial Hospital (ER)			Person Notified Jacqueline Dubose		Relationship Mother
Street Address 9888 Genesee Avenue			Street Address P.O. Box 492		
City-State-Zip La Jolla, CA 92037			City-State-Zip/Phone Number Wynnewood, OK 73098 405-665-5837		
Decedent's Usual Address P.O. Box 7041 Mammoth Lakes, CA 93546			Next of Kin/Address/Phone Number Jacqueline Dubose Mother P.O. Box 492 Wynnewood, OK 73098 405-665-5837		Notified? YES

Place of Injury: Sidewalk: 3700 block, Mission Blvd.;
San Diego, Ca. 92109

Date & Time of: Homicide 07/24/99 2036

How Occurred: Shot by on duty law enforcement officer(s).

At Work? NO Employer Notified? NO

Law Enforcement Agency: San Diego P.D. Report # ___

Officer/Team #: Team #3

NAME: ADOLPHUS DEMETRIUS DUBOSE CC # 99-1420

Property: None Taken X Cor-to-Fam _ Cor-To-PC _ Cor-to-PA _ Info-to-PA _ LEA _

	Make	Model	Year	State & License #	
Vehicle:	N/A				
Location of Vehicle:	Name of Towing Company N/A		Address		Phone
Weapon or Other Prop:	N/A				
Sponsor Info for Military Depn's:	Serial # N/A	Rate	Branch	Duty-Station	Command Notified N

Regular Physician None Phone _____ Notified No

Current Physician N/A Phone _____ Notified No

Date Last Seen by Regular Physician ___/___/___

Current Medical History
Multiple gunshot wounds during altercation with police. DOA at Scripps Memorial Hospital.

Past Medical History (Include Surgeries)
Unknown

Operations & Dates:
none

Medications
N/A

Hospitals N/A

Cause of Death: Multiple gunshot wounds of torso rapid

Due To: _____

Due To: _____

Contributing: _____

Pathologist: Christina Stanley, M.D. Disposition Calif Cremation 07/30/99

	Date & Time of Call	Arrived	Completed
Informant: Hospital	07/24/99 2139	2206	0130

Identification: SDPD showed room mate photo on 7-25-99

P: N (C) LEA | D.R. Y (N) | C.D. Y (N) | E: Y (N) | S.N. Y (N) | (H) (T) (A) I A 0725

CORONER'S REPORT
Page 3.

ADOLPHUS DEMETRIUS DUBOSE Coroner's Case Number: 99-1420

INVESTIGATIVE SUMMARY:

PERSON/M.E. JURISDICTION: This unidentified Black male, who appears to be 25 to 30 years old, was admitted to Scripps Memorial Hospital after being shot by police in the Mission Bay area of San Diego.

ACUTE EVENT: Team 3 detectives related their preliminary investigation revealed officers responded to 3747 Strand Way in response to a reported burglery call at 8:29 p.m., 7-24-99. They arrived at 8:35 p.m. when they observed the decedent leaving a residence. He proceeded down an alley and was confronted by officers in the 3700 block of Mission Blvd. As officers attempted to detain him an altercation ensued during which time the decedent was shot by one or both officers.

Paramedics were dispatched at 8:39 p.m. and arrived at the scene at 8:45 p.m. Upon their arrival they observed the decedent laying on a sidewalk in the 3700 block of Mission Blvd. He was unresponsive with no vital signs and an idioventricular rhythm on the monitor. There were multiple gunshot wounds to the chest and back. CPR was initiated including intubation and I.V. infusion of normal saline, Epinephrine and Atropine. There was no response and he was transported at 8:56 p.m., 7-24-99.

HOSPITAL COURSE: When admitted at 9:13 p.m., 7-24-99, the decedent was unresponsive with no spontaneous vital signs. There were multiple gunshot wounds to the chest and back. It was determined he had suffered non survivable wounds. Resuscitation was terminated and death declared at 9:14 p.m., by E. Racek, M.D.

HISTORY: Unknown

VIEWED: The decedent was supine on an E.R. gurney at Scripps Memorial Hospital. The body was unclad with an endotracheal tube and right nares trumpet in place. There were also monitor pads on the chest and an I.V. line entering the left antecubital fossa. There were multiple gunshot wounds to the torso and right arm.

The head, hands and feet were secured in evidence bags and the body placed in a pouch with seal number 360481 attached.

TISSUE DONATION: N/A

IDENTIFICATION: Subsequently established via photo comparison by decedent's roommate Randy West.

C R Bolton

C.R. Bolton, Investigator

AUTOPSY REPORT

Name of deceased:	DOLPHUS D. DUBOSE	**ME#:**	99-1420
Place of residence:	P.O BOX 7041 MAMMOTH LAKES, CA	**Age:**	28 YEARS
Place of death:	SCRIPPS MEMORIAL HOSPITAL LA JOLLA, CA 92037	**Sex:**	MALE
Date and time of death:	JULY 24, 1999; 2114 HOURS	**Race:**	BLACK
Date and time of autopsy:	JULY 25, 1999; 0900 HOURS - 1700 HOURS		

CAUSE OF DEATH: MULTIPLE GUNSHOT WOUNDS OF TORSO

MANNER OF DEATH: HOMICIDE

AUTOPSY FINDINGS:

1. Penetrating gunshot wound of chest.
   a. Entrance wound "J" in left back.
   b. Recovery of jacketed bullet in pericardial sac.
   c. Direction: Back to front, left to right and downward.
   e. Fracture of posterior left 5th rib and perforations of left lung and apex of left ventricle of heart with hemopericardium and bilateral hemothoraces.
2. Penetrating gunshot wound of chest.
   a. Entrance wound "H" in left upper back.
   b. Recovery of jacketed bullet in right anterior chest wall.
   c. Direction in standard anatomic position: Back to front, left to right and slightly downward.
   d. Perforations of left upper lung, esophagus, trachea, aortic arch and right upper lobe of lung and fracture of right bifid 3rd rib with hemopericardium, bilateral hemothoraces and subcutaneous emphysema.
3. Perforating gunshot wound of right chest and upper abdomen.
   a. Entrance wound "K" in right mid back.
   b. Exit wound "C" in anterior chest.
   c. Direction in standard anatomic position: Back to front, upward and slightly left to right.
   d. Fracture of posterior right 11th rib, perforations of right lung and diaphragm and large

defect in liver.

4. Five penetrating gunshot wounds of left abdomen with two also passing through right abdomen and chest.
   a. Entrance wound locations and directions of corresponding paths in standard anatomic position as follows:

   i. Left lateral lower back ("L") - left to right, upward and back to front.
   ii. Right anterior chest ("F") - front to back, right to left and downward.
   iii. Upper abdomen ("G") - front to back, downward and slightly right to left.
   iv. Left side of chest ("D") - left to right, downward and slightly front to back.
   v. Left anterior chest ("E") - front to back and downward.

   b. Jacketed bullets recovered from right anterior chest wall (wound entering at "F"), left back, left posterior lateral left hip, left pelvis.
   c. Separated bullet jacket recovered in left upper quadrant of abdomen and fragmented core recovered in left back.
   d. Internal injuries:
      i. Near transection of abdominal aorta and defect in adjacent inferior vena cava with hemoperitoneum.
      ii. Multiple perforations of liver with disruption of porta hepatis.
      iii. Defects in spleen and left kidney.
      iv. Multiple perforations of stomach, duodenum and jejunum and disruption of splenic flexure of large intestine with fecal spillage.
      v. Perforations of right lung and both diaphragms.
      vi. Fractures of left 8th and 9th ribs.
      vii. Perforation and depressed fracture of left iliac wing.
5. Penetrating gunshot wound of right shoulder and side of torso.
   a. Entrance wound "I" in back of right shoulder.
   b. Recovery of jacketed bullet in subcutaneous lateral right chest wall.
   c. Direction in standard anatomic position: Downward, back to front and slightly left to right.
   d. Fracture of right scapula.
6. Superficial perforating wound of left anterior chest.
   a. Entrance "A" and Exit "B" on left anterior chest.
   b. Direction in standard anatomic position: Downward.
7. Perforating gunshot wound of right upper arm passing back to front with soft tissue injuries only.
8. Perforating gunshot wound of right hand with bony fractures.
9. Multiple abrasions of chest and right arm, some consistent with graze gunshot wounds.
10. Lacerations of left wrist and right little finger.
11. Evidence of medical therapy including endotracheal intubation, nasal airway, intravenous access and EKG pads.

OPINION: According to the investigator's report and officers attending the autopsy, this 28 year old man was shot in the course of a physical confrontation with on duty police officers. He was declared expired on arrival at a local hospital.

Autopsy revealed eight penetrating and four perforating gunshot wounds, ten of which were to the torso. Of these, eight entered the chest and/or abdomen causing numerous injuries including rapidly fatal injuries to the aortic arch, heart, abdominal aorta, liver, spleen, lungs, trachea and large bowel. The entrance wounds were located on all aspects of the torso with many different directions to the wound paths. None of the entrance wounds showed soot or stippling; therefore, they are classified as of indeterminate range. At least three of six abrasions on the torso and right arm were consistent with graze gunshot wound injuries. In consideration of the reported scene investigation, autopsy findings, and circumstances surrounding the death as currently understood, the manner of death is classified as homicide indicating that the multiple fatal gunshot wounds were fired by another individual(s).

CHRISTINA STANLEY, M.D.
Deputy Medical Examiner

Date signed:

WITNESSES: San Diego Police Department Homicide Detective D. Warrick and Forensic Specialist Mike Callison. I am assisted by Autopsy Assistants Sal Rodriguez and Bob Sutton.

WITNESSING PATHOLOGIST:

ROBERT E. WHITMORE , M.D.
Deputy Medical Examiner

Date signed:

IDENTIFICATION: The body is received within a sealed white vinyl body bag to which is affixed a Medical Examiner's name band reading "DOE, JOHN" and "99-1420". The appropriately applied red seal number "360481" is broken at 0900 hours. On opening the body bag the head, hands and feet are covered with white paper bags. The head and hand bags are focally blood stained.

CLOTHING: No clothing is received on or with the body.

EVIDENCE OF MEDICAL THERAPY:
1. An endotracheal tube protrudes from the mouth and is secured around the back of the head with a cloth tie.
2. A flexible blue rubber nasal airway is inserted in the right naris.
3. An intravenous catheter is inserted in the left antecubital fossa.
4. Two needle punctures are appreciated in the right antecubital fossa.
5. EKG pads are affixed to the anterior chest and left side.
6. Several of the gunshot wounds of the anterior torso are covered with plastic and white foam I.V. catheter covers.

EXTERNAL EXAMINATION

GENERAL: The body is that of a well muscled, well developed, well nourished Black man appearing consistent with the stated age of 28 years. The length is 74 inches, and the weight is 240 pounds as received. The unembalmed body is well preserved and cool with slight warmth in the protected groin and axillae. Rigor mortis is fully developed in the jaw and extremities. Lividity is inapparent in part due to the dark skin pigmentation. The posterior aspects of the body are lightly coated with liquid blood which is drained from multiple gunshot wounds. The left hand shows a small amount of blood, and the right shows moderate amounts of focally clotted blood associated with a perforating gunshot wound. No blood spatter or soot is appreciated.

BODY MARKINGS:
1. Around the left ankle is a tattooed anklet.
2. On the lower mid forehead is a 3/4 x 1/8 inch slightly irregular, obliquely oriented hyperpigmented scar.

3. No needle tracks are identified.

HEAD: The scalp is covered by very short, tightly curled black hair with a few light brown highlights. The hair measures less than 1/8 inches in length. The chin shows similar up to 1/8 inch long curled black hair with light brown highlights. The eyebrows have light brown highlighting. The upper lip and cheeks are clean shaven. The ears are normally formed and free of drainage. The left earlobe is cosmetically pierced once. The irides are dark brown, and the corneas are transparent. The sclerae and conjunctivae are free of hemorrhages or petechiae. The nose is palpably intact. The nares are clean and unobstructed. The lips are intact. The teeth are natural and in excellent condition. The mouth contains only the endotracheal tube and no blood.

NECK: The neck is straight and symmetric without apparent injury.

CHEST: The chest is symmetric and well muscled. There is diffuse mild subcutaneous emphysema. Striae are noted across both anterior shoulders.

ABDOMEN: The abdomen is flat, firm and free of palpable masses or surgical scars. The genitalia are those of a normal, circumcised adult male with both testes palpable in the scrotum.

ARMS: The arms are straight and symmetric without fracture deformities other than palpable fractures in the right hand associated with a perforating gunshot wound. There are no ventral wrist scars. The fingernails show minimal, slightly irregular overhangs. No soot is appreciated on the hands.

LEGS: The legs are straight and symmetric without evidence of acute injury or edema. The shins show multiple irregular scars. Two of on the anterior right lower leg have small central scabs. The feet are unremarkable.

BACK: The back is straight and symmetric. The anus is clean and free of trauma.

EVIDENCE OF INJURY

GUNSHOT WOUNDS OF TORSO:

The following gunshot entrance and exit wounds are arbitrarily lettered without regard to sequence and are illustrated on the accompanying diagram. Recovery sites are also indicated on this diagram. Arbitrarily numbered penetrating and perforating gunshot wounds are described below by correlating the entrance wounds with exit wounds or recovery sites although this cannot be done with complete precision with regard to the five wounds which pass through the left side of the abdomen (see wounds 4 - 8). It is also possible that the two bullets recovered in the musculature of the anterior chest and exit wound "C" could have a different correlation then that dictated below (see wounds 2, 3 and 4).

1. PENETRATING GUNSHOT WOUND OF LEFT CHEST:
   A. ENTRANCE (J): Gunshot entrance wound "J" in the left back is centered 60 inches from the soles of the feet and 8 inches circumferentially left of the posterior midline. The 5/16 x 5/16 inch round defect has smooth edges and a very narrow abrasion rim but no soot or

stippling.

B. EXIT (1): The wound does not exit.

C. RECOVERY (1): A moderately deformed large copper jacketed bullet is recovered within the pericardial sac.

D. DIRECTION (1): With the body in the standard anatomic position, the bullet passes through the torso, back to front, left to right and downward.

E. PATH (1): The bullet perforates the musculature of the left back and enters the left pleural cavity through the lateral left 4th intercostal space with a fracture of the adjacent upper edge of the left 5th rib. It perforates the lateral edge of the lower lobe and inferior portion of the upper lobe of the left lung prior to perforating the pericardial sac. It passes through the anterior portion of the left ventricle at the apex creating two 1/2 x 3/4 inch closely arranged oval defects in the epicardial surface and an irregular defect in the endocardial surface, which measures 1/2 inches in greatest dimension. The bullet rips the pericardial sac open near the apex of the heart and impacts the sternum creating a small pleural tear beneath the intact 6th and 7th right sternocostal junctions. The bullet then falls back into the pericardial sac where it is recovered as described above.

2. PENETRATING GUNSHOT WOUND OF LEFT AND RIGHT CHEST:

A. ENTRANCE (H): Entrance wound "H" in the left upper back is centered 63 inches from the soles of the feet and 4-1/2 inches left of the posterior midline. The 5/16 x 5/16 inch round defect has slight abrasion of its smooth edges but no soot or stippling.

B. EXIT (2): The wound does not exit.

C. RECOVERY (2): A moderately deformed, large, copper jacketed bullet is recovered in the deep right pectoralis muscle 2 - 3 inches superior to the right nipple.

D. DIRECTION (2): With the body in the standard anatomic position, the bullet passes through the torso from back to front, left to right and slightly downward.

D. PATH (2): After perforating the musculature of the left upper back and passing medial and superior to the left scapula, the bullet enters the apex of the left pleural cavity through the posterior 1st intercostal space. It perforates the apex of the left upper lobe of the lung prior to entering the superior mediastinum. It perforates the left and right anterior walls of the esophagus and left posterior and anterior trachea creating paired 1/4 inch round defects. The bullet perforates the aortic arch creating a large laceration which extends around the origin of the right brachycephalic artery and exiting through the right anterior ascending aorta within the pericardial sac. It then perforates the anterior pericardium and overlying thymus and passes through the anterior edge of the upper lobe of the right lung prior to exiting the right pleural cavity through the right 2nd intercostal space with fracture of the superior portion of the anteriorly bifid 3rd rib. The bullet is then recovered in the upper anterior chest wall as described above.

3. PERFORATING GUNSHOT WOUND OF RIGHT CHEST AND UPPER ABDOMEN:

A. ENTRANCE (K): Entrance wound "K" in the right mid back is centered 49-1/2 inches from the soles of the feet and 3-3/4 inches right of the posterior midline. The 5/16 x 5/16 inch round defect shows slight marginal abrasion of its smooth edges but no soot or stippling.

B. EXIT (C): Exit wound "C" in the anterior lateral right chest is centered 57-1/2 inches from the soles of the feet and 7 inches right of the anterior midline. The wound is located 1-1/4 inches above and 2-3/4 inches lateral to the right nipple. It consists of a 1/2 x 1/2 inch round defect with irregular edges with a 1/16 x 1/16 inch defect located 1/8 inch from the medial edge. None of the edges of either defects are abraded.

C. RECOVERY (3): Small fragments of copper jacket material are recovered in the anterior chest wall. These fragments could correspond to this wound or to one of the other three gunshot wounds passing through the right chest wall.

D. DIRECTION (3): With the body in the standard anatomic position, the bullet passes through the torso from back to front, upward and slightly left to right.

E. PATH (3): After perforating the musculature of the right lower back, the bullet enters the right pleural cavity through the posterior right 11th rib with fracture of this rib. The bullet creates a large defect along the posterior and lateral aspect of the right lobe of the liver. It then perforates the diaphragm, probably the inferior edge of the lower lobe of the right lung and possibly the middle lobe of the right lung prior to exiting the right pleural cavity through the anterior right 4th intercostal space.

4. PENETRATING GUNSHOT WOUND OF ABDOMEN AND RIGHT CHEST:

A. ENTRANCE (L): Entrance wound "L" in the left side of the torso is centered 48-1/2 inches from the soles of the feet and 8-3/4 inches circumferentially left of the posterior midline. The 5/16 x 5/16 inch round defect shows a narrow marginal abrasion of its smooth edges but no soot or stippling.

B. EXIT (4): The wound does not exit.

C. RECOVERY (4): A moderately deformed, large, copper jacketed bullet, which is missing much of its opened jacket, and a small fragment of copper bullet jacket are recovered together in the musculature of the anterior right chest wall approximately 2 inches inferior to the right nipple.

D. DIRECTION (4): With the body in the standard anatomic position, the bullet passes through the torso from left to right, upward and back to front.

E. PATH (4) (also see 5): The bullet enters the peritoneal cavity through the inferior aspect of the lateral attachment of the left diaphragm just anterior to the anterior end of the left 12th rib. After this point it is difficult to differentiate this wound's path from that of wound 5 (entering at "F" and passing through the body in the nearly the opposite direction). Both of the bullets probably perforate the small bowel. One or both perforate the aorta just proximal to the origin of the renal arteries and create a single perforation in the adjacent inferior vena cava. One or both disrupt the superior portion of the antrum of the stomach. Both perforate the liver through the porta hepatis. Wound 4 exits the anterior right lobe of the liver through a 2-1/2 inch stellate defect. It then perforates the right diaphragm and inferior edge of the lower lobe of the right lung along side gunshot wound 3. This wound or gunshot wound 3 also perforates the middle lobe of the right lung. The bullet of wound 4 then exits the right pleural cavity through the 5th anterior intercostal space and is recovered in the lower anterior chest wall as described above.

5. PENETRATING GUNSHOT WOUND OF RIGHT LOWER CHEST AND ABDOMEN:

A. ENTRANCE (F): Entrance wound "F" in the right anterior lower chest is centered 51

inches from the soles of the feet and 4-1/2 inches circumferentially right of the anterior midline. The wound is located 5 inches directly below the right nipple and consists of a 5/16 x 1/4 inch oval defect with a narrow abrasion rim but no soot or stippling.

B. EXIT (5): The wound does not exit.

C. RECOVERIES (5, 6, 7 AND 8): Four bullets recovered in the left posterior wall of the torso and pelvis correspond to gunshot wounds 5, 6, 7 and 8 (entering at "F", "G", "D" and "E") but cannot be definitively differentiated. They are recovered from the following locations:

i. A moderately deformed, open, empty, copper jacket from a large caliber bullet is recovered in the disrupted tissues of the left upper quadrant of the abdomen. The corresponding, severely deformed, large fragment of lead core along with a smaller fragment of the same core are recovered together embedded posterior to the fractured posterior left 11th rib having passed through an irregular defect in the adjacent left 10th intercostal space.

ii. A mildly deformed, mushroomed, large, copper jacketed bullet is recovered in the subcutaneous tissue directly beneath and partly protruding through a 1/16 x 1/8 inch defect in the left lower back. This defect is lettered "M" and is located 48-1/2 inches from the soles of the feet and 6-1/4 inches left of the posterior midline. This recovery site is located inferior to the recovery site of the fragmented, separated bullet (i).

iii. A moderately deformed, large, copper jacketed bullet is recovered in the left posterolateral hip just behind an externally beveled defect in the superior portion of the left iliac wing.

iv. A moderately deformed, large, copper jacketed bullet with a flattened end is recovered in the left pelvis within the ilio-psoasis muscle directly in front of a bullet sized depressed fracture of the inner table of the left iliac fossa.

D. DIRECTION (5): With the body in the standard anatomic position, the bullet passes through the torso from front to back, right to left and downward.

E. PATH (5) (also see 4 and 6): The bullet passes through the anterior 8th intercostal space and anterior edge of the right diaphragm without injuring the right lung. It perforates the central portion of the right lobe of the liver. The path within the liver communicates with the large posterolateral defect associated with gunshot wound 3 and with the smaller defect in the region of the porta hepatis associated with gunshot wound number 4. At this point the path of this wound and wound 4 cannot be differentiated. One or both perforate the aorta just proximal to the origin of the renal arteries. This wound (or less likely wounds 4 or 6) creates a 1-1/2 x 1 x 1/2 inch transversely oriented defect in the midportion of the posterior aspect of the left kidney and then probably continues through small bowel down into the pelvis.

6. PENETRATING GUNSHOT WOUND OF ABDOMEN:

A. ENTRANCE (G): Gunshot entrance wound "G" in the upper abdomen is centered 50 inches from the soles of the feet and 1/2 inch left of the anterior midline. The wound is located 4-1/2 inches superior to the umbilicus. It consists of a 3/8 x 3/8 inch round defect surrounded by an eccentric abrasion rim measuring 3/16 inches in width superiorly and tapering to less than 1/16 inches in width inferiorly. No soot or stippling is appreciated.

B. EXIT (6): The wound does not exit.
C. RECOVERY (6): See 5 above.
D. DIRECTION (6): In the standard anatomic position, the bullet passes through the left side of the abdomen from front to back, downward and slightly right to left.
E. PATH (6) (also see 5, 7 and 8): The bullet enters the peritoneal cavity through an oblique defect in the anterior wall. It perforates the liver through the falciform ligament exiting out the posterior left lobe prior to perforating the antrum of the stomach. The bullet then proceeds either further into the left upper quadrant of the abdomen or more likely through the left abdomen creating multiple small bowel enterotomies prior to stopping at one of the recovery sites described above.

7. PENETRATING GUNSHOT WOUND OF LEFT CHEST AND ABDOMEN:
A. ENTRANCE (D): Entrance wound "D" in the lateral left chest is centered 57-1/2 inches from the soles of the feet and 9-1/2 inches circumferentially left of the anterior midline. The wound is located 1 inch below and 5 inches lateral to the left nipple. The 3/8 x 3/8 inch round central defect shows an eccentric abrasion rim which measures 1/8 inch in width anteriorly and is very narrow posteriorly. No soot or stippling is appreciated.
B. EXIT (7): The wound does not exit.
C. RECOVERY (7): See 5.
D. DIRECTION (7): With the body in the standard anatomic position, the bullet passes through the torso from left to right, downward and slightly front to back.
E. PATH (7) (also see 6 and 8): The bullet enters the lateral left pleural cavity through a large defect incorporating fractures of the lateral left 8th and 9th ribs with a thin bridge of intact pleura through the middle of the defect. The bullet perforates the left diaphragm without injuring the left lung. At this point the path cannot be differentiated from wounds 6 and 8 (entering at "G" and "E"). At least one creates a 3-1/2 x 1/2 x 3/4 inch deep defect in the anterolateral aspect of the spleen. Probably several cause massive destruction of the splenic flexure of the colon, which is embedded with fragments of rib and is where the separated bullet jacket is recovered (i).

8. PENETRATING GUNSHOT WOUND OF LEFT ABDOMEN:
A. ENTRANCE (E): Entrance wound "E" in the left lower chest is centered 52-1/2 inches from the soles of the feet and 5-7/8 inches circumferentially left of the anterior midline. The wound is located 3-1/2 inches below and 1 inch lateral to the left nipple. The 5/16 x 5/16 inch central defect has an eccentric abrasion rim measuring 1/4 inches in width superiorly and less than 1/16 inches in width inferiorly. A faint, discontinuous abrasion extends up to 1 inch superior to the edge of the defect. No soot or stippling is appreciated.
B. EXIT (8): The wound does not exit.
C. RECOVERY (8): See 5 above.
D. DIRECTION (8): With the body in the standard anatomic position, the bullet passes through the torso from front to back and downward.
E. PATH (8) (also see 6 above): The bullet passes through and fractures the anterior lateral left 8th rib depositing a small amount of black fabric in the bone. It passes through the anterolateral edge of the left diaphragm without entering the pleural cavity and enters the left side of the abdomen where it disrupts the splenic flexure of the colon. At this point the

path cannot be differentiated from the other wounds through the left side of the abdomen.

9. PENETRATING GUNSHOT WOUND OF RIGHT SHOULDER AND SIDE OF TORSO:
   A. ENTRANCE (I): Entrance wound "I" in the posterior right shoulder is centered 62-1/2 inches from the soles of the feet and 6 inches circumferentially right of the posterior midline. The 5/16 x 5/16 inch round defect shows slight abrasion of its smooth edges but no soot or stippling.
   B. EXIT (9): The wound does not exit.
   C. RECOVERY (9): A moderately deformed, large, copper jacketed bullet is recovered in the superficial subcutaneous muscle of the right lateral chest 51 inches from the soles of the feet and 9 inches circumferentially right of the anterior midline.
   D. DIRECTION (9): With the body in the standard anatomic position, the bullet passes through the right shoulder and side downward, back to front and slightly left to right.
   E. PATH (9): The bullet perforates the musculature of the back of the right shoulder and fractures the lateral right scapula. It continues in the soft tissues of the right side of the chest to the recovery site described above without ever entering the right pleural cavity.
10. SUPERFICIAL PERFORATING GUNSHOT WOUND OF LEFT ANTERIOR CHEST:
   A. ENTRANCE (A): Entrance wound "A" in the left upper chest is centered 61-1/2 inches from the soles of the feet and 5-1/4 inches circumferentially left of the anterior midline. The wound is located 5-1/2 inches above and 3/4 inches lateral to the left nipple. It consists of a 5/16 x 1/2 inch oval defect with slightly irregular edges and an eccentric abrasion rim measuring 5/16 inches in width superiorly and 1/16 - 1/8 inches in width along the other edges. No soot or stippling is appreciated.
   B. EXIT (B): Exit wound "B" in the left upper chest is centered 58 inches from the soles of the feet and 4-1/4 inches circumferentially left of the anterior midline. The wound is located 2 inches above and 1/4 inches medial to the left nipple. It consists of a 1/4 x 3/8 inch somewhat oval defect with very ragged edges but especially along the lower edge but no true abrasions.
   C. RECOVERY (10): No bullet or bullet fragments are recovered.
   D. DIRECTION (10): The direction of the bullet path through the superficial tissues of the anterior left chest with the body in the standard anatomic position is downward and slightly left to right.
   E. PATH (10): The bullet passes just beneath the skin of the anterior chest wall without significantly entering the muscle and with almost no associated hemorrhage.

PERFORATING GUNSHOT WOUNDS OF RIGHT ARM AND HAND:

1. PERFORATING GUNSHOT WOUND OF RIGHT UPPER ARM:
   A. ENTRANCE WOUND "N": Entrance wound "N" in the posterior right upper arm is located 7 inches from the top of the shoulder. The 5/16 x 5/16 inch round defect has a very narrow abrasion rim but no appreciable soot or stippling.
   B. EXIT WOUND "O": Exit wound "O" in the anteromedial right upper arm is located 10-1/2 inches from the top of the shoulder. The 5/8 x 3/8 inch irregular defect has very ragged edges and shows no marginal abrasion.
   C. RECOVERY: A very small fragment of copper jacket is recovered along the path of the

gunshot wound.

D. DIRECTION: With the body and arm in the standard anatomic position, the bullet passes through the right upper arm from back to front, downward (proximal to distal) and slightly right to left (lateral to medial).

E. PATH: The bullet passes through the well developed musculature of the posterior and medial upper arm passing between the intact right brachial artery and the shaft of the humerus which shows no defects or fractures. There is considerable hemorrhage along the path.

2. PERFORATING GUNSHOT WOUND OF RIGHT HAND:

A. ENTRANCE: A 7/8 x 3/8 inch stellate defect in the radial/palmer aspect of the proximal phalanx of the right thumb is located 4 inches distal to the right wrist. Although the defect shows no appreciable abrasion, it appears to represent the entrance wound. No soot or stippling is appreciated.

B. EXIT: A 3/8 x 1/4 inch crescent shaped defect in the dorsum of the right hand is located 1 inch distal to the wrist and shows no marginal abrasion. A 1/16 x 1/16 inch nonabraded skin defect is located 1/4 inch ulnar to the main defect.

C. RECOVERY: No bullet or bullet fragments are recovered.

D. DIRECTION: The bullet passes through the hand generally from the palmer to the dorsal surface, radial to ulnar and distal to proximal with the thumb adducted toward the palm.

E. PATH: The bullet passes beneath the palmar aspect of the thumb and deep to the web space between the thumb and index finger where a 1-1/2 inch long tear in the skin running along the web space between the thumb and index finger is open to the wound path. There are palpable fractures of the second metacarpal bone and perhaps some of the distal carpal bones.

ABRASIONS AND "GUNSHOT "GRAZE" WOUNDS:

1. On the right lower anterior chest just inferior to gunshot entrance wound "F" is a 4-3/4 inch long by 3/16 - 7/16 inch wide obliquely oriented linear abrasion consistent with a graze gunshot wound. The wound is oriented with its medial end superior to its lateral inferior end. It extends from 51 inches from the soles of the feet and 3 inches right of the anterior midline to 48-1/2 inches from the soles of the feet and 6-3/4 inches right of the anterior midline. It is somewhat redder, deeper and broader medially (left) and superiorly, but the direction cannot be definitively determined.
2. On the left anterolateral chest is a 7/8 x 1/4 inch nearly vertically oriented red abrasion with dried dark red edges. This wound is consistent with a graze gunshot wound and is located 2-1/2 inches lateral to the left nipple and extends from the level of the left nipple to 3/4 inch above.
3. Along the superior aspect of the posterior right shoulder is a nearly sagittally oriented 1-1/4 x 1/5 inch oval dried red abrasion consistent with a graze gunshot wound. The direction cannot be determined.
4. On the left lower chest is a 3/8 x 1/4 inch dark red abrasion which could represent a gunshot graze wound. The wound is located over the costal margin just superior and left of gunshot entrance G and is centered 51 inches from the sole of the feet and 1 inch left of the anterior

midline.

5. On the anterior right upper arm 7 inches distal to the top of the shoulder are three dried red abrasions within a 1-1/4 x 3/8 inch region and measuring 1/2, 3/8 and 1/8 inches in individual greatest dimension. The arm can be easily positioned in such a way that these wounds are in close proximity to gunshot exit wound "C".
6. On the ventral right forearm 4 inches distal to the antecubital fossa is a 3/4 x 1/2 inch abrasion consisting of the outline of a triangle. Adjacent to this on the radial right forearm is a 3/4 x 3/8 inch oblique dried red oval abrasion which is slightly discontinuous along its dorsal edge.

LACERATIONS OF RIGHT HAND AND LEFT WRIST:

1. On the radial aspect of the proximal phalanx of the right little finger is a 3/4 x 1/8 inch irregular transversely oriented laceration which extends slightly onto the palmar aspect of the finger.
2. On the dorsal radial wrist is an obliquely oriented 2 inch curvilinear laceration with up to 3/4 inch undermining of the skin along the concave proximal edge. The wound is oriented with its ulnar end more distal than its radial end. The underlying fat is exposed through this wound, but no tendons are injured.

INTERNAL EXAMINATION

BODY CAVITIES: The body is opened in the usual Y-shaped fashion through an thick muscular layer and less than a 1 cm thick layer of subcutaneous fat. The right and left pleural cavities contain 1200 and 900 cc of slightly clotted blood. The perforated and lacerated pericardial sac contains an additional 50 cc of clotted blood. The left upper quadrant of the abdomen contains a large amount of liquid brown fecal material, which is mixed with blood and spread throughout the abdominal cavity. Approximately 100 cc of blood is collected in the pelvis. The pleural, pericardial and peritoneal surfaces show multiple perforations along the path of the gunshot wounds but are generally smooth and glistening without evidence of adhesion formation. The apex of the pericardium is torn. The diaphragms are multiply perforated. The organs are normally located and multiply perforated by the gunshot wounds as described above. Many of the intra-abdominal organs show maroon discoloration as a result of blood and fecal staining with early autolysis. No blood can be recovered from the traumatized heart. The amount of blood in the peripheral leg veins is not significantly reduced.

CARDIOVASCULAR SYSTEM: The empty heart weighs 480 grams. The epicardium shows the perforations at the apex but is otherwise intact, smooth and glistening with minimal fat. The coronary arteries follow their usual distribution and show no appreciable atherosclerosis. The endocardium shows the defect at the apex of the heart along the path of the gunshot wound but is otherwise intact, smooth and glistening. The valves are of normal number, intact and free of vegetations. The leaflets are thin and pliable. Sections through the myocardium reveal uniform, red parenchyma with very focal hemorrhage associated with the gunshot wound at the apex of the left ventricle. There is no fibrosis or hyperemia. The right ventricular wall measures 0.4 cm in thickness. The left ventricular free wall and septum measure 1.8 cm in thickness.

The aorta follows its usual course. The intima shows mild fatty streaking, a ragged, irregular defect of its ascending portion and of the arch around the origin of the right brachycephalic artery and a near

transection by two perforating defects just above the level of the origin of the renal arteries. The adjacent inferior vena cava also shows a small defect.

RESPIRATORY SYSTEM: The right and left lungs weigh are collapsed and weight 300 and 280 grams, respectively. The pleural surfaces show multiple defects from the gunshot wounds which perforate each of the five lobes at least once. There is minimal anthracotic pigmentation. Cut sections reveal tan to maroon parenchyma with focal hemorrhage around the paths of the gunshot wounds and small amounts of peripheral blood aspiration in the right upper and middle lobes. There is no focal consolidation or gross enlargement of airspaces. The cut surfaces exude no significant fluid. The proximal pulmonary arteries and bronchi are unobstructed. The proximal bronchi contain very bloody mucus.

HEPATOBILIARY SYSTEM: The multiply perforated liver weighs 2070 grams. Away from the multiple perforations and associated disruption, the capsule is smooth and glistening. Cut sections reveal disruption with focal hemorrhage along the paths of the gunshot wounds. The more intact areas show uniform, red-tan parenchyma without changes in consistency or mass lesions.

The intact gallbladder contains 6 cc of thick but still liquid, dark green bile without stones. The superior portion of the bladder and cystic duct have been partially avulsed from the liver along the path of the gunshot wound(s) through the porta hepatis.
The pancreas has its expected size and shape. Cut sections reveal autolyzed, red-tan, lobulated parenchyma without focal fibrosis, calcification or hemorrhage.

SPLEEN AND LYMPH NODES: The traumatized spleen weighs 130 grams. The capsule is generally smooth and translucent except for the large defect along the anterior lateral aspect. Sections away from this acute trauma show uniform, soft, red parenchyma without focal lesions.
The lymph nodes of the neck, chest and abdomen are not appreciably enlarged. Sections through the thymus show a large amount of hemorrhage.

ENDOCRINE SYSTEM: The thyroid gland is not enlarged, and the lobes are roughly symmetric. Cut sections reveal red parenchyma without nodularity.

The adrenal glands have their expected size and shape. Cut sections reveal intact, thin, bright yellow cortices surrounding brown medullas.

GASTROINTESTINAL SYSTEM: The esophagus shows paired 1/4 inch perforations along the path of a gunshot wound. The stomach contains scant brown material without recognizable food or medications. The gastric mucosa shows two small and one large full-thickness perforation of the antrum. The gastric mucosa is otherwise intact and unremarkable. The duodenum is perforated both proximally and in its distal portion. The mucosa is otherwise intact and unremarkable. The jejunum shows multiple perforations both of its wall and its mesentery in the portion on the left side of the abdomen. The splenic flexure of the large intestine is extensively disrupted along the path of gunshot wounds. The remainder of the small and large intestines are unremarkable to external inspection and palpation. The appendix is present.

GENITOURINARY SYSTEM: The right and left kidneys each weigh 200 grams. They have their usual shape and position. The posterior left kidney shows a deep defect along the path of the gunshot wound. Removal of the capsules otherwise show smooth, glistening cortical surfaces. Cut sections show the trauma to the left kidney which extends up to but not into the intact pelvis. They otherwise show unremarkable corticomedullary architecture. The urinary pelves are not dilated. The ureters are intact, of normal caliber and follow the usual course to the urinary bladder which contains 100 cc of blood-tinged urine. The bladder mucosa is intact and unremarkable.

The prostate gland is not enlarged and is unremarkable on cut section. The testes are palpably unremarkable to external palpation.

NECK: The neck organs are removed en bloc with the tongue. There is a small amount of hemorrhages at the base of the neck extending up from the mediastinal hemorrhage associated with the perforation of the aortic arch. Otherwise, there are no hemorrhages in the tongue, strap muscles, thyroid or pharyngeal constrictors. The cartilaginous and bony structures of the larynx and the fully ossified hyoid bone are intact and free of hemorrhage. The mid trachea shows paired 1/4 inch perforations on the left posterior edge of the tracheal cartilage and through the anterior cartilage just right of the midline. The trachea contains the tip of the endotracheal tube and abundant but not occlusive bloody mucus distal to the gunshot wound perforations. There is no palpable crepitus or displacement of the cervical vertebrae, and no hemorrhage in the prevertebral fascia.

MUSCULOSKELETAL SYSTEM: The musculoskeletal system is well developed. The musculature is particularly well developed. Multiple rib fractures as well as a depressed fracture and a perforation of the left iliac wing are appreciated along the paths of the gunshot wounds. No other fractures are identified. The ribs are not brittle.

HEAD: Reflection of the scalp reveals no hemorrhages. The calvarium is intact. There is no epidural or subdural hemorrhage. Removal of the dura from the base of the skull reveals no fractures.

CENTRAL NERVOUS SYSTEM: The unfixed brain weighs 1420 grams. The leptomeninges are thin and translucent without underlying blood or exudate. Examination of the cerebral convexities reveals mild pallor and slight fullness of the gyri, but no significant edema, asymmetries, focal softening or hemorrhage. There are no contusions of the frontal poles, temporal poles, orbital surfaces or opercular regions. Examination of the base of the brain shows no evidence of uncal or cerebellar tonsillar herniation. The circle of Willis is normally formed and free of appreciable atherosclerosis or aneurysms.

Coronal sections through the cerebral hemispheres show an unremarkable cortical ribbon which is well demarcated from the underlying white matter. The ventricles are not enlarged and have a smooth, glistening lining. The basal ganglia, thalami and hippocampi are symmetric and grossly unremarkable. The substantia nigra is well pigmented.

SPECIMENS RETAINED

TOXICOLOGY: Samples of right chest blood, peripheral blood, vitreous, urine and liver are retained.

HISTOLOGY: Sections of heart, lung and liver are submitted for histology. Representative sections of all major organs are retained in formalin as well as the portions of the trachea, aortic arch, abdominal aorta, spleen, kidney and apex of the heart injured by the gunshot wounds.

PHOTOGRAPHS: An identification Polaroid photograph is taken. 35 mm photographs are taken of the anteriorly located gunshot wounds and Polaroid photographs are taken of the posteriorly located gunshot wounds. Numerous external photographs are taken by the law enforcement personnel attending the autopsy.

X-RAYS: An AP x-ray of the head shows no projectiles. Two AP x-rays of the chest taken prior to autopsy show the six of the seven complete bullets and the one separated and fragmented bullet recovered above as well as multiple small fragments. Additional AP x-rays taken of both shoulders and the left side of the abdomen and pelvis during the course of the autopsy show small fragments in the shoulders and two bullets in the left lower abdomen, only one of which is seen on the previous x-rays.

MICROSCOPIC EXAMINATION

HEART: A section of left ventricle shows mild perivascular fibrosis.

LUNG: Small sections from each of the five lobes show large areas of atelectasis and multifocal hemorrhages.

LIVER: A section shows two adjacent minute collections of what appear to be degenerating inflammatory cells. One is in a portal area. In general the section shows no significant histopathology.

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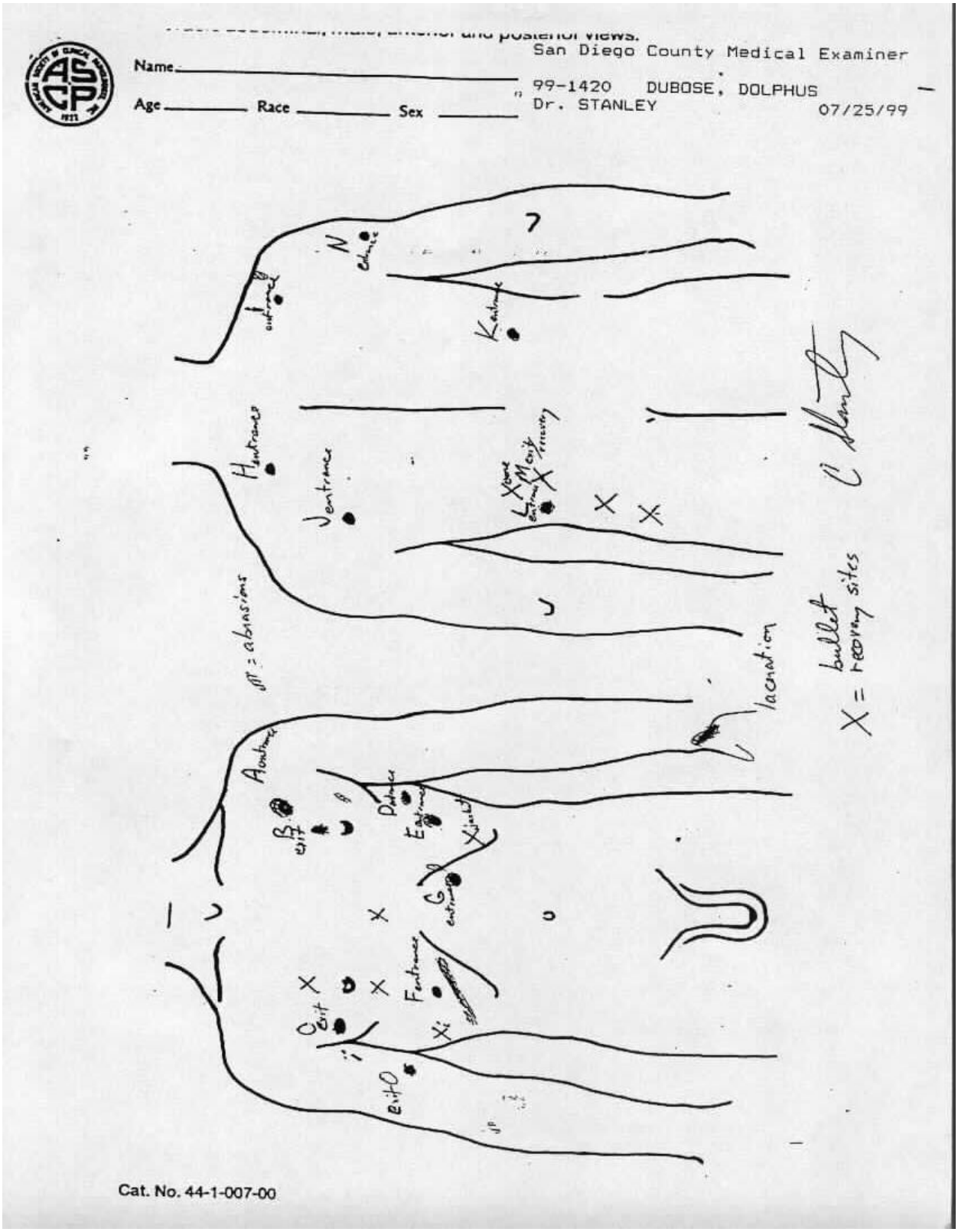
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Dr. STANLEY
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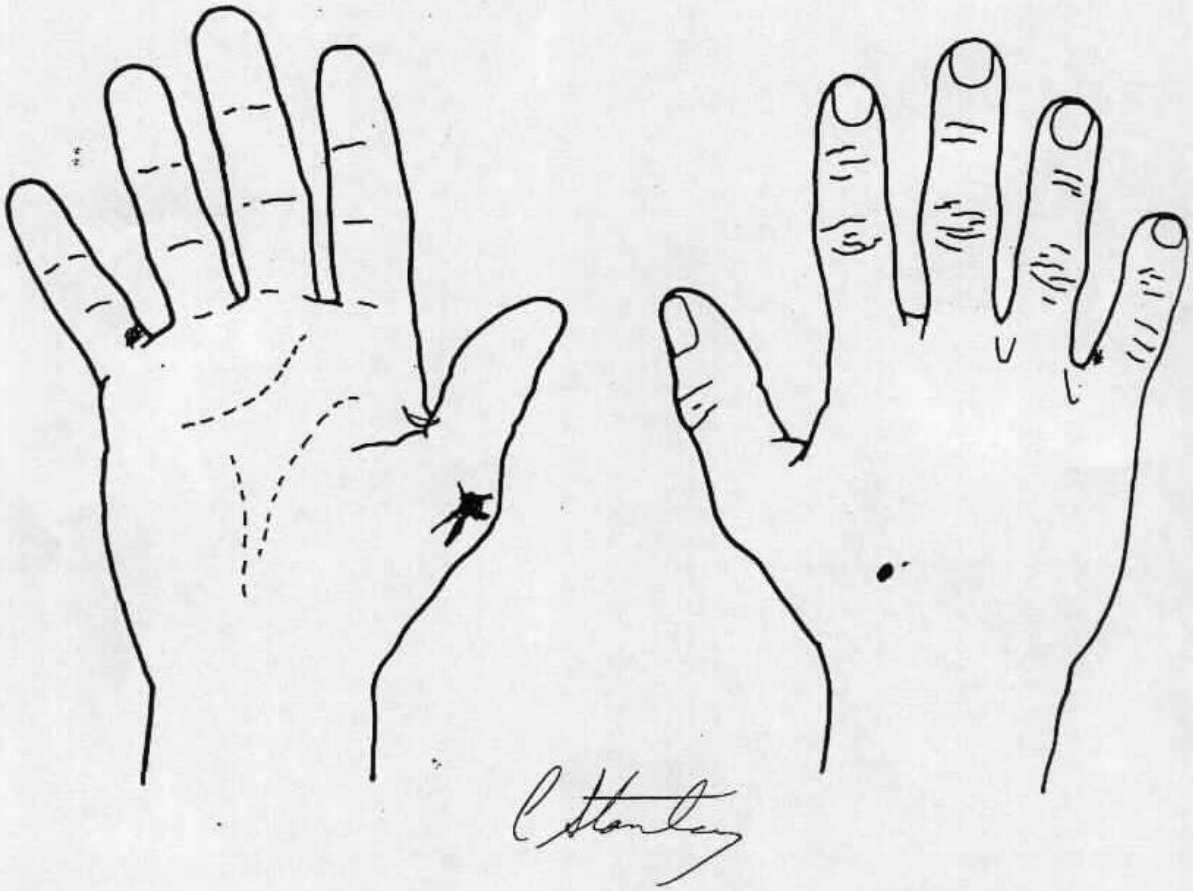
Right Hand



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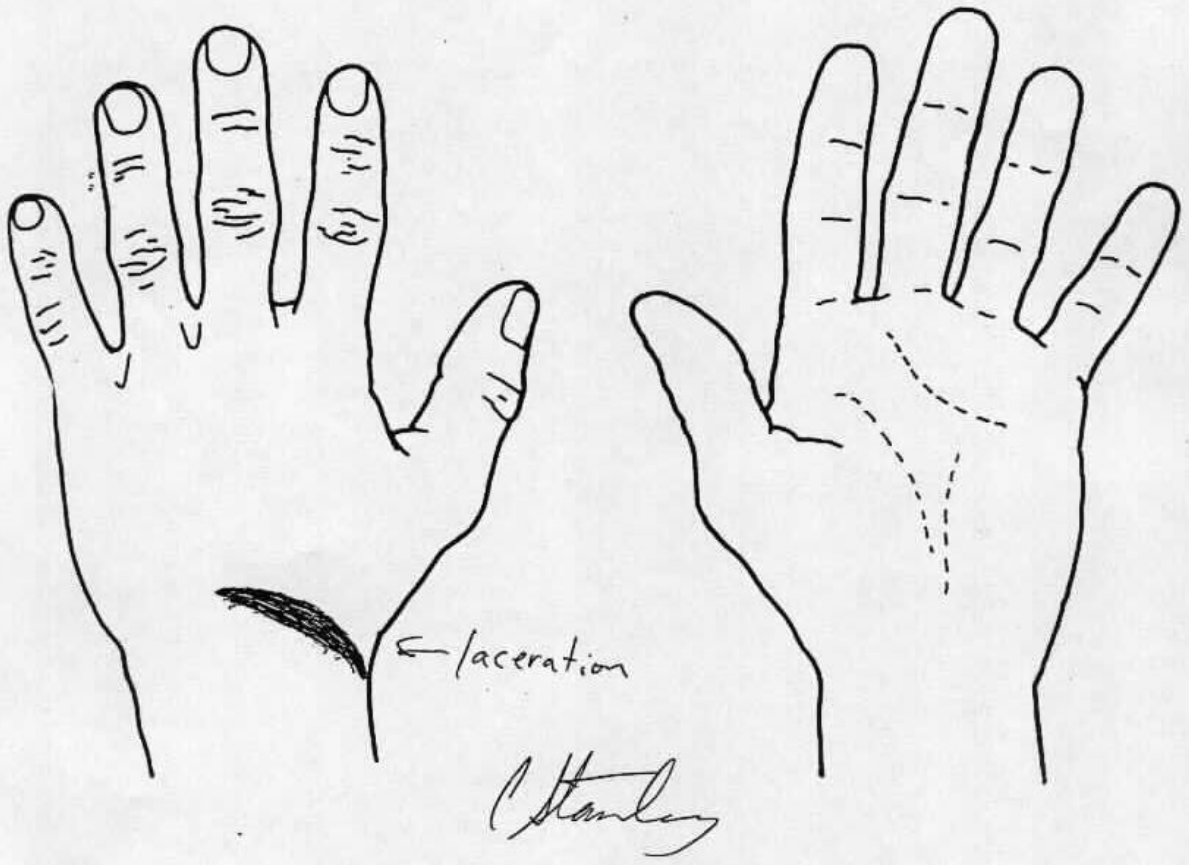
Left Hand



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