**OFFICE OF THE MEDICAL EXAMINER**
**DISTRICT NINE**
**2350 E. Michigan Street**
**Orlando, Florida 32806-4939**

# REPORT OF AUTOPSY

**DECEDENT:** ANTONIO BROWN **CASE NUMBER:** ME 2016-000927

**MANNER OF DEATH:** Homicide **IDENTIFIED BY:** Photo ID

**AGE:** 30 years **SEX:** Male
**RACE:** Black **DATE OF DEATH:** June 12, 2016

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**DATE/TIME OF AUTOPSY:** June 13, 2016 at 8:15 am

**PERFORMED BY:** Russell S. Vega, M.D., Associated Medical Examiner
(District 12 providing cross coverage)

**REVIEWED BY:** Joshua D. Stephany, MD, Chief Medical Examiner

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**CAUSE OF DEATH:** Gunshot wound of right arm and chest

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## AUTOPSY FINDINGS

I. Gunshot wound of torso, traversing right arm:
   - A. Perforation of spine and spinal cord
   - B. Perforation of right lung
   - C. Right hemothorax
   - D. Exit and re-entry, right axilla
   - E. Exit, right lateral arm

continued...

**TOXICOLOGY ANALYSIS:** See laboratory report.

**CONCLUSION:** In consideration of the circumstances surrounding the death, and after examination of the body, and review of the available investigative records, it is my opinion that the death of Antonio Brown, a 30 year old man, is due to a gunshot wound of the right arm and chest.

The manner of death is homicide.

## POSTMORTEM EXAMINATION
## OF THE BODY OF ANTONIO BROWN

A postmortem examination of the body of a black man identified as Antonio Brown is performed pursuant to Florida Statute 406.11 by Russell S. Vega, MD, Associate Medical Examiner, (District 12 providing cross coverage) at the Orange County Medical Examiner facility, Orlando, Florida on June 13, 2016 at 8:15 am.

**IDENTIFICATION**: The body of Antonio Brown is identified by his military ID #1276891056. The identification is made by Florida Department of Law Enforcement Special Agent Walsh on June 12, 2016 at 7:45 pm.

**CLOTHING AND VALUABLES:** The clothing consists of dark blue boxer briefs, a blue T-shirt, blue jeans, a black leather belt, ankle height black socks, and grey leather athletic shoes. Present in the ears are two grey metal clear stone earrings, one in each earlobe. Personal effects received separately from the body include a wallet, with multiple cards including a military, US Army identification card, and currency totaling $399 US dollars. Also included is a black cellular telephone. The clothing has moderate blood staining. Perforations are consistent with those identified on the body from gunshot wound injuries.

## EXTERNAL EXAMINATION

The body is that of a 71 inch in length, 200 pound, normally developed black man with general appearance consistent with the recorded age of 30 years. The body is cool to touch due to refrigeration. Rigor mortis appears strongly developed, though broken, in the musculature of the right upper extremity, and perhaps the neck. Lividity appears mild in this dark-skinned individual, and is probably fixed in position.

The scalp hair is black, tightly curly, and approximately ¼ inch in maximal length. The irides are brown. The conjunctivae are livid, with rare petechiae in the palpebral conjunctiva of the left eye. The teeth are natural and in a good state of repair. The face is clean shaven. The neck has no unusual marks. The chest is symmetric and remarkable for injury associated findings described below.

The abdomen is flat. The penis is circumcised. The testes are descended into the scrotum.

The extremities are symmetric. The legs have no pitting edema, ulcers, or other focal changes. The back is remarkable for injuries as described below. The anus appears unremarkable.

**IDENTIFYING MARKS AND SCARS:** A short obliquely oriented scar is on the medial aspect of the right knee. No other scars are appreciable, nor are there tattoos or other specific identifying marks. The body has no injuries except those described below.

A small non-discolored indention is present over the lower aspect of the forehead just above the left eyebrow; this appears to be a postmortem pressure mark.

## EVIDENCE OF INJURY

### GUNSHOT WOUND OF TORSO, TRAVERSING RIGHT ARM:

1. The entrance wound is located over the middle aspect of the back, 49 and ¾ inches superior to the soul of the left foot, and 1 ¾ inches to the left side of the midline. The wound comprises a slightly irregular 3/16 inch in greatest dimension roughly circular perforation. The perforation has a surrounding zone of flame-shaped abrasion, 3/16 inch in its greatest width, and centered about the 8 o'clock margin of the wound. The wound has no associated stippling or soot fouling. There is modest central tissue deficit associated.

2. The wound track traverses the skin of the back, perforating the erector spinae, and lower trapezius musculature. The wound track then perforates both the tenth and ninth thoracic vertebrae, traversing the spinal canal posteriorly, and partially perforating the spinal cord. The wound track then continues through the right pleural cavity, perforating the right lower and middle lobes of the lung. The wound track then exits the right pleural cavity through the lateral third intercostal space. The wound track then traverses a short track of axillary fat, and exits the torso.

3. The exit wound of the torso is located near the medial apex of the axilla, 59 inches superior to the soul of the right foot. The wound comprises a ¾ inch in length, slit-like perforation without associated abrasion.

4. After exiting the right medial axilla, the wound track causes reentry into the upper medial aspect of the right arm. This right arm wound is at the same height as the axillary exit wound. The wound comprises a 5/8 inch in length, 1/8

inch in width, irregular perforation with slightly ragged and irregular abrasion margin. The wound track then continues to the anterior soft tissue and musculature of the proximal right arm, passing anterior to the humerus and avoiding any of the major neurovascular structures. The wound track then exits the body.

5. The exit wound of the body is located over the mid lateral portion of the upper left arm, 1 inch anterior to the coronal midline and 56 ½ inches superior to the soul of the right foot. The wound comprises a ¼ x 1/8 in length oblong perforation that is oriented from 11 o'clock to 5 o'clock. The wound has a somewhat irregular 1/16 inch in width marginal abrasion that extends from the 5 o'clock margin to the 11 o'clock margin in a clockwise direction. The wound has no associated soot fouling or stippling.

6. Associated with the above wound track is perforation and contusion of the spinal cord at approximately the T10 level. The perforation of lung and tracking through the right pleural cavity results in hemothorax, with 1500 mL of liquid and clotted blood within the right pleural space. Modest soft tissue hemorrhage accompanies the track through the axillary fat and the anterior arm musculature.

7. The wound track is, with reference to the standard anatomic position, from left to right, from inferior to superior, and slightly from posterior to anterior.

**ADDITIONAL INJURIES:**

1. A ½ inch in length irregular pink abrasion is over the medial aspect of the left elbow. Two short scratches, the longest of which is 5/8 inch in length, and which are parallel, are over the mid posterior portion of the left arm. A V-shaped, 1 x 5/8 inch in greatest dimension abraded contusion is over the upper lateral aspect of the left side of the back, somewhat superior and lateral to the previously described gunshot entrance wound.

2. A cluster of punctate ecchymoses, 8 x 2 ½ inches in greatest dimension, is over the right upper aspect of the chest and right clavicular region; this may represent postmortem artifact, as from lividity, or maybe subtly associated with previously described gunshot wounds.

## INTERNAL EXAMINATION

**HEAD:** The scalp has no injuries. The skull has no fractures. No epidural or subdural blood accumulations are evident. The leptomeninges are thin and delicate, without hemorrhage or exudate. The cranial nerves and cerebral arteries are unremarkable. The brain weighs 1560 grams. The cerebral surfaces have the usual gyral pattern. The external and cut surfaces of the brain have no evidence of injury or natural disease.

**NECK:** The cervical spine, larynx, hyoid bone and strap muscles of the neck have no injuries. The upper airways are lined by thin mucosa, without lesions or obstructions. The tongue has no injuries.

**BODY CAVITIES:** The pneumothorax test is negative bilaterally. The pleural, pericardial, and peritoneal cavities have no adhesions, nor do they have blood or fluid accumulations, except as specifically described above. The organs are normally situated, mildly pale, and have no unusual odors.

**CARDIOVASCULAR SYSTEM:** The great vessels and chambers of the heart are moderately underfilled containing dark red liquid blood. The great vessels arise normally, follow the usual courses, and have no thrombi or emboli. The aorta has no atherosclerosis, aneurysm, or dissection.

The heart weighs 400 grams. The epicardial and pericardial surfaces are smooth and glistening. The coronary arteries arise normally and follow a right dominant distribution: they have no atherosclerosis, thrombosis, or other cause of luminal compromise. The myocardial cut surfaces are brown, without evidence of recent or remote infarction or other focal changes. The cardiac chambers appear mildly dilated. The endocardium is thin. The cardiac valves are normally formed with thin and compliant cusps and leaflets that have no lesions. The coronary ostia are normally situated and are patent.

**LUNGS:** The right lung weighs 280 grams; the left lung weighs 290 grams. The pleural surfaces are smooth with minimal anthracosis. The cut surfaces are red-pink, and remarkable for gunshot perforations as described above. No emphysematous changes or tumor nodules are present. The pulmonary arterial branches have no thromboemboli. The tracheobronchial tree is patent without lesions or obstructions.

**LIVER, GALLBLADDER, AND PANCREAS:**

The liver weighs 1410 grams. The capsule is smooth and thin. The cut surfaces are brown and without nodules or cirrhosis. No gallstones are appreciable. The pancreas has lobulated tan parenchyma without nodules, hemorrhage, or fibrosis.

**HEMIC AND LYMPHATIC:** The spleen weighs 120 grams. The capsule is smooth and thin. The cut surfaces are red and somewhat soft, without nodules. The lymph nodes appear inconspicuous throughout. The exposed bone marrow is red. The thymus is unremarkable.

**DIGESTIVE:** The stomach contains 150 mL of mucoid thick green-brown partially digested food, including normally masticated small, non-specified food fragments. No medicaments are identified. The gastrointestinal tract has no evidence of obstruction, nor are there tumors or other intestinal lesions evident by in situ examination.

**GENITOURINARY:** The right kidney weighs 120 grams; the left kidney weighs 130 grams. The capsules strip with ease from underlying smooth cortical surfaces. The cut surfaces are pink-brown and have usual corticomedullary architecture without nodules, scars, or cysts. The calices, pelves, and ureters are not dilated and have no stones. The bladder contains a moderate volume of clear pale urine and is lined smooth mucosa. The prostate gland does not appear enlarged has homogeneous tan-white cut surfaces. The testes have no palpable nodules.

**ENDOCRINE:** The pituitary does not appear enlarged. The thyroid gland has brown parenchyma without cysts or nodules. The adrenal glands have yellow cortices and brown medullae without nodules.

**MUSCULOSKELETAL:** The ribs, spine, clavicles, and pelvis have no recent or healed visible or palpable fractures, except as described above. The supporting musculature and soft tissues are remarkable only as described.

RSV/crg

Wuesthoff REFERENCE LABORATORY

**Wuesthoff Reference Laboratory**
6800 Spyglass Court
Melbourne, Florida 32940
**Julie Bell, M.D., Laboratory Director**

**Patient: BROWN, ANTONIO** Age: **29** Sex: **M**
**Client Patient ID: 9-16-927** Account#: VX82952
Physician: VEGA, RUSSELL Client: DISTRICT 9 MEDICAL EXAMINER MISC

## TOXICOLOGY

Specimen Collected :06/13/2016 Lab Order No: 661401241 Reg Date: 06/14/16

| Test Name | Result | Units | Cutoff/Reporting Limits |
|---|---|---|---|
| *VOLATILE PANEL - VOLP* | | | |
| SPECIMEN TYPE | | | |
| **PERIPHERAL BLOOD** | | | |
| ETHANOL | NONE DETECTED | g/dL | 0.010 |
| ACETONE | NONE DETECTED | mg/dL | 7.5 |
| METHANOL | NONE DETECTED | mg/dL | 15.0 |
| ISOPROPANOL | NONE DETECTED | mg/dL | 15.0 |
| **Analysis by Gas Chromatography (GC) Headspace Injection** | | | |
| *BLOOD DRUG SCREEN - BDSME* | | | |
| SPECIMEN TYPE | | | |
| **HEART BLOOD** | | | |
| GC/MS | | | |
| **PHENACETIN, CAFFEINE** | | | |
| LC/MS/MS | | | |
| **LC/MS/MS WAS PERFORMED ON PERIPHERAL BLOOD** | | | |
| **CAFFEINE, CAFFEINE METABOLITE** | | | |
| *BLOOD IMMUNOASSAY SCREEN* | | | |
| SPECIMEN TYPE | | | |
| **PERIPHERAL BLOOD** | | | |
| AMPHETAMINES | NEGATIVE | mg/L | 0.100 |
| BARBITURATES | NEGATIVE | mg/L | 0.100 |
| BENZODIAZEPINES | NEGATIVE | mg/L | 0.050 |
| BUPRENORPHINE | NEGATIVE | mg/L | 0.001 |
| CANNABINOIDS | NEGATIVE | mg/L | 0.050 |
| COCAINE METABOLITE | NEGATIVE | mg/L | 0.100 |
| FENTANYL | NEGATIVE | mg/L | 0.001 |
| OPIATES | NEGATIVE | mg/L | 0.050 |
| SALICYLATES | NEGATIVE | mg/L | 50.0 |

7/20/16

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6800 Spyglass Court
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**Julie Bell, M.D., Laboratory Director**

**Patient: BROWN, ANTONIO** Age: **29** Sex: **M**
**Client Patient ID: 9-16-927** Account#: VX82952
Physician: VEGA, RUSSELL Client: DISTRICT 9 MEDICAL EXAMINER MISC

7/22/16

Specimens were intact upon receipt. Chain of custody, specimen security and integrity has been mantained. Testing has been performed as requested

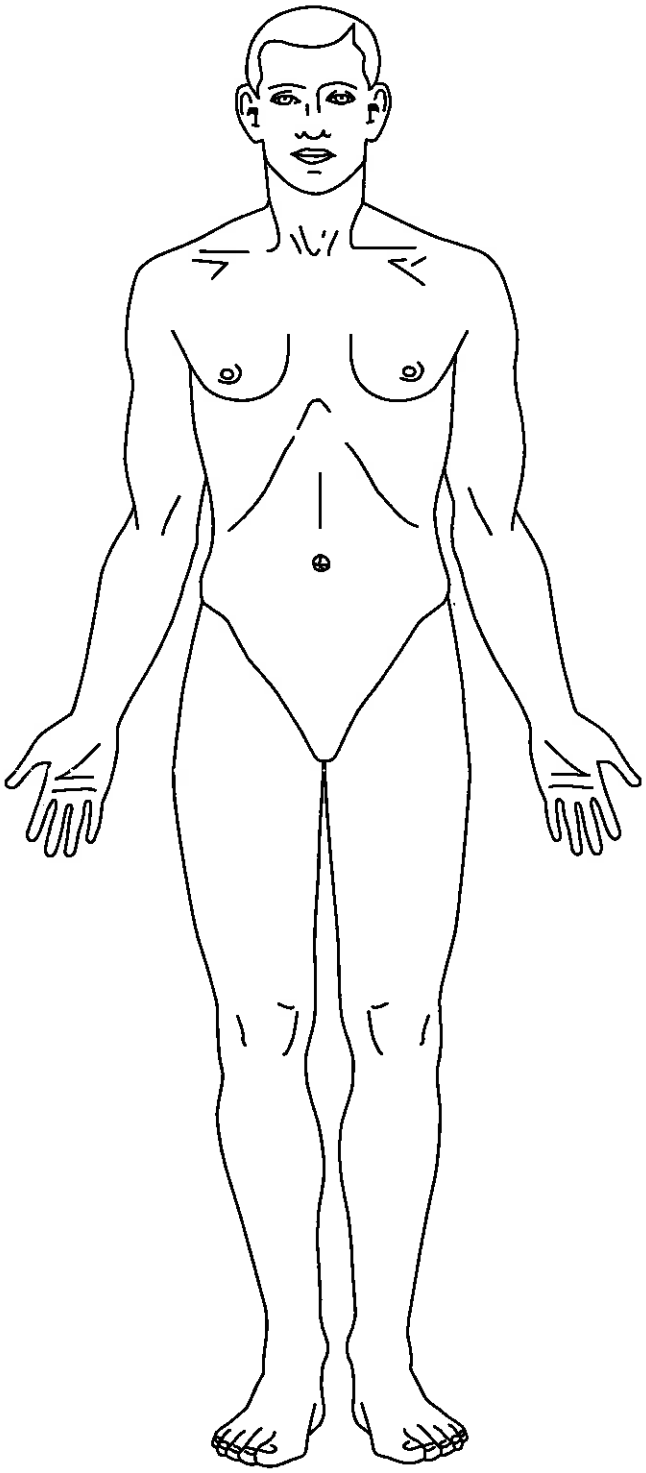
Reviewed by: _____ Date: 7/20/16

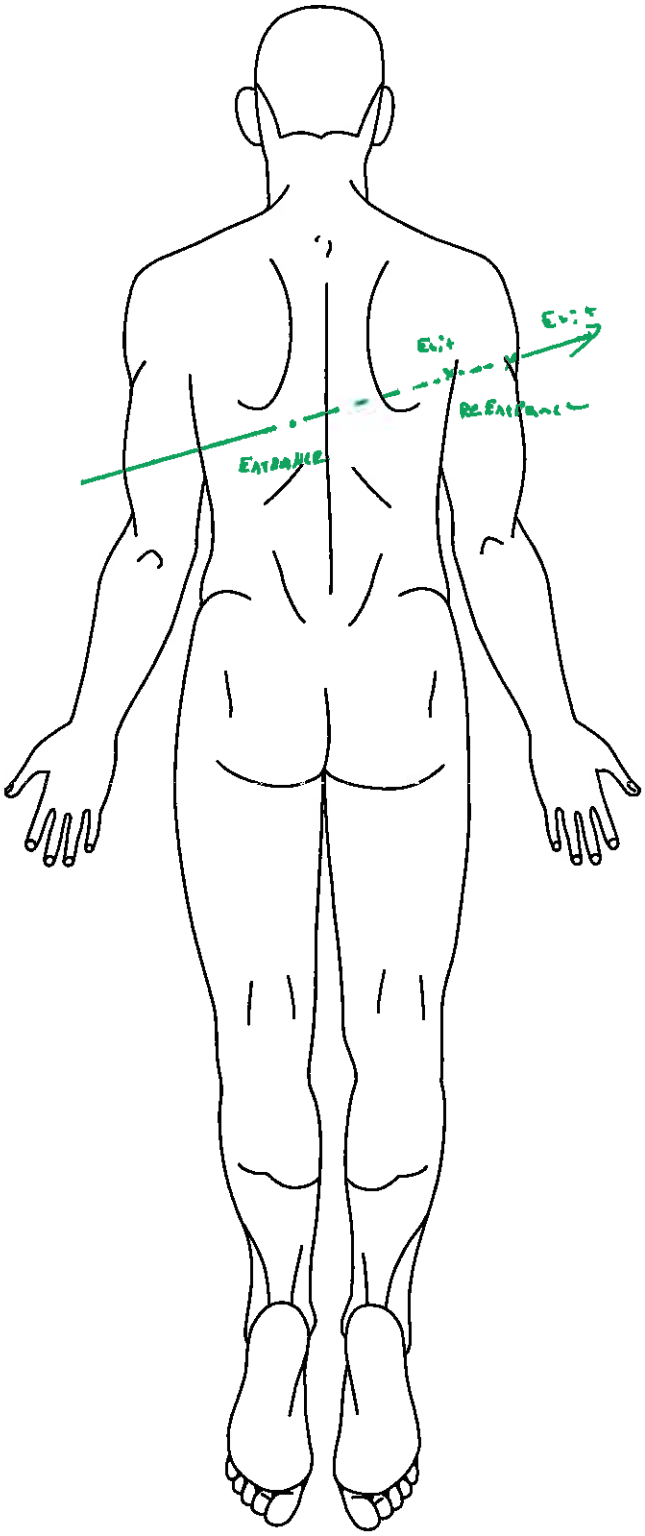
**FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE**

ME Case Number:_____ ME16-00927

Brown, Antonio

30 Years - M 6/12/2016






15-225 (8/11)

CLASSIFICATION PENDING