

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

REPORT OF AUTOPSY

DECEDENT: CHRISTOPHER A. LEINONEN

CASE NUMBER: ME 2016 – 000956

MANNER OF DEATH: Homicide

IDENTIFIED BY: Photo ID

AGE: 32 years

SEX: Male

RACE: White

DATE OF DEATH: June 12, 2016

DATE/TIME OF AUTOPSY: June 14, 2016 @ 8:45 a.m.

 *D.O. 05 Aug 16*
PERFORMED BY: Sara H. Zydowicz, DO, Associate Medical Examiner

CAUSE OF DEATH: Multiple gunshot wounds

AUTOPSY FINDINGS

- I. Gunshot wounds (5) of torso
 - A. Perforation of right lung
 - B. Perforation of left lung
 - C. Perforation of aorta
 - D. Comminuted fracture of right clavicle
 - E. Comminuted fractures of right ribs 1 through 4
 - F. Perforation of liver
 - G. Perforation of small intestine
 - H. Perforation of stomach
 - I. Perforation of esophagus
 - J. Perforation of trachea
 - K. Perforation of gallbladder

continued...

- L. Bilateral hemopneumothoraces
 - M. All wounds of indeterminate range
 - N. Multiple fragments of projectiles recovered
- II. Gunshot wound of right upper extremity
- A. Comminuted fracture, right radius
 - B. Comminuted fracture, right ulna
 - C. Hemorrhagic wound path
 - D. Indeterminate range
 - E. Fragment of projectile recovered
- III. Gunshot wounds (2) of right lower extremity
- A. Comminuted fracture, right tibia
 - B. Comminuted fracture, left tibia
 - C. Hemorrhagic wound path
 - D. Indeterminate range
 - E. Fragment of projectile recovered
- IV. Gunshot wound of left lower extremity
- A. Hemorrhagic wound path
 - B. Indeterminate range
- V. Acute intoxication by ethyl alcohol

TOXICOLOGY ANALYSIS: See laboratory report.

CONCLUSION: In consideration of the circumstances surrounding the death, and after examination of the body, it is my opinion that Christopher A. Leinonen, a 32 year old man, died as the result of multiple gunshot wounds.

The manner of death is classified as homicide.

The autopsy of the body of Christopher A. Leinonen is performed pursuant to Florida Statute 406.11 by Sara H. Zydowicz, DO, Associate Medical Examiner, District Nine at the Orange County Medical Examiner facility, Orlando, Florida on June 14, 2016, at 8:45 a.m.

IDENTIFICATION: The body of Christopher A. Leinonen is identified by FDLE SA Walsh via comparison to the photograph on his Florida driver's license #L555-101-84-201-0. The identification is made to ME Investigator Sundvall on June 13, 2016, at 12:26 a.m., at the District Nine Medical Examiner's Office.

CLOTHING AND VALUABLES: At the time of examination, the body is dressed in a dark blue short-sleeved t-shirt, black jeans worn with a belt, and multicolor undershorts. Striped ankle length socks and athletic style shoes are on the feet. The remaining personal effects are inventoried and personally verified.

GENERAL STATEMENT: The body is that of a well-developed and nourished, adult man, compatible with the above-stated age. At the time of the exam, the body measures 67 inches in length and weighs 160 pounds. Body build is average and slender. The body is cold from refrigeration. Rigor mortis is dissipating. Livor mortis is posterior, fixed, and confined to the back. Fixed lividity also involves portions of the torso anteriorly and the neck and upper chest to the level of the clavicles. The body is neither decomposed nor embalmed.

EXTERNAL EXAMINATION

The scalp hair is brown, has a normal hairline, straight, and measures an estimated 6 cm in maximal length. The irides are brown. The pupils have equal diameters. The corneas are slightly clouded. The conjunctivae are unremarkable, with no hemorrhages. The sclerae are white. The external nares are free of foreign material or abnormal secretions. The nasal skeleton is palpably intact. The lips have no injuries. The oral cavity has natural dentition in a good state of repair. The oral mucosa has no injuries, intact frenula and no petechial hemorrhages in the oral vestibule. It is lined with clear mucus. The external auditory canals are free of foreign material.

The neck is symmetrical and has no palpable masses or external injuries.

The thorax is well-developed and symmetrical and is remarkable for injuries, as described below. The abdomen is scaphoid and soft, with no palpable masses.

The external genitalia are those of a normally developed, adult circumcised man without injuries. The testes are descended into the scrotal sac and palpably unremarkable.

The lower extremities have no non-traumatic abnormalities. They have extensive injuries, as detailed below. The arms, forearms, wrists and hands have no non-traumatic abnormalities. The fingernails are intact.

The back is unremarkable, except as indicated. The anus has no abnormalities.

SCARS AND TATTOOS

The body has no apparent surgical scars. The body has no tattoos.

EVIDENCE OF INJURY

Gunshot wounds of torso:

The torso has multiple gunshot wounds with comingling paths. All have similar wounding characteristics, including small entrance hole with wide gutter-like hemorrhagic wound path involving multiple organs secondary to fragmentation of the projectiles. The ordering and labeling is for descriptive purposes only and is not intended to imply order of infliction or relative severity.

Gunshot wound "A":

- 1) An entrance gunshot wound perforation is located on the right side of the chest just below the right clavicle at the mid-clavicular line. Its central portion lies 32 cm below the vertex of the head and 7 cm to the right of the anterior midline. It is a slightly oval perforation measuring 1.6 cm x 1.5 cm. The wound edges are dried and have no definitive margin of abrasion. An irregular crescent-shaped abrasion lies on the 9 to 12 o'clock position overall measuring 6 cm x 2.5 cm. The adjacent skin has no soot, stippling or muzzle imprint.
- 2) The hemorrhagic wound path has converging and co-mingling pathways with gunshot wounds "B" and "C" below. The hemorrhagic wound path involves the skin, subcutaneous adipose tissue, skeletal muscle and the lateral half of the clavicle. It also involves right ribs 1 through 4 anteriorly, the right lung and portions of the trachea and esophagus.

- 3) There is no exit wound. Recovered from the right side of the back in the subcutaneous adipose tissue is a deformed fragmented projectile. It is photographed on filter paper and placed in an evidence container.
- 4) The wound path with respect to the standard anatomic position is from right to left, front to back, and slightly downward.
- 5) Associated injuries include multiple fractures of right ribs 1 through 4 and retrieval of a measured 100 ml of bloody fluid from the right pleural cavity.

Gunshot wound "B":

- 1) An entrance gunshot wound perforation lies on the lateral right chest, at the level of the nipple line. Its central portion is located 44 cm below the vertex of the head and 16 cm to the right of the anterior midline. It is a round wound with a 0.4 cm diameter and a 0.1 cm regular margin of abrasion. The adjacent skin has no soot, stippling or muzzle imprint.
- 2) The hemorrhagic wound path is comingled and crossed with those of gunshot wounds labeled "A" and "C." The hemorrhagic wound path involves the skin, subcutaneous adipose tissue, skeletal muscle, and right ribs 1 through 4, the right lung, and portions of the trachea and esophagus.
- 3) There is no exit.
- 4) The wound path with respect to the standard anatomic position is from right to left, front to back, and slightly downward.
- 5) Associated injuries include multiple fractures of right ribs 1 through 4 and retrieval of 100 ml of dark red bloody fluid from the right pleural cavity.

Gunshot wound "C":

- 1) An entrance gunshot wound perforation lies near the right anterior axillary fold. Its central portion is located 37 cm below the vertex of the head and 7 cm to the right of the anterior midline. It is a slightly oval perforation measuring 0.8 cm x 0.5 cm with a regular dried margin of abrasion measuring 0.1 cm. The adjacent skin has no soot, stippling or muzzle imprint.
- 2) The hemorrhagic wound path is comingled with gunshot wounds labeled "A" and "B" above. It includes the skin and subcutaneous adipose tissue,

skeletal muscle, right ribs 1 through 4, right lung and portions of the trachea and esophagus. There is no exit.

3) The wound path with respect to the standard anatomic position is from right to left, front to back, and slightly downward.

4) Associated injuries include multiple comminuted fractures of right ribs 1 through 4 and retrieval of 100 ml of bloody fluid from the right pleural cavity.

Gunshot wound "D":

1) An entrance gunshot wound perforation lies on the right side of the chest near the costophrenic angle. Its central portion is located 55 cm below the vertex of the head and 10 cm to the right of the anterior midline. It is an irregular and gaping wound measuring 1.5 cm x 0.9 cm with no discernible margin of abrasion. The adjacent skin has no soot, stippling or muzzle imprint.

2) The hemorrhagic wound path involves the skin, subcutaneous adipose tissue, skeletal muscle, and enters the right pleural cavity near the costochondral margin of the right ribs anteriorly. The wound path then continues into the pleural cavity, piercing the right leaf of the diaphragm and entering the right lobe of the liver. There is no exit.

3) The direction of the wound path with respect to the standard anatomic position is from right to left, front to back, and downward.

4) Associated injuries include extensive morcellating injuries of the right and left lobes of the liver, including the gallbladder.

Gunshot wound "E":

1) An entrance gunshot wound perforation lies on the right side of the abdomen below the level of the umbilicus. Its central portion is located 27 inches below the vertex of the head and 12.5 cm to the right of the anterior midline. It is a slightly oval perforation measuring 0.6 cm x 0.4 cm with a 0.1 cm darkened dried margin of abrasion. The wound path sequentially runs through the skin, subcutaneous adipose tissue, skeletal muscle, and enters into the peritoneal cavity involving the liver, pancreas, small intestine and stomach. There is no exit.

- 2) Retrieved from the first portion of the small intestine is a moderately deformed fragment of projectile. It is photographed on filter paper and placed in an evidence container.
- 3) The direction of the wound path with respect to the standard anatomic position is from right to left, front to back, and slightly downward.
- 4) Associated injuries include hemorrhage along the wound path and spillage of gastric content into the abdominal and thoracic cavities.

Gunshot wound of right upper extremity:

- 1) An entrance gunshot wound perforation lies on the dorsal aspect of the right forearm. Its central portion is located 32 cm from the tip of the right index finger. It is a round perforation measuring 0.6 cm in diameter with a 0.1 cm tan-brown slightly dry regular margin of abrasion. The adjacent skin has no soot, stippling or muzzle imprint.
- 2) The hemorrhagic wound path involves the skin, subcutaneous adipose tissue, skeletal muscle, right radius, right ulna, before exiting the right forearm on the ventral aspect.
- 3) The exit perforation lies on the ventral aspect of the right forearm and is a large gaping wound with irregular edges overall measuring 10.8 cm x 6 cm. Shreds of skeletal muscle, tendon and bone are visible through the defect.
- 4) The direction of the wound path with respect to the standard anatomic position is from back to front.
- 5) Associated injuries include fractures of the right radius and ulna and hemorrhage along the entire wound path.
- 6) Immediately below the above-described exit wound, are two vertically-oriented slit-like wounds. The first measures 1.3 cm x 0.2 cm and is located 19 cm from the tip of the right index finger. A similarly-deformed fragment of projectile is wedged into the wound. It is removed, photographed on filter paper and placed in an evidence container and sealed. The second wound measures 1 cm x 0.7 cm and is located 8 cm from the tip of the right index finger. It is slit-like and exposes the underlying subcutaneous adipose tissue.

Gunshot wounds of right lower extremity:

Gunshot wound "A":

- 1) An entrance gunshot wound perforation lies in the right inguinal fold, adjacent to the scrotal sac. Its central portion lies 81 cm above the outsole of the right foot. It is oval in shape, measuring 1 cm x 0.5 cm. It has no margin of abrasion. The adjacent skin has no soot, stippling or muzzle imprint. The hemorrhagic wound path involves the skin, subcutaneous adipose tissue, and then exits the thigh to re-enter and perforate the skin of the scrotal sac. The scrotal sac has flanking red abrasions.
- 2) There is no projectile.
- 3) The direction of the wound path with respect to the standard anatomic position is from right to left and downward.
- 4) Associated injuries include hemorrhage along the wound path.

Gunshot wound "B":

- 1) An entrance gunshot wound perforation lies on the anteromedial aspect of the right leg. It has crossing and comingling paths with gunshot wound "C," below. The entrance perforation lies 39 cm above the outsole of the right foot. It is a round defect measuring 0.4 cm in diameter with a 0.1 cm regular margin of abrasion. The adjacent skin has no soot, stippling or muzzle imprint.
- 2) The hemorrhagic wound path involves the skin, subcutaneous adipose tissue, right tibia and fibula, and then continues to the posterior compartment of the leg with extensive involvement of the skeletal muscle before exiting the skin, posteriorly. There is no projectile.
- 3) The wound path with respect to the standard anatomic position is from front to back.
- 4) Associated injuries include hemorrhage along the entire wound path.

Gunshot wound "C":

- 1) An entrance gunshot wound perforation lies on the anterior aspect of the right leg. Its central portion is located 39 cm above the outsole of the right foot. It is a round wound with a 0.4 cm diameter and a 0.1 cm regular darkened margin of abrasion. The adjacent skin has no soot, stippling or muzzle imprint. The hemorrhagic wound path sequentially involves the skin and subcutaneous tissue, skeletal muscle, right tibia, right fibula, and the posterior skeletal musculature before exiting the skin posteriorly.
- 2) The exit wound perforation lies on the posterior aspect of the right leg. It is an irregular gaping wound measuring 14 cm x 8 cm with irregular ragged edges. Shreds of skeletal muscle and tendon are visible through the defect.
- 3) The wound path with respect to the standard anatomic position is from front to back.
- 4) Associated injuries include hemorrhage along the wound path.

Wounds of the right lower extremity:

- 1) A graze-type wound lies on the medial aspect of the right thigh. It is vertically-oriented, slightly oval in shape and measures 7 cm x 5 cm, and exposes the underlying soft tissue and a small amount of skeletal muscle.
- 2) A graze-type injury lies on the right thigh and buttock region, laterally. It is a vertically-oriented and oval-shaped defect measuring 10 cm x 4.5 cm. It exposes underlying adipose tissue and a small amount of skeletal muscle.
- 3) A superficial wound is located on the anterior aspect of the right leg, just below gunshot wound "B" and "C" of the right lower extremity. The defect is round with slightly ragged edges and overall measures 2 cm x 1.5 cm. The wound has surrounding satellite abrasions which are darkened gray-brown but contain no foreign material. The wound involves the skin, subcutaneous adipose tissue and skeletal muscle.

Gunshot wound of left lower extremity:

- 1) An entrance gunshot wound perforation lies on the medial aspect of the left leg. Its central portion is located 43 cm from the outsole of the left foot. It is a round wound with a 0.5 cm diameter and a regular 0.1 cm darkened margin of abrasion. The adjacent skin has no soot, stippling or muzzle imprint.

- 2) The hemorrhagic wound path sequentially involves the skin, subcutaneous adipose tissue, skeletal muscle, and exits the left leg, posteriorly. There is no projectile.
- 3) The exit wound perforation lies on the left leg posterior and near the knee. It is an irregular wound with ragged edges and overall measures 7 cm x 5 cm.
- 4) The direction of the wound path with respect to the standard anatomic position is from front to back.
- 5) Associated injuries include hemorrhage along the wound path.

INTERNAL EXAMINATION

The usual Y-shaped incision is made and reveals evidence of extravasated blood in the subcutaneous tissue of the chest or abdomen in association with the above-described injuries. The serosal cavities have no adhesions and are remarkable for abnormal collections of fluid as described above. The pneumothorax test is not performed. The organs are minimally congested, softened, slightly darkened and mottled, and have signs of the earliest stages of putrefactive decomposition.

CARDIOVASCULAR SYSTEM: The aorta has no atherosclerosis and no non-traumatic abnormalities. The vena cavae and their major tributaries return to the heart in the usual distribution and are unremarkable, with no thrombosis. The pulmonary trunk and pulmonary arteries are patent. The large vessels are collapsed and contain a minimal amount of residual dark red bloody fluid.

The heart weighs 250 grams. The epicardial surface is smooth. The coronary arteries arise normally, have patent orifices and follow a right dominant distribution. They have no atherosclerosis or other abnormalities. The myocardial cut surfaces are dark brown-red, and have no discernible lesions. The parietal and valvular endocardium is smooth, thin and unremarkable. The valvular rings, leaflets and cusps are normal. The atrial and ventricular septae are intact. The chambers of the heart are not chronically dilated.

RESPIRATORY SYSTEM: The upper and lower airways are patent and lined with dark red bloody fluid. The distal bronchial tree contains a small amount of

froth. The mucosal surfaces are yellow-red, smooth, and have no petechiae. The right and left lungs weigh 300 and 230 grams, respectively, and are remarkable for injuries as described above. The uninjured pulmonary parenchyma is pink-red, minimally congested, normally crepitant and has no discrete non-traumatic lesions. The peripheral pulmonary arteries have smooth intimal surfaces and no thromboemboli.

HEPATOBIILIARY SYSTEM: The liver weighs 1050 grams and is remarkable for injuries as described. The portions of parenchyma that can be evaluated are tan-brown and have no discernible non-traumatic lesions. The gallbladder is remarkable for injuries as described. Its mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent. The pancreas has tan-brown, lobulated parenchyma, clear ducts and no lesions.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 120 grams and has a smooth, intact capsule. The cut surfaces of the splenic parenchyma are dark maroon, congested, and soft, with inapparent lymphoid follicles. The lymph nodes and tonsils are not enlarged and have unremarkable cut surfaces. The thymus gland is partially atrophic and fat-replaced with residual tan-pink lobulated parenchyma and no lesions.

GASTROINTESTINAL TRACT: The esophagus is lined by smooth, gray-white mucosa and has no non-traumatic lesions. The gastric mucosa has an autolytic appearance with attenuated rugal folds. The stomach lumen contains less than 50 ml of tan fluid with suspended food particles including rice and vegetables. The duodenum has no lesions. The small and large bowels have no non-traumatic abnormalities.

GENITOURINARY SYSTEM: The right kidney weighs 85 grams; the left kidney weighs 100 grams. They have thin renal capsules that strip with ease. The cortical surfaces are dark red-brown and smooth. The cortices are congested and vaguely-delineated from the underlying medullary pyramids and have no lesions. The calyces, renal pelves and ureters are not dilated and have unremarkable lining mucosa. There is no increase in hilar adipose tissue in the kidneys. The urinary bladder contains a measured 200 ml of pale urine. Its mucosa is white-tan, smooth, and has no lesions. The urethra is unremarkable.

The prostate gland has a normal size and monomorphic cut surfaces. The seminal vesicles are unremarkable. The testes are descended into the scrotal sac and palpably unremarkable.

ENDOCRINE SYSTEM: The pituitary and adrenal glands have no abnormalities. The thyroid gland is pink-amber, with monomorphic, granular cut surfaces and no lesions.

NECK: The cervical spine, laryngeal cartilages and hyoid bone have no fractures or other abnormalities. The strap muscles of the neck have no hemorrhages. The tongue is normal, with no hemorrhages, bite marks or other lesions. The epiglottic and laryngeal mucosa has no petechiae and is lined with blood-streaked mucus.

HEAD: The galeal aponeurosis is unremarkable. The vault and base of the skull have no fractures. There are no epidural or subdural hemorrhages. The dura mater and falx cerebri are intact. The brain weighs 1620 grams and has symmetrical cerebral hemispheres. The external surfaces of the brain are not edematous. Overall, the brain is slightly darkened with early greening of the periphery. The arachnoid membrane is thin and delicate. The cerebrospinal fluid is clear. The cranial nerves are intact. The cerebral arteries have no atherosclerosis or other abnormalities. The external and cut surfaces of the cerebral hemispheres, brainstem and cerebellum reveal no structural lesions. The cerebral ventricles have a normal caliber and shape.

MUSCULOSKELETAL SYSTEM: The axial and appendicular skeleton have no non-traumatic abnormalities. The musculature is normally developed.

SHZ/alm

Patient: LEINONEN, CHRISTOPHER
Age: 32 Sex: M
Client Patient ID: 9-16-956
Account#: VX83022
Physician: ZYDOWICZ, SARA
Client: DISTRICT 9 MEDICAL EXAMINER MISC
TOXICOLOGY

Specimen Collected :06/14/2016

Lab Order No: 661501227

Reg Date: 06/15/16

Test Name	Result	Units	Cutoff/Reporting Limits
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VOLATILE PANEL - VOLP

SPECIMEN TYPE

RIGHT CHEST BLOOD

ETHANOL	0.155	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

RIGHT CHEST BLOOD

GC/MS

CAFFEINE

LC/MS/MS

CAFFEINE, CAFFEINE METABOLITE
BLOOD IMMUNOASSAY SCREEN

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

TOXICOLOGY

Specimen Collected :06/14/2016

Lab Order No: 662300909

Reg Date: 06/15/16

Test Name	Result	Units	Cutoff/Reporting Limits
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Patient: LEINONEN, CHRISTOPHER

Age: 32 Sex: M

Client Patient ID: 9-16-956

Account#: VX83022

Physician: ZYDOWICZ, SARA

Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected : 06/14/2016

Lab Order No: 662300909

Reg Date: 06/15/16

Test Name**Result****Units****Cutoff/Reporting Limits****VOLATILE PANEL, VITREOUS - VOLPV**

SPECIMEN TYPE

VITREOUS

ETHANOL	0.104	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

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

Reviewed by: *Foridull*Date: 7/21/16**FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE**

TOXICOLOGY REPORT

LEINONEN, CHRISTOPHER

6/12/2016

