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

REPORT OF AUTOPSY

DECEDENT: CORY CONNELL

CASE NUMBER: ME 2016-000908

MANNER OF DEATH: Homicide

IDENTIFIED BY: Photo ID

AGE: 21 years

SEX: Male

RACE: White

DATE OF DEATH: June 12, 2016

DATE/TIME OF AUTOPSY: June 12, 2016 @ 11:20 a.m.

PERFORMED BY: Sara H. Zydowicz, DO, Associate Medical Examiner

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CAUSE OF DEATH: Multiple gunshot wounds

AUTOPSY FINDINGS

I. Gunshot wounds (3) of torso:
   - A. Left pneumothorax
   - B. Penetration of left lung, upper lobe
   - C. Comminuted fracture, right clavicle
   - D. Perforation of right subclavian artery
   - E. Perforation of right subclavian vein
   - F. All wounds of indeterminate range
   - G. No projectiles recovered

II. Gunshot wound of right lower extremity:
   - A. Laceration of deep pelvic vasculature
   - B. Multiple perforations of small intestines
   - C. Indeterminate range
   - D. No projectile recovered

III. Status post horizontal thoracotomy

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 Cory Connell, a 21-year-old white male, died as the result of multiple gunshot wounds.

The manner of death is classified as homicide.

The autopsy of the body of Cory Connell 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 12, 2016 at 11:20 a.m.

IDENTIFICATION: The body of Cory Connell is identified by comparison to the photograph in Florida Driver's License #C540-110-94-298-0 by Special Agent Walsh of the FDLE on June 13, 2016 @ 3:07 a.m., at the Orange County Medical Examiner facility.

CLOTHING AND VALUABLES: At the time of examination, the body is dressed in a black tank top and multicolored plaid boxer shorts. The above-described clothing items have been previously cut by emergency medical services and are partially saturated with blood. A black G-Shock watch is on the left wrist. A multicolored fabric bracelet is on the right wrist. Received separately is a pair of green denim pants with a beige fabric belt.

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 71 inches in length, and weighs 172 pounds. Body build is large and muscular. The body is warmer than room temperature. Rigor mortis is oncoming. Livor mortis is minimally developed, unfixed, posterior and is confined to the back. The body is neither decomposed nor embalmed.

EXTERNAL EXAMINATION

The scalp hair is dark brown, straight, short and measures an estimated 4 cm in maximal length. With the exception of sparse hair on the chin, the face is clean shaven. The irides are blue. The pupils have equal diameters. The corneae are clear. The conjunctivae are unremarkable with no hemorrhages. The sclerae are white. The external nares contain dry and liquid blood. The nasal skeleton is palpably intact. The lips have no injuries. The oral mucosa 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 contain a small amount of dried blood.

The neck is symmetrical and has palpable masses or external injuries. The thorax is well developed and symmetrical.

The abdomen is flat, soft and has no palpable masses.

The external genitalia are those of a normally developed adult circumcised man with injuries as described later.

The lower extremities are symmetrical and have no nontraumatic abnormalities.

The arms, forearms, wrists and hands have no nontraumatic abnormalities. The fingernails are intact.

The back is remarkable for injuries as described in the paragraphs on Evidence of Injury.

SCARS AND TATTOOS

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

THERAPY

An endotracheal tube exits the mouth and is positioned in the trachea. Electrocardiogram leads are on the torso. Defibrillator pads are on the torso. A sphygmomanometer blood pressure cuff is around the right arm. An intravenous catheter is in the right inguinal fold. The thorax has a recent horizontally-oriented thoracotomy traversing between the ribs, anteriorly (Comment: clamshell thoracotomy), exposing the thoracic cavity.

EVIDENCE OF INJURY

Gunshot Wound A:

1. An entrance gunshot wound lies on the posterior aspect of the right shoulder. It is round and measures 0.5 cm in diameter. Its central portion lies 30.5 cm below the vertex of the head. It has a regular 0.1 cm dried margin of abrasion. The adjacent skin has no soot, stippling or muzzle imprint.

2. The wound sequentially runs through the skin, subcutaneous adipose tissue and skeletal muscle creating a large gutter-like wound before exiting the body on the anterior aspect through the right clavicle, with subsequent perforation of the subclavian artery and vein.

3. The exit wound is located on the right upper chest in the lateral third of the right clavicle. It is round with irregular darkened dried edges and measures 4 x

2.9 cm. The exit wound lies 25.4 cm below the vertex of the head and 10 cm to the right of the anterior midline. The surrounding skin has a few small ecchymoses. There is no projectile.

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

5. Associated injuries include hemorrhage along the wound path and a comminuted fracture of the right clavicle.

Gunshot Wound B:

1. An entrance gunshot wound perforation lies on the lateral aspect of the right thigh. It is round with a 0.5 cm diameter and a 0.1 cm regular margin of abrasion. Its central portion lies 37½ inches above the outsole of the right foot. The adjacent skin has no soot, stippling or muzzle imprint.

2. The wound sequentially runs through the skin, subcutaneous adipose tissue and skeletal muscle, and skims over the anterior superior iliac spine with involvement of the right spermatic cord and associated vascular structures as well as fragmenting and involving multiple loops of small intestines. There is no exit. Multiple fragments of projectile are seen on pre-autopsy imaging.

3. Direction of the wound path with respect to the standard anatomic position is right to left, back to front and slightly upward.

4. Associated injuries include hemorrhage along the wound path associated with vascular structures.

Gunshot Wound C:

1. An entrance gunshot wound perforation overlies the right scapula. It is slightly oval, measuring 0.5 x 0.4 cm and has a 0.1 cm regular margin of abrasion. It central portion lies 34.3 cm below the vertex of the head and 7 cm to the right of the posterior midline. The adjacent skin has no soot, stippling or muzzle imprint.

2. The wound sequentially runs through the skin, subcutaneous adipose tissue, and skeletal muscle, crosses the midline of the body and enters the left pleural cavity posteriorly, disrupting ribs 1 and 2, and creating a crater-like defect of the apex of the left lung. There is no exit. Multiple fragments of projectile lie along the wound path.

3. The direction of the wound path with respect to the standard anatomic position is from back to front, right to left and downward. Associated injuries include hemorrhage along the wound path.

Gunshot Wound D:

1. An entrance gunshot wound perforation lies on the anterior aspect of the left arm, anteriorly near the anterior axillary fold. It is round and 1 cm in diameter. The wound edges are darkened and dry. Its central portion lies 28 cm below the vertex of the head. The adjacent skin has no soot, stippling or muzzle imprint.

2. The wound sequentially runs through the skin, subcutaneous adipose tissue and enters the left pleural cavity with the projectile fragmenting, involving the left lung.

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

4. Associated hemorrhage includes hemorrhage along the wound path.

INTERNAL EXAMINATION

The usual Y-shaped incision is made to accommodate the above-described thoracotomy. The serosal cavities have no adhesions and are remarkable for fluid and injuries as described above. The pneumothorax test is not performed. The organs are minimally congested, in the expected anatomic positions and have no decomposition.

CARDIOVASCULAR SYSTEM: The aorta has no atherosclerosis or other 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, have no thromboemboli and have smooth intimal surfaces. The large vessels are collapsed and contain a small amount of residual blood.

The heart weighs 280 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 firm, 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 blood-streaked clear mucus and a small amount of froth. 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 270 and 350 grams, respectively. They have smooth pleural surface. The cut surfaces of the pulmonary parenchyma are pink-red, minimally congested, and normally crepitant. They have no discrete lesions other than above-described trauma and exude a small amount of bloody liquid and froth. The peripheral pulmonary arteries have smooth intimal surfaces and no thromboemboli.

HEPATOBILIARY SYSTEM: The liver weighs 1470 grams and has a smooth intact capsule. The liver parenchyma is moderately firm, brown, congested and has no lesions. The gallbladder contains viscid green-brown bile without gallstones. Its mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent. The pancreas has tan lobulated parenchyma, clear ducts and no lesions.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 170 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 are not enlarged and have unremarkable cut surfaces. The thymus gland is partially atrophic and fat replaced with a residual tan-pink lobulated parenchyma and no lesions.

GASTROINTESTINAL TRACT: The esophagus is lined by smooth gray-white mucosa with no lesions. The gastric mucosa has the usual rugal folds. The stomach lumen contains a measured 300 milliliters of thick tan fluid with large food particles, including chicken and vegetables. The duodenum has no lesions. The small and large bowels are unremarkable.

GENITOURINARY SYSTEM: The right and left kidneys weigh 110 and 120 grams respectively. They have thin renal capsules that strip with ease. The cortical surfaces are dark red-brown and smooth. The cortices are minimally congested, well-delineated from the underlying medullary pyramids and have no lesions. The calyces, pelves and ureters are not dilated and have unremarkable lining mucosa. There is no increase in hilar adipose tissue. The urinary bladder contains a measured 100 milliliters of pale urine. Its mucosa is white-tan, smooth and has no lesions. The urethra is unremarkable.

The prostate gland has normal size on monomorphic cut surfaces. The seminal vesicles are unremarkable. The right spermatic cord is remarkable for hemorrhage and injuries as described above. The left spermatic cord has no hemorrhage or other abnormalities.

ENDOCRINE SYSTEM: The pituitary and adrenal glands have no abnormalities. The thyroid gland is tan-pink 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 or edema and is lined with clear mucus.

HEAD: The galea 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 1400 grams and has symmetrical cerebral hemispheres. The external surfaces of the brain are not edematous. The arachnoid membrane is thin and delicate with congested arachnoid vessels. 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 have no structural lesions.

MUSCULOSKELETAL SYSTEM: The axial and appendicular skeleton has no nontraumatic abnormalities. The musculature is normally developed.

SHZ/jw

Wuesthoff REFERENCE LABORATORY

W sthoff Reference Laboratory
6800 Spyglass Court
Melbourne, Florida 32940
Julie Bell, M.D., Laboratory Director

Patient: UNKNOWN, MALE Age: **99** Sex: **M**
Client Patient ID: 9-16-908 Account#: VX82882
Physician: ZYDOWICZ, SARA Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/12/2016 Lab Order No: 661300944 Reg Date: 06/13/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL - VOLP			
SPECIMEN TYPE			
HEART 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			
LEFT CHEST BLOOD			
GC/MS			
CAFFEINE			
LC/MS/MS			
CAFFEINE, CAFFEINE METABOLITE			
BLOOD IMMUNOASSAY SCREEN			
SPECIMEN TYPE			
HEART 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

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

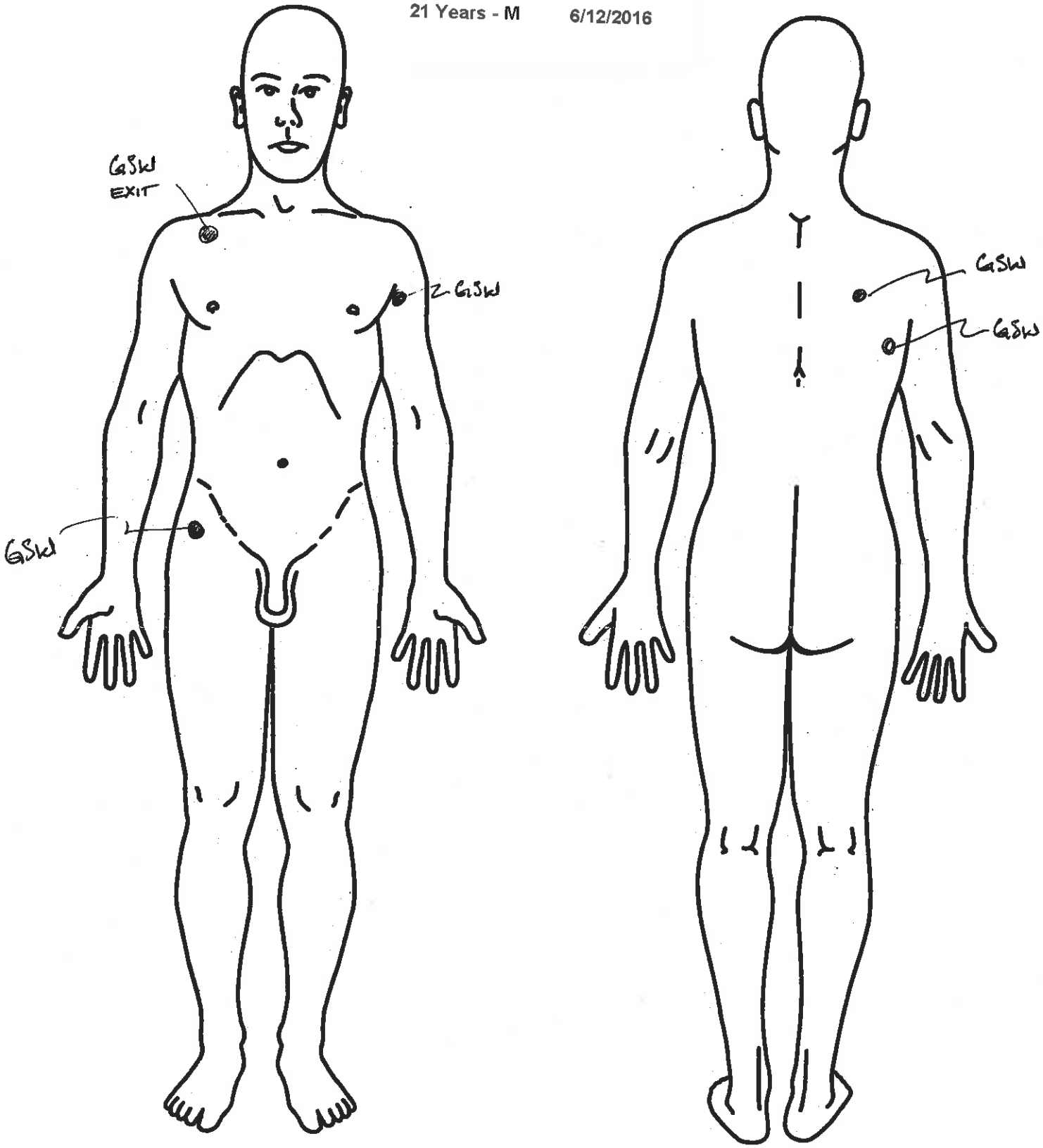
Reviewed by: _____ Date: 7/19/16

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

ME16-00908

Connell, Cory

21 Years - M 6/12/2016



15-217 (3/08)

– Injury Clarification –