

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

REPORT OF AUTOPSY

DECEDENT: DEONKA D. DRAYTON **CASE NUMBER:** ME 2016-000928

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

AGE: 32 years **SEX:** Female
RACE: Black/African-American **DATE OF DEATH:** June 12, 2016

DATE/TIME OF AUTOPSY: June 13, 2016 @ 12:05 p.m.

PERFORMED BY:  Wilson A. Broussard, Jr., MD, Associate Medical Examiner
(District Twelve providing cross coverage)

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

CAUSE OF DEATH: Gunshot wound of the neck

AUTOPSY FINDINGS

- I. Gunshot wound of neck
 - A. Entrance – Left upper neck near angle of jaw
 - B. Associated laceration of left external carotid artery with associated anterior vertebral body fractures
 - C. Exit – Right posterior side of neck
 - D. Associated mandibular fracture
 - E. No projectile and/or projectile fragments found

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- II. Gunshot wound of left upper extremity
 - A. Through and through wound track without major vascular compromise
 - B. No bony fractures
- III. Deformed projectile recovered from the shroud
- IV. Other findings
 - A. Uterine fibroids

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 Deonka D. Drayton, a 32 year old black female, is due to a gunshot wound of the neck.

The manner of death is homicide.

**POSTMORTEM EXAMINATION
OF THE BODY OF DEONKA D. DRAYTON**

A postmortem examination of the body of a woman identified as Deonka D. Drayton is performed pursuant to Florida Statute 406.11 by Wilson A. Broussard, Jr., MD, Associate Medical Examiner, (District Twelve providing cross coverage) at the Orange County Medical Examiner facility, Orlando, Florida on June 13, 2016, at 12:05 p.m.

IDENTIFICATION: The body of Deonka D. Drayton is identified by FDLE Special Agent Walsh, and attached to the secure body bag. The identification is made on June 12, 2016, at the scene.

GENERAL DESCRIPTION: The body is that of a 63 inch, 161 pound, adequately developed, modestly obese black female appearing consistent with the recorded age of 32 years. Rigor mortis is passing and livor mortis is minimally noted but fixed on the posterior aspects of the body. Skin condition is generally normal for age. A faint scar is under the right knee and a round scar is noted on the left shin. Multiple tattoos include the inscription "Thug Love" and a flower on the right upper shoulder. The inscription "Alexia" is on the right upper arm; a pair of dice and flames is on the right forearm; and there is a cross on the distal right forearm with the inscription "Hakeem 2004 – 2010." Additionally, on the left arm a tattoo of a gun is noted near the shoulder. The inscription "Hatin'" is on the left upper arm. A crucifix is on the left anterior forearm with the inscription "LE-RIP-LI." At the central abdomen the inscription of the name "Nadia" is noted under the umbilicus and on the right upper shoulder a martini glass with the inscription "2-N-H" and "Till we overdose" is noted. On the back of the right wrist a Star of David type tattoo is noted.

CLOTHING AND VALUABLES: Jewelry noted includes a tongue stud and two white metal studs with blue stones on the dorsal aspect of the left 3rd finger. Two white metal studs are in the nose bridge and two adjacent to the left lower lip. A yellow metal watch is around the left wrist. The body is received clad in a red and black shirt, a pair of white earbuds around the neck, black pants, black belt, black socks, a gray sports bra and boxer-style underwear.

EXTERNAL EXAMINATION

See Evidence of Injury for description of trauma. Otherwise, the scalp is atraumatic and covered by a thick crop of tightly coiled, curly, coarse, dark black hair with reddish-brown braids including dreaded long braids up to 14 inches posteriorly. The irides are brown. The pupils are equal at 3 mm. The conjunctivae display modest congestion without petechiae. The mouth contains natural dentition in a fair state of dental repair. The lips, frenula, gums, tongue, buccal and nasal mucosae are nontraumatic.

The neck, chest, breasts, abdomen and back are symmetric. The abdomen is slightly protuberant. The genitalia are atraumatic and those of an adult female.

The upper and lower extremities are symmetric and without identifying feature other than will be described.

EVIDENCE OF INJURY

Gunshot wound "1":

Perforating gunshot wounds of the neck and left upper extremity are identified.

The gunshot wound of the neck enters the left neck near the lower angle of the jaw. The wound is located 21 cm below the top of the head and 6.5 cm to the left of midline. A 2 to 3 mm near-circumferential marginal abrasion is noted. The defect measures 1.5 cm x 1.0 cm.

The wound track fractures the left mandible posteriorly, continues into the deep tissue of the neck, tracks across the larynx nicking and lacerating the anterior aspect of the left internal carotid artery, fracturing the anterior-most vertebral body of C3 and C2, and continues across the neck and exits the right posterior neck. The exit wound is located 18 cm below the top of the head and 8 cm below and somewhat posterior to the right external auditory canal generally 5 to 6 cm right of midline. The exit wound measures 1.3 cm x 0.8 cm and has no marginal abrasion and is slightly irregular.

Associated with the gunshot wound is laceration of the left external carotid artery, bony fracture of the anterior vertebral body, fracture of the left mandible, and associated laceration of the upper larynx above the epiglottis with lacerations through the area epiglottic folds of soft tissue.

Therefore, the overall pathway of the gunshot wound is left to right, somewhat front to back, and having little or no significant up-down deviation.

GUNSHOT WOUND "2":

The second gunshot wound is located on the left upper extremity, distal forearm. The wound enters the anterior medial forearm on the left, 26 cm above the tip of the index finger. The entrance wound is a near-round 0.9 cm x 0.8 cm wound with a 1 mm generally circumferential marginal abrasion. The wound tracks through soft tissue of the anterior forearm, causing no major vascular compromise or fractures. The exit wound is located lateral to the entrance approximately 1-1/2 inches and measures 1.2 cm x 1.0 cm. The minimally-stellate wound without marginal abrasion is 24.5 cm above the tip of the left index finger on the lateral anterior left forearm.

Associated with the gunshot wound is soft tissue trauma only.

Therefore, the overall pathway of the gunshot wound in anatomic position is from right to left, having little or no significant front-back deviation, and a very minimal downward deviation.

No soot or stippling is associated with any of the wounds described.

A small superficial abrasion is noted on the left anterior shoulder.

Deformed projectile is recovered from shroud.

INTERNAL EXAMINATION

BODY CAVITIES: The serosal surfaces are pink-tan and glistening. The organs are normally-oriented. The uterus, tubes and ovaries are noted, although the uterus is somewhat effaced by large fibroids, as will be described. The appendix and gallbladder are present.

CARDIOVASCULAR SYSTEM: The heart weighs 250 grams and has a normal amount of subendocardial fat. The coronary arterial system is normally distributed. Serial sectioning at 2 mm intervals reveals widely patent lumina of the four major coronary arteries and branches. The cardiac valves, mural endocardium and coronary orifices disclose no lesions. The sectioned myocardium is homogeneous and brown-tan, without lesions. The thoracic and abdominal aorta discloses no significant atheromatous lesions.

RESPIRATORY SYSTEM: The right and left lungs weigh 450 grams and 470 grams, respectively. The pleural surfaces are pink-tan. Scattered areas of blood aspiration are noted in the lung fields. Otherwise, sectioning discloses congestion and edema without masses, thromboemboli or purulent inflammatory processes noted.

NECK ORGANS: See Evidence of Injury. Otherwise, the larynx, trachea and mainstem bronchi are all unremarkable. The hyoid bone and thyroid cartilage are intact. The anterior neck musculature discloses trauma at the posterior-most aspects, as previously described.

LIVER: The liver weighs 1040 grams and has a smooth intact capsule. On section, the liver is homogeneous and brown-tan. The intrahepatic biliary tract is unremarkable, as is the gallbladder.

GASTROINTESTINAL SYSTEM: The esophagus, stomach, and small and large intestines are all unremarkable externally and along the mucosal surface. The stomach contains a small amount of blood-tinged mucal fluid.

LYMPHATIC SYSTEM: No lymphadenopathy is noted. The spleen weighs 60 grams and has a smooth intact blue-red capsule. On sectioning, the spleen is homogeneous and maroon red without prominent lymphoid follicles.

GENITOURINARY SYSTEM: The right and left kidneys weigh 90 grams and 100 grams, respectively. The cortical surfaces are pale tan bilaterally. The sectioned kidneys reveal good corticomedullary demarcation. The ureters are unremarkable and lead to a urinary bladder containing approximately 200 ml of yellow-tinged urine.

The uterus is somewhat effaced by intra and extramural fibroids measuring up to 8 cm x 7 cm and 4 cm x 4 cm. The endometrial surface is unremarkable and non-menstrual.

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ENDOCRINE SYSTEM: The pituitary, pancreas, thyroid and adrenal glands are all unremarkable externally and on sectioning.

MUSCULOSKELETAL SYSTEM: No chronic organic lesions are noted.

BRAIN: Reflecting the scalp fails to disclose galeal or subgaleal hemorrhages. The 1420 gram brain is normally formed externally and covered by glistening leptomeninges without exudate. The serially sectioned brain discloses a normal distribution of gray and white matter. The ventricles are neither compressed nor dilated. The vessels at the base of the brain are thin, delicate and widely patent. Stripping the dura from the skull and calvarium fails to disclose fractures or other abnormalities.

WAB/alm

Patient: DRAYTON, DEONKA
Client Patient ID: 9-16-928
Physician: BROUSSARD, WILSON

Age: 32 **Sex:** F
Account#: VX82953
Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected : 06/13/2016

Lab Order No: 661401242

Reg Date: 06/14/16

Test Name	Result	Units	Cutoff/Reporting Limits
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VOLATILE PANEL - VOLP
SPECIMEN TYPE
HEART BLOOD

ETHANOL	0.099	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
COCAINE METABOLITE, CAFFEINE, NICOTINE METABOLITE
LC/MS/MS
COCAINE, COCAINE METABOLITE, CAFFEINE, CAFFEINE METABOLITE
BLOOD IMMUNOASSAY SCREEN

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	POSITIVE	mg/L	0.100
FENTANYL	NEGATIVE	mg/L	0.001
OPIATES	NEGATIVE	mg/L	0.050
SALICYLATES	NEGATIVE	mg/L	50.0



Patient: **DRAYTON, DEONKA**
 Client Patient ID: **9-16-928**
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 Client: **DISTRICT 9 MEDICAL EXAMINER MISC**

TOXICOLOGY

Specimen Collected :06/13/2016

Lab Order No: 661900674

Reg Date: 06/14/16

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

ETHANOL	0.131	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

7/20/16

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

Reviewed by:



Date:

7/20/16

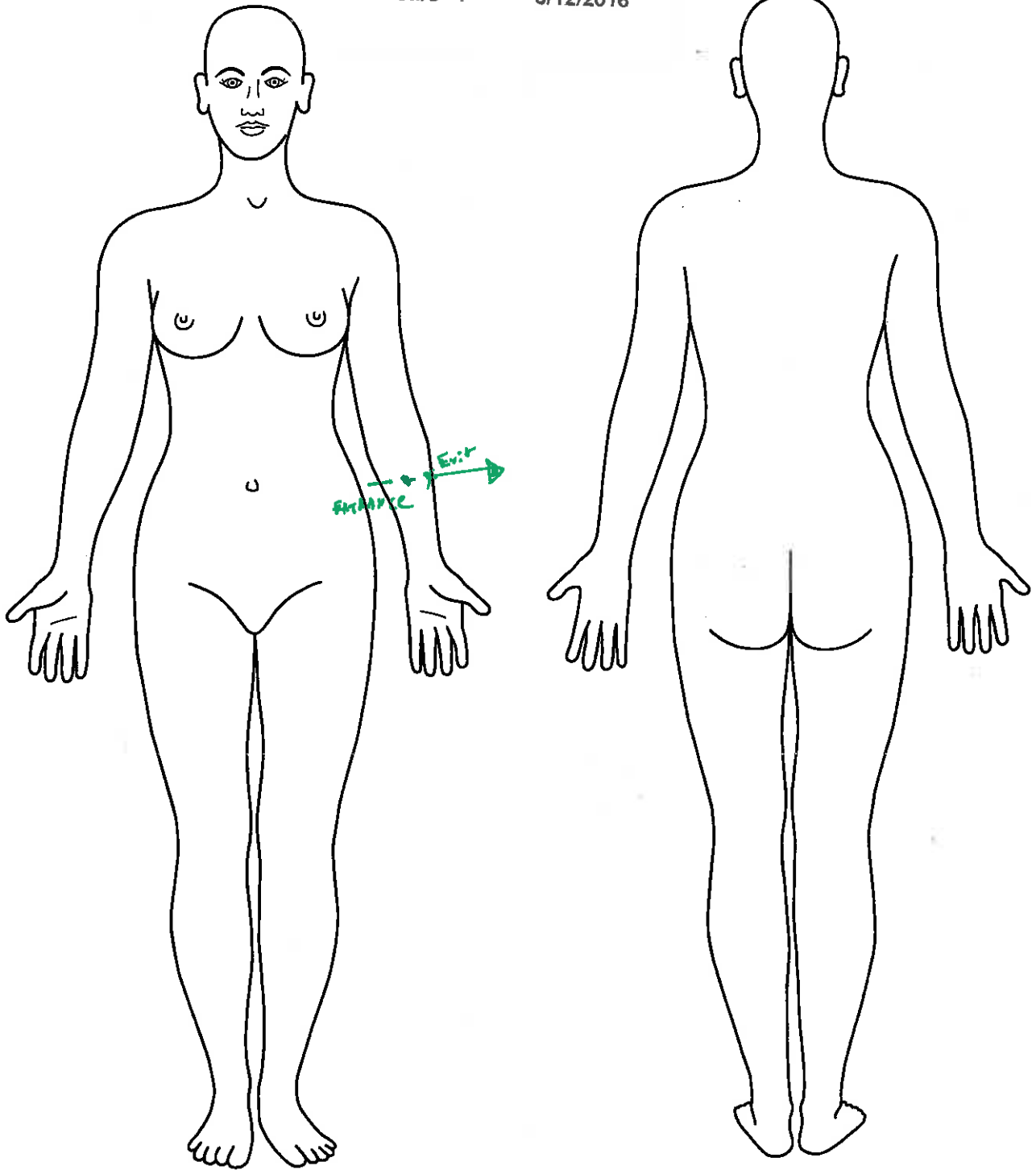
FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE
TOXICOLOGY REPORT
DRAYTON, DEONKA

ME16-00928

Drayton, Deonka

32 Years - F

6/12/2016



CLASSIFICATION

DIAGRAMS

ME16-00928

Drayton, Deonka

32 Years - F

6/12/2016

