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

# REPORT OF AUTOPSY

**DECEDENT:** EDWARD SOTOMAYOR **CASE NUMBER:** ME 2016-000910

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

**AGE:** 34 years **SEX:** Male
**RACE:** White **DATE OF DEATH:** June 12, 2016

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**DATE/TIME OF AUTOPSY:** June 12, 2016 @ 12:00 p.m.

Marie H Hansen MD

**PERFORMED BY:** Marie H. Hansen, MD, Associate Medical Examiner

August 5, 2016

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**CAUSE OF DEATH:** Multiple gunshot wounds

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## AUTOPSY FINDINGS

I. Multiple gunshot wounds with:
   - A. Multiple perforations of torso with laceration of heart, lungs, and liver
   - B. Perforation of left hand
   - C. Perforation of left hip
   - D. Graze wound(s) on back of head

**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 the death of Edward Sotomayor, a 34-year-old white male, is the result of multiple gunshot wounds.

The manner of death is homicide.

The autopsy of the body of Edward Sotomayor is performed pursuant to Florida Statute 406.11 by Marie H. Hansen, MD, Associate Medical Examiner, District Nine at the Orange County Medical Examiner facility, Orlando, Florida on June 12, 2016 at 12:00 p.m.

**IDENTIFICATION**: The body of Edward Sotomayor is positively visually identified via comparison of decedent to photograph associated with Florida Driver License #S356-233-81-404-0. The identification is made by Detective Garciapagan, of the Orange County Sheriff's Office, to M.E. Investigator Lora Zedick on June 12, 2016.

**CLOTHING AND VALUABLES:** The body is clothed or associated with a partially cutoff shirt, pants, and underwear, as well as two shoes, two socks, and accompanied by a keychain with a key, a key fob, a telephone box charm, and a bus medallion. In addition, there is a cellphone, a watch, and an orange and white club band. Also present is a hospital band. The clothing and valuables are turned over to law enforcement.

**GENERAL STATEMENT:** The body is that of a 71 inch, 175 pound, normally-developed, well-nourished, white male appearing consistent with the given age of 34 years. There is full rigor mortis present and dependent non-blanching livor mortis observed.

## EXTERNAL EXAMINATION

The hair of the head is black dyed blond and 3-5 inches in maximal length without recession. The irides are hazel with equal round pupils bilaterally. The sclerae are bilaterally clear. The left earlobe is singly pierced and the right is neither pierced nor creased. The upper and lower lips have a 5 o'clock shadow. The mouth has a full set of natural white teeth in good repair.

The neck is unremarkable.

The chest, except as described in the paragraphs on Evidence of Injury, has symmetric breasts that are without palpable masses. The abdomen is soft and without scarring or tattooing. The external genitalia are those of an adult circumcised male, with bilaterally descended testicles.

The upper and lower extremities and back are without significant areas of tattooing or scarring and have moderate to large amounts of dark black body hair.
The posterior aspect of the body has a 5 x 4½ cm café au lait spot on the posterior lateral left buttock.

**SPECIAL PROCEDURES:** Toxicologic analysis: body fluids and tissues consisting of peripheral and right chest blood, urine, and ocular fluid are obtained. Forensic analysis: A DNA card, pulled head hair, and right and left fingernails, as well as projectiles described in the paragraphs on Evidence of Injury.

**EVIDENCE OF MEDICAL INTERVENTION:** None.

## EVIDENCE OF INJURY

There are multiple gunshot wounds with seven distinct gunshot wounds (four perforating, two partially perforating and penetrating, and one penetrating) as well as one to two graze wounds.

Note: Examination of the clothing and wounds on the body reveals no evidence of soot or distinctive stippling marks.

**Gunshot Wound "A":**

Gunshot Wound "A" is a perforating gunshot wound beginning in the left anterior armpit at a point 4½ inches below the top of the shoulder and 6½ inches to the left of the midline (in the left anterior axillary line), through a 7 x 5 mm defect with a lateral 3-5 mm abrasion.

The wound track continues through the subcutaneous fat and muscles of the left chest without perforation of the left thorax and exits on the posterior left shoulder at a point 2½ inches below the top of the shoulder and 3½ inches to the left of the midline through a wound oriented from 12 to 6 o'clock that is 1 cm in the 12 to 6 dimension, 5 mm in the 9 to 3 dimension with a 6 mm superior 7 mm inferior and 3 mm lateral defect as well as a 4 x 2 cm area of multiple perforations of 1 mm possible metallic fragments (shrapnel) in the inferior medial aspect, medial to the inferior abrasion.

The overall pathway is therefore front to back, left to right, and upwards without projectiles recovered at autopsy.

**Gunshot Wound "B":**

Gunshot Wound "B" is a perforating gunshot wound with an entrance wound in the right posterior armpit at a point 7½ inches right of the midline and 7 inches below the shoulder on the posterior axillary line through a 3 x 5 mm defect with lateral abrasion. The wound enters the posterior chest through the right T2 rib and misses the lung, exiting the anterior chest through a widened fracture including the sternum and anterior mediastinum to an exit wound in the left mid chest at a point 4 inches below the shoulder and 2½ inches left of the midline through a 1½ x 1.2 cm defect with irregular edges.

The overall pathway is therefore back to front, right to left, and upward.

**Gunshot Wound "C":**

Gunshot Wound "C" is a partially penetrating, partially perforating gunshot wound with an entrance wound in the left thorax at a point 11 inches below the shoulder and 2¾ inches left of the midline through a 7 x 5 mm defect with a 7 o'clock abrasion that is 2 mm in greatest dimension.

The wound track enters the left chest cavity through the posterior 8$^{th}$ rib and perforates the left lower lobe of the lung and the pericardial sac as well as the posterior and anterior portions of the liver with a 1 inch hole through the posterior aspect of the left ventricle and a 4 x 6 cm area of shredding of the anterior left ventricle with lacerations into the annular ring of the mitral, pulmonary, tricuspid, and aortic valves.

Portions of the coronary artery system, that are not macerated, are thin-walled and without atherosclerosis. There appears to be a left dominant coronary arterial system. The atria are lacerated laterally and through the foramen ovale. The lacerations extend laterally to both atrial appendages.

The pericardial sac is extensively lacerated. There is associated fracture of the sternum at approximately T3 with massive laceration of the anterior chest muscles and a fragment of yellow metallic triangular deformed projectile

recovered in the fracture portions of the sternum and right anterior chest wall with associated hemorrhage to an exit wound in the right anterior chest at a point 4 inches below the shoulder and 3½ inches to the right of the midline, that is 1.2 x 1.1 cm with a surrounding 2 cm contusion.

The pathway is therefore back to front, left to right, and upwards.

Note: There are bilateral hemothoraces of 60 cc on the right and 800 cc on the left that are shared in the pathways of Gunshot Wounds "B" and "C" and there are also anterior abrasions of the skin, just to the left of the midline of the sternum, at the T3 level that appears to be a 1½ cm circular defect with abrasions on a "V" at the superior aspect, like an imprint of a pendant. However, no pendant or chain was recovered with the decedent. There is also a 1½ cm circular contusion inferior and medial to the exit wound for Gunshot Wound "C" on the anterior right chest at the T2-T3 level.

**Gunshot Wound "D":**

Gunshot Wound "D" is a penetrating gunshot wound of the lower abdomen and right anterior chest wall with an entry wound in the left posterior abdomen at a point 17½ inches below the top of the shoulder and 3¼ inches left of the midline through a 7 x 5 mm defect with a lateral 7 o'clock abrasion that extends to a maximum dimension of 5 mm.

The wound track continues through the muscles of the posterior back entering the left abdomen, perforating the left kidney at the hilum, grazing the left lateral aspect of the left lobe of the liver, and perforating the anterior diaphragm and having a hemorrhagic path into the anterior right rectus muscle where a yellow metallic triangular-shaped, deformed portion of projectile/jacket is recovered in the anterior right rectus, approximately 2 inches to the right of the midline over the anterior 8$^{th}$ rib cartilage.

The pathway is therefore back to front, left to right, and upwards.

**Gunshot Wound "E":**

Gunshot Wound "E" is a partially-penetrating, partially-perforating gunshot wound of the right chest with an entrance wound in the posterior right thorax at a point 12½ inches below the shoulder and 1 inch right of the midline, through a

7 x 7 mm defect with a circular abrasion and stellate 1 mm lacerations. There is blackening at the 6 o'clock hour.

The projectile pathway enters the posterior lateral right chest between the 7th and 8th ribs with laceration of the upper pole of the right kidney and maceration of the medial aspect of the right adrenal as well as perforation of the right lobe of the liver and diaphragm into the anterior chest wall at approximately the T4 level. Fragments of gray metallic and yellow metallic triangular, possible projectile tip, and fragments of yellow metallic jacket and gray metallic core are recovered in the muscles underneath the contusion, medial to the right breast with a continuing hemorrhagic path to an exit wound in the right armpit, 6 inches below the shoulder and 6½ inches right of the midline in the right anterior axillary line. The wound is elliptical, oriented from 2 to 8 o'clock on the anterior axillary line, and is 2.3 cm from the 2 to 8 direction and 1.2 cm from the 9 to 3 direction without surrounding blackening.

The pathway is therefore back to front, left to right, and upwards.

Note: Also recovered from the body are fragments of yellow metal jacket and gray metallic projectile core recovered from portions of the liver that may go with either Gunshot Wound "D" or "E."

**Gunshot Wound "F":**

Gunshot Wound "F" is a perforating gunshot wound of the hand with an entrance on the dorsum of the left hand, 1½ cm medial (toward the middle of the dorsum of the hand) to the base of the thumb through a 1.2 x 1.2 cm defect with abraded 2-3 mm edge, on the wrist side of the wound.

The wound is associated with hemorrhage through the muscles of the hand and a 4½ cm laceration in the webbing between the thumb and first finger as well as a stellate laceration of the thumb, just proximal to the distal interphalangeal joint of the thumb with the stellate lacerations being 1 cm in greatest dimension. There is an associated 8 x 9 mm avulsion of the medial aspect of the 1st finger, just medial to the fingernail. Also associated with this wound track is a fracture of the proximal left thumb and an abrasion at the base of the left thumb that is 1 x 1½ cm.

The position of this wound with the hand in anatomic position (palm up) is back to front, slightly left to right, and slightly downward.

**Gunshot Wound "G":**

Gunshot Wound "G" is a perforating gunshot wound of the left thigh and hip with an entrance wound in the left upper thigh at a point 28½ inches below the shoulder and 6½ inches left of the midline through a 1 cm x 7 mm defect oriented from 12 to 6 with a 5 mm maximal abrasion at the 6 o'clock hour.

The wound is associated with subcutaneous fat and superior muscle destruction as well as a 1 – 2 cm wide abrasion between the entrance and exit wound to the exit wound on the left lower lateral hip at a point 22½ inches below the shoulder and 4½ inches left of the midline through a 1½ x 1½ cm defect with a 1½ x 1 cm abrasion at the superior aspect.

With the entrance wound on the posterior lateral aspect, inferior to the café au lait spot, and the exit wound on the lateral aspect of the hip, the pathway is therefore slightly back to front or back to side, and straight to slightly left to right, and upwards.

**Wounds "H" and "I":**

Wounds "H" and "I" consist of abrasions on the posterior occipital scalp going from the lower left to the upper right occipital scalp with the upper right defect being a 3 cm linear abrasion adjacent to a 2½ x 1 cm to 3 mm triangular, superficial abrasion, then a 1½ cm space and then going down to the 7 o'clock hour, multiple perforations that range from 2 – 5 mm in greatest dimension with blackened edges into the superficial scalp, and a 1½ cm space with a 1.5 x 1 cm elliptical abrasion at the right base of the neck. This may represent scatter from a portion of graze wounds/shrapnel expanding over a long side or with a linear arrangement of the top two and the slight spacing between the one on the back of the neck may represent two separate graze-type wounds. Reflection of the scalp reveals small amounts of galeal, but no subgaleal, hematoma in the occipital scalp.

**Additional Injuries:**

A linear 13 cm abrasion extends from the entrance of Gunshot Wound "D", superiorly and medially, ending in the skin of the back over the mid spine.

## INTERNAL EXAMINATION

**HEART:** The pericardial sac is lacerated. The 280 gram heart is extensively macerated, as described in the paragraphs on Evidence of Injury. Examination of the remaining portions of coronary arteries reveals no significant narrowing and the atria are bilaterally unremarkable except for gunshot wound damage. The foramen ovale is closed. Each of the heart valves is lacerated secondary to gunshot wound damage.

The myocardium is 1 cm in portions of the more intact lateral left ventricle. The interventricular septum is extensively macerated and not able to be measured. The myocardium is red-tan without areas of mottling or scarring.

**PERIPHERAL VASCULAR SYSTEM:** Distal to the heart valve damage, the aorta is intact through its thoracic and abdominal distribution with a normal orientation of great vessels and no evidence of coarctation, aneurysmal dilatation, or significant stenosis. A ductus dimple is identified. The carotid and iliac arteries are unremarkable to examination and palpation.

**HEAD and BRAIN:** Reflection of the scalp reveals a small amount of subgaleal but no galeal hematoma associated with the graze gunshot wounds of the occiput. There is no epidural, subdural, or subarachnoid hematoma upon opening the skull. The leptomeninges are clear with congested vessels over the flattened gyri and narrowed sulci of the convexity of the cortex of the 1600 gram brain.

The vessels at the base of the brain that comprise the circle of Willis are thin-walled and without atherosclerosis or aneurysm. Serial coronal sections reveal gray-tan cortical ribbon and diffusely softened white matter. The corpus callosum, basal ganglia, and hippocampi are unremarkable. The lateral ventricles are diffusely narrowed. The posterior lobes, cerebellum, and brainstem are unremarkable grossly and on section. The substantia nigra has an adequate amount of pigmentation and the crossing fibers in the pons are without areas of hemorrhage or tumor on section.

Stripping of the dura reveals an intact calvarium and base of skull.

**NECK ORGANS:** The superficial and deep muscles of the anterior neck are without hematoma. The tongue is unremarkable on horizontal section and the

hyoid bone and thyroid cartilage are intact. The epiglottis is without edema or petechiae and the trachea is without occlusion by food or foreign material. Palpation of the anterior cervical vertebral column reveals no evidence of fracture.

**LUNGS:** There are bilateral hemothoraces as described in the paragraphs on Evidence of Injury. The right and left lungs weigh 290 and 210 grams respectively. The pleural surfaces are tan-pink to red-blue and, except in areas described in the paragraphs on Evidence of Injury, are without adhesion or petechiae. On section, in areas without gunshot wound damage, the parenchyma is tan-pink with mild anthracosis and no area of pulmonary emboli, tumor, hemorrhage, or distinctive areas of consolidation. The distal tracheobronchial trees are without occlusion by mucus plugging.

**LIVER:** The 1300 gram liver has an extensively lacerated capsule as described in the paragraphs on Evidence of Injury. Portions of non-macerated liver are red-brown with a lobular architecture. The gallbladder contains an estimated 3 cc of yellow-green runny bile without gallstones. The mucosa is otherwise unremarkable.

**RETICULOENDOTHELIAL SYSTEM:** The 100 gram spleen has a dull capsule that is intact. The parenchyma is red-purple and soft without fibrosis, hemorrhage, or tumor on section. The paratracheal lymph nodes are 3-5 mm in greatest dimension and red-brown on section. The remaining lymph node chains are grossly unremarkable.

**ENDOCRINE SYSTEM:** The thyroid gland consists of symmetric tan lobes that are homogeneous on section. The left adrenal is intact and the right is partially macerated. The non-macerated portions of the adrenals have golden yellow cortical ribbons and gray medullae without tumor or hemorrhage on section. The pancreas consists of tan lobulated tissue without interdigitated fat, fibrosis, hemorrhage, tumor, or pseudocyst formation.

**GENITOURINARY SYSTEM:** The right and left kidneys weigh 100 and 130 grams respectively. The capsules strip easily revealing pale light tan cortical ribbons that are smooth and of normal thickness in areas not described in the gunshot wound pathways. The medullae, calices, collecting systems, ureters, and bladder are otherwise unremarkable. The bladder has an estimated 20 cc of clear yellow fluid.

The prostate is tan-brown and smooth without enlargement or nodularity on section and the testicles are unremarkable to palpation.

**GASTROINTESTINAL SYSTEM:** The esophageal mucosa is tan-white and glistening. The stomach contains 300 cc of tan-brown opaque fluid without identifiable food fragments, pill fragments or distinctive odor. The underlying rugal folds have a normal arrangement without evidence of antral or duodenal ulceration. The serosal surfaces of the small bowel, appendix, and colon are grossly unremarkable.

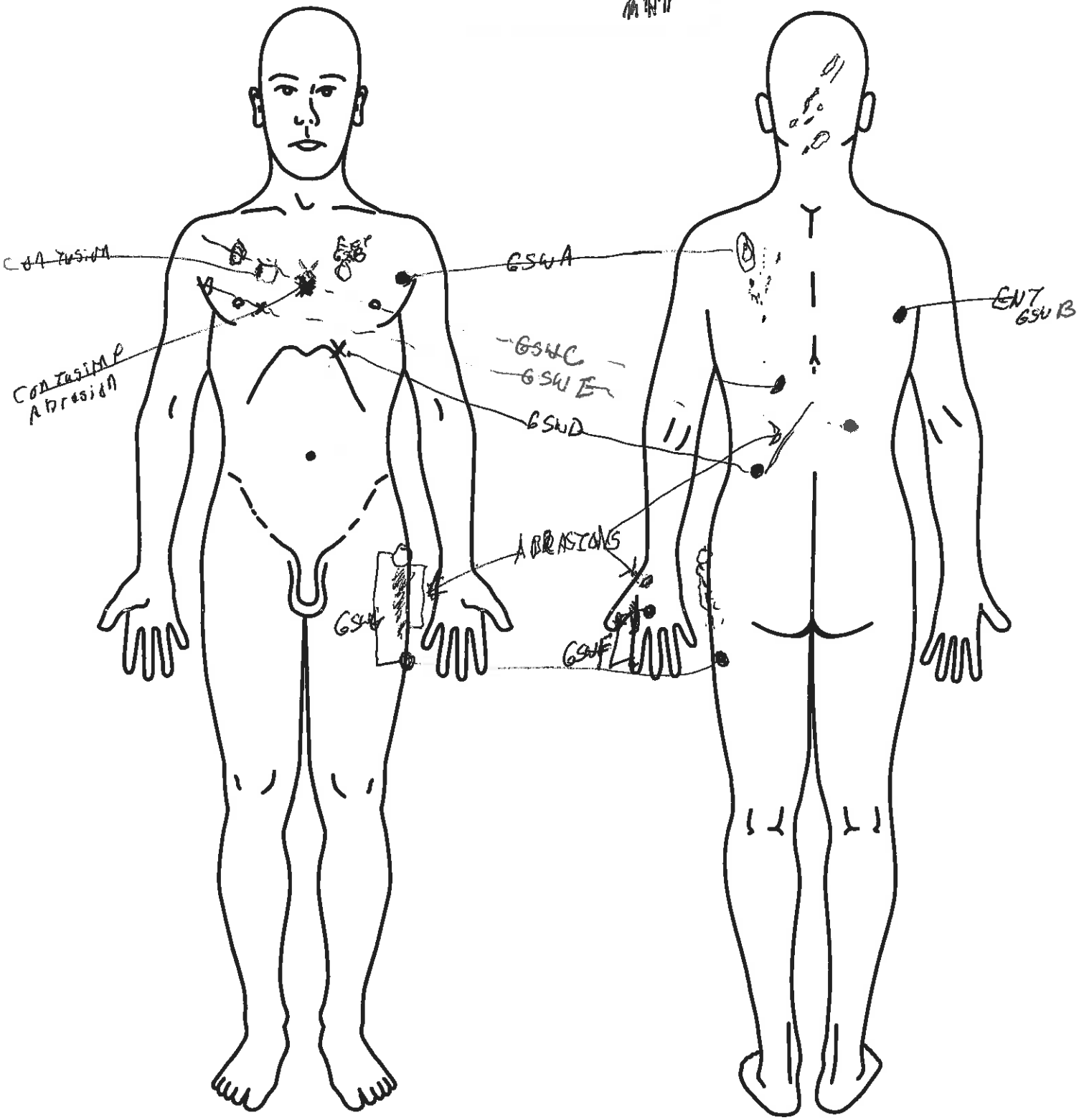
**MUSCULOSKELETAL SYSTEM:** The subcutaneous fat is 2 cm at the umbilicus and the muscle is normally formed. Examination of the clavicles, cervical, thoracic, and lumbar vertebral column, as well as the pelvic girdle reveals no evidence of acute trauma. Examination of the long bones and joints of the upper and lower extremities reveals no palpable fractures.

MHH/st

ME16-00910

Sotomayor, Edward

34 Years 6/12/2016




15-217 (3/08)

INJURY CLARIFICATION DIAGRAM

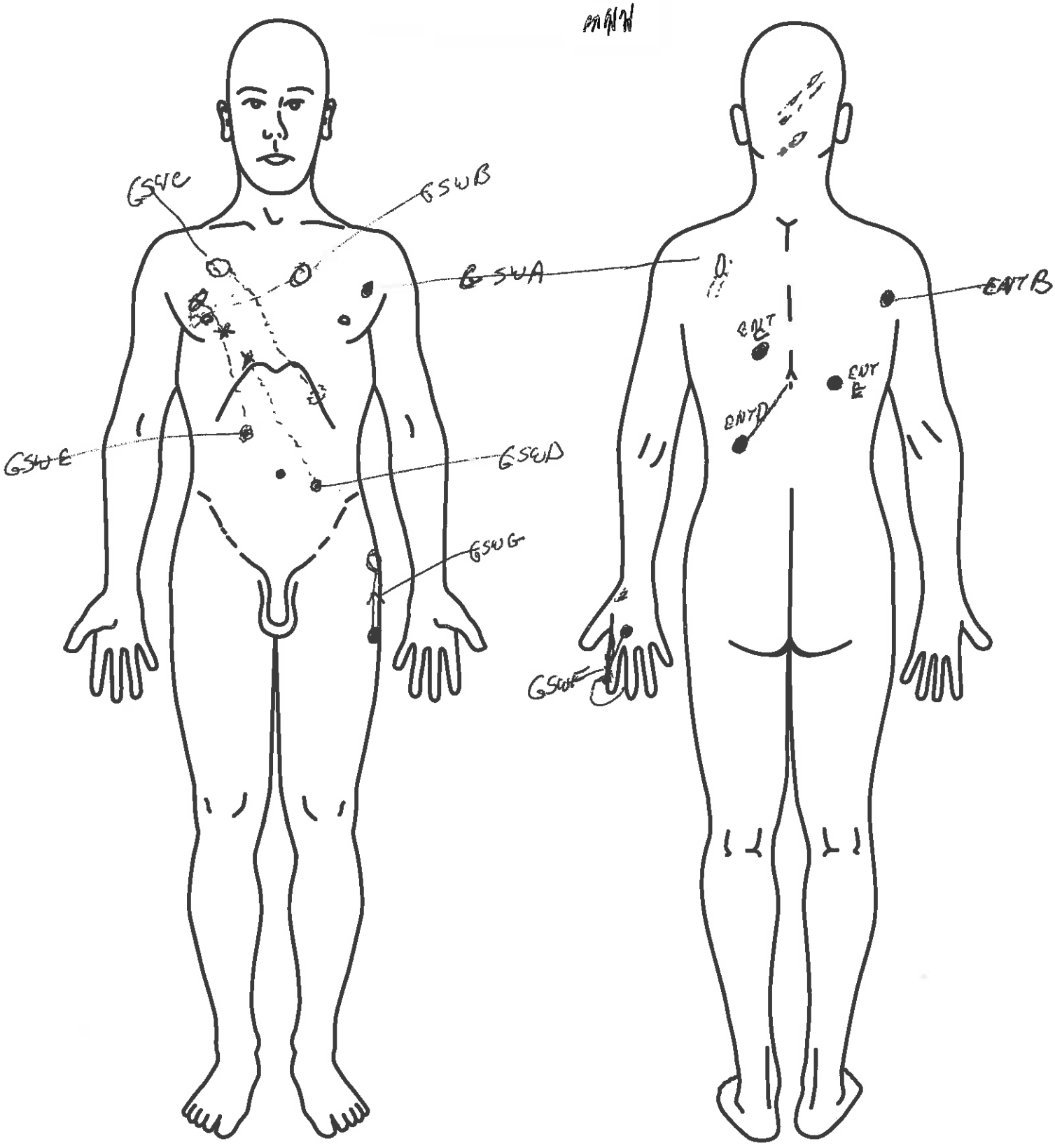
pg 1 of 2

ME16-00910

Sotomayor, Edward

34 Years

6/12/2016




# INJURY CLARIFICATION DIAGRAM

15-217 (3/08)

Wuesthoff REFERENCE LABORATORY

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

**Patient: SOTOMAYOR, EDWARD** Age: **34** Sex: **M**
**Client Patient ID: 9-16-910** Account#: VX82884
Physician: HANSEN, MARIE Client: DISTRICT 9 MEDICAL EXAMINER MISC

## TOXICOLOGY

Specimen Collected :06/12/2016 Lab Order No: 661300947 Reg Date: 06/13/16

| Test Name | Result | Units | Cutoff/Reporting Limits |
|---|---|---|---|
| *VOLATILE PANEL - VOLP* | | | |
| SPECIMEN TYPE | | | |
| **PERIPHERAL BLOOD** | | | |
| ETHANOL | **0.164** | 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 | | | |
| **LC/MS/MS 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 |

Wuesthoff REFERENCE LABORATORY

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

**Patient: SOTOMAYOR, EDWARD** Age: **34** Sex: **M**
**Client Patient ID: 9-16-910** Account#: VX82884
Physician: HANSEN, MARIE Client: DISTRICT 9 MEDICAL EXAMINER MISC

## TOXICOLOGY

Specimen Collected :06/12/2016 Lab Order No: 661500900 Reg Date: 06/13/16

| Test Name | Result | Units | Cutoff/Reporting Limits |
|---|---|---|---|
| *VOLATILE PANEL, VITREOUS - VOLPV* | | | |
| SPECIMEN TYPE | | | |
| **VITREOUS** | | | |
| ETHANOL | **0.145** | 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 mantained. Testing has been performed as requested

Reviewed by: [signature] Date: 7/19/16

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