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

REPORT OF AUTOPSY

DECEDENT: ENRIQUE RIOS **CASE NUMBER:** ME 2016-000911

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

AGE: 25 Years **SEX:** Male
RACE: White **DATE OF DEATH:** June 12, 2016

DATE AND TIME OF AUTOPSY: June 12, 2016, at 12:25 P.M.

8/5/16

PERFORMED BY: Jesse C. Giles, MD, Associate Medical Examiner

CAUSE OF DEATH: Multiple Gunshot Wounds

AUTOPSY FINDINGS

I. Two penetrating gunshot wounds of neck and trunk:

A. Gunshot wound of neck:
   i. Range of fire: Distant
   ii. Entrance: Upper lateral left face just below angle of mandible
   iii. Exit: None; terminus at upper right back, posterior shoulder, and arm
   iv. Course: Rightward, backward, and downward
   v. Damage: Perforation of left hypopharynx, perforation of cervical vertebra #3, contusion of underlying cervical spinal cord with epidural hemorrhage, subarachnoid hemorrhage at brainstem, fractures/perforation of right scapula, and local soft tissue hemorrhage at neck, right posterior shoulder, right back, and right arm
   vi. Projectile: "Bullet Fragments from Right Shoulder" recovered

B. Gunshot wound of trunk:
   i. Range of fire: Distant
   ii. Entrance: Mid-lateral left abdomen
   iii. Exit: None; terminus at upper right buttock
   iv. Course: Rightward, backward, and downward
   v. Damage: Perforations of small bowel, left psoas muscle, and sacrum, with small hemoperitoneum and local soft tissue hemorrhage
   vi. Projectile: "Bullet from Right Buttock" recovered

II. Other injuries:
   A. Abrasions and contusions at right forehead and lateral right periorbital area
   B. Abrasions of dorsal right hand
   C. Abrasion of right elbow
   D. Abrasion and contusion of right arm biceps area
   E. Older contusion of upper outer left chest

IV. No grossly-detected significant pre-existing medical diseases

TOXICOLOGIC AND LABORATORY ANALYSES:

I. Blood Ethanol 84 mg/dL (BAC 0.08 g%)

II. Ocular fluid Ethanol 90 mg/dL (0.09 g%)

III. Cannabinoid, Caffeine, and Nicotine use detected, but no other drugs detected

IV. See laboratory report in M.E. case file for details.

CONCLUSION: In consideration of the circumstances surrounding the death, and after examination of the body and review of available medical and other records and toxicologic analyses, it is my opinion that the death of Enrique Rios, a 25-year-old white man pronounced dead at a local E.R. after a mass shooting at a night club, is the result of multiple gunshot wounds.

The manner of death is classified as homicide.

AUTHORIZATION: The autopsy of the body of Enrique Rios is performed pursuant to Florida Statute 406.11 by Jesse C. Giles, MD, Associate Medical Examiner, District Nine, at the Orange County Medical Examiner facility, Orlando, Florida on June 12, 2016 beginning at 12:25 P.M.

IDENTIFICATION: The body of Enrique Rios was identified by Orange County Sheriff's Office Detective Garciapagan via comparison of the decedent with the associated photo in his New York State Identification card # 556271606 found on his person. The identification was made on June 12, 2016 to ME Investigator Zedick.

ROUTINE EXTERNAL EXAMINATION

The body is admitted to the autopsy room dressed in casual clothing and with brown paper bags over the hands and feet. The body is that of a well-developed white man who appears the stated age of 25 years. Body height is 67 inches and body weight is 181 pounds. At autopsy, rigor mortis is generalized, livor mortis is posterior and blanching, and the body is cold to touch. There is some obvious external injury (gunshot wounds of the left face and left abdomen). Decomposition is absent. Artifacts of medical and postmortem care are a left wrist hospital ID band with "DOE, LOMEJUN."

Clothing is a black short-sleeved t-shirt with silver-white design (initially present up above the breasts), red pants, black belt, gray and black undershorts, black tennis shoes, and short black socks. The shirt has a matching hole for the body gunshot entrance wound at the lower left abdomen area, and the clothing is bloody.

There are some valuables on or with the body, including a white with orange stripes nightclub-type fabric band at the right wrist, a stud earring with clear stone at each earlobe, and other items including identification cards (for full listing please see the Medical Examiner's file for the "Body & Personal Effects Record").

Scalp hair is short and black. The head, face, neck, and upper shoulders show no suffusion. The eyes are brown and the sclerae are white. Ocular fluid is clear. There are no facial petechiae or areas of periorbital ecchymosis. Facial hair is a short beard and mustache. In the nasal and oral cavities is bloody mucus. There is blood smeared across the anterior face and low left abdomen, also across each dorsal and anterior hand (the left moreso). Teeth are natural with good oral hygiene. The neck has normal range of motion with no crepitus.

The chest is not increased in the anteroposterior dimension. Breasts are masculine. The abdomen is soft and mildly protuberant. Extremities are symmetrical and with no deformities. The legs have no peripheral edema or skin atrophy. The nails are short

and unremarkable. The back and buttocks have no natural deformities. The anus is not remarkable. External genitalia are adult male and not remarkable, including testes palpable within the scrotum.

Significant scars, tattoos, nevi, and incidental findings are a tattoo across the upper chest of "Sis Gertrude," a tattoo at the upper central back of a geometric design, and several small incisional- or tube-type scars at the central abdomen.

EVIDENCE OF INJURY

Two penetrating gunshot wounds and some minor blunt force injuries are present.

Gunshot wound of neck:

The low left face has a gunshot entrance hole centered 7 ¾ inches below the top of the head, ¾ inches anterior to the top of the head, and 3 inches to the left of midline. At the skin this lies over the lower edge of the angle of the jaw. There is no soot, charring, stippling, or gunpowder flake deposition in or around the wound. The hole is 0.5 cm in diameter, is filled/closed by a fresh coagulum, and has a thin abrasion margin less than or equal to 0.1 cm thick, except at the superior and posterior aspects where it is 0.4 cm thick over an area 1.0 cm wide.

X-rays of the head, neck, and chest show a "snowstorm" pattern of multiple tiny metallic fragments and five to six larger metal pieces at the upper right shoulder area outside the chest, along with a deformed conical bullet at the medial proximal right arm and without arm fracture.

There is no exit wound or near-exit wound, but there is some evidence of the terminal passage of the projectile—there is an edematous purple contusion at the upper right medial posterior shoulder 3.5 cm x 2.5 cm.

The overall course is rightward, backward, and downward through the neck and right shoulder and arm. At the entrance area, there is no damage to the left mandible, but instead, the shot penetrates the upper lateral left neck soft tissues below the mandible and passes behind the left neck major blood vessels without damage to them, and then passes through the left hypopharynx with local contusion. It then passes through the upper cervical vertebral column across the anterior C3 vertebral body. There has been no penetration of the spinal canal, and as viewed via anterior approach, the dura mater has no laceration but does have posterior epidural hemorrhage at approximately the level of vertebra C3. There is no intrathecal hemorrhage here, but there is slight subarachnoid hemorrhage of the spinal cord, and sectioning shows deep spinal cord contusions at the upper half of the cervical area. Inside the head, the subarachnoid hemorrhage continues up the anterior cervical spinal cord and onto the anterior brainstem, but there are no contusions of the brainstem.

From the vertebral column, the shot passes through the right posterior neck deep soft tissues and then into the upper right posterior shoulder, and then across the

top of the right scapula and also through the upper middle of the right scapula, the projectile having shattered prior to this point. There is hemorrhage in the soft tissues of the upper right back over the scapula. The major piece of the projectile has continued across the back of the right axilla and into the proximal medial right arm, approximately as far as the mid-shaft of the humerus. There has been no impact to humerus or fracture of the humerus.

There has been no penetration of the chest cavity or fracture of the upper ribs or clavicle. The upper lobe of the right lung does have contusion, however. There is no aspirated blood.

Recovered from around the area of the right scapula are two pieces of projectile, a thin flat round piece of lead 0.5 x 0.2 cm in surface area, and an irregular twisted piece of coppery jacket with a little bit of lead measuring 1 x 0.8 x 0.1 cm in maximum dimensions. The major piece of metal is 1.3 long x 0.8 x 0.4 cm in maximum dimensions and consists of the conical tip of a .223-type bullet with a copper jacket and twisted shaft with some lead core still present. For photography and evidentiary transfer, these fragments are all packaged together as "Bullet Fragments from Right Shoulder."

Gunshot wound of trunk:

The entrance here is at the mid-lateral left abdomen in the anterior axillary line and centered 25 ¼ inches below the top of the head and 5 ½ inches to the left of midline. The wound is a hole 0.5 cm in diameter with surrounding abrasion 0.1 cm thick, except superiorly where it is 0.2 cm thick. There is no soot, charring, stippling, or gunpowder flake deposition in or around the wound or shirt (this is the wound which does have the matching shirt hole).

X-rays of the trunk show some tiny metallic fragments at the right sacral area and a deformed bullet at the right hip over the right iliac bone shadow.

There is no exit wound, near-exit wound, or apparent external terminus wound for this shot.

The overall course is rightward, backward, and downward through the abdomen, pelvis, and right hip. From the entrance wound, the projectile punches into the peritoneal cavity and then through two loops of small bowel on the left and then penetrates the left psoas muscle, with hemorrhage along the left ureter. The shot passes through the left sacroiliac joint and across the sacrum and exits at the lateral right sacral area, with the projectile stopping in the subcutaneous tissues of the right buttock at a point about 30 inches below the top of the head and 3 ¼ inches to the right of midline.

There is local hemorrhage along the track, including around the small bowel perforations and at the buttock terminus, and there is 100 mL of liquid blood within the peritoneal cavity. The other organs in the abdomen are not injured.

The recovered projectile is a twisted/deformed, coppery-jacketed, pointed bullet tip with some lead core protruding. The bullet tip jacketed portion is 1.2 cm long x 0.6 cm in maximum cross-sectional diameter, and the protruding lead area is 1.3 cm x 0.5

cm in maximum surface area. This is consistent with a .223-type round. The projectile for evidentiary transfer and photography is labeled as "Bullet from Right Buttock."

Other injury:

The back of the right elbow has a small abrasion.

The right biceps area has a small abrasion and a small purple contusion.

The low right and central forehead areas and the right face just lateral to the right upper eyelid have several small abrasions with some reddish ecchymosis, the largest abrasion 0.7 cm x 0.9 cm. There is no significant deep scalp hemorrhage here, and there is no skull fracture, intracranial hemorrhage, or brain injury. See above for the subarachnoid hemorrhage at the brainstem related to the gunshot wound through the neck.

The back of the right hand over the index PIP joint, over the ring finger MP knuckle, and over the small finger MP knuckle, has several small abrasions, the largest 0.2 cm x 0.3 cm.

The upper outer right chest below the clavicle has an older small greenish-brown contusion.

There are no internal blunt force injuries.

ROUTINE INTERNAL EXAMINATION

In general, injuries have been described above and will not be further detailed in this section. The head and body cavities are opened in the standard autopsy fashion. The panniculus adiposis is not thickened. The organs are present as usual. In the pleural, pericardial, and cranial cavities, there are no collections of fluid, blood, pus, or foreign material, but see above for the hemoperitoneum. There are no pleural, pericardial, peritoneal, dural, or leptomeningeal adhesions or fibroses. There is no tissue discoloration suggestive for carbon monoxide intoxication or jaundice. There is a moderate odor suggestive of alcoholic beverages about and within the body.

NECK ORGANS: The tongue has no areas of chronic hemorrhage or scarring. The upper airways contain scant mucus. There is no obstruction of the nasopharynx, hypopharynx, or larynx, and the mucosa is smooth and glistening without ulceration, tumor, polyps, or significant edema. The mucosa of the epiglottis and larynx has no petechiae or contusions. The thyroid gland is of the usual size and shape and is not remarkable on cut surfaces. The tonsils and salivary glands are not remarkable.

HEART: The heart is not enlarged or flabby and weighs 400 g. The epicardium is smooth and glistening and has no significant petechiae. Serial sectioning of the coronary arteries reveals no significant atherosclerotic change and no thrombosis. Right-to-left system anastomoses are absent. The mitral, aortic, pulmonic, and tricuspid valve ring circumferences are not remarkable. The valve rings, leaflets,

chordae tendineae, and papillary muscles show no evidence of significant acute or chronic disease. There is no dilation of the chambers. Sectioning of the walls including the atrioventricular nodal area reveals the usual reddish-brown myocardium with normal consistency and with no evidence of scarring or necrosis. The right ventricular, left ventricular, and interventricular septal maximal wall thicknesses are not remarkable. The endocardium has no mural thrombosis or fibrosis.

VASCULAR SYSTEM: Intravascular blood is liquid but decreased in available peripheral volume, and separate peripheral and heart samples are collected. The aorta has no significant atherosclerotic change. There is no evidence of aortic dissection, aneurysm, laceration, or coarctation. The renal artery orifices are not stenotic. The inferior and superior vena cavae are not remarkable. There is no evidence of pulmonary artery atherosclerosis. There is no pulmonary thrombo-embolism.

RESPIRATORY SYSTEM: The lungs and hilar lymph nodes are not anthracotic. The pleurae have no petechiae and there are no adhesions. The right lung weighs 750 g and the left lung weighs 500 g. The tracheobronchial tree has no malformations or obstructions. The trachea and mainstem bronchi have flat tan mucosa and contain scant mucus. Palpation and sectioning reveal no evidence of atelectasis, bronchiectasis, bronchopneumonia, abscess, fibrosis, granulomas, cavitation, tumor, infarction, thrombosis, or emphysema. There is no pulmonary edema or pulmonary congestion.

DIAPHRAGM: The right and left halves of the diaphragm have no masses, fibrosis, or exudate.

LIVER AND GALLBLADDER: The liver weighs 1,610 g and has a smooth and glistening capsule. On cut surface, the parenchyma is dark reddish-brown and has normal lobular architecture. There is no evidence of cirrhosis, tumor, vascular malformation, cysts, or abscess. The gallbladder contains thin dark bile, and there are no stones. The bile ducts are patent, and the gallbladder walls are not thickened.

SPLEEN: The spleen weighs 110 g, is purplish-red, and has a smooth, glistening, thin capsule. On cut surface, the parenchyma is composed of the usual red and white trabecular pulp and has no abnormalities.

PANCREAS: The pancreas is of the usual size and shape and has uniform consistency with no evidence of fibrosis, atrophy, tumor, fat necrosis, pseudocyst, hemorrhage, or calcification.

ADRENAL GLANDS: The right and left adrenal glands are of the usual size and shape. The cut surfaces show the usual golden-brown cortex and tan-white medulla. There is no evidence of atrophy, hemorrhage, infarction, abscess, or tumor.

KIDNEYS AND URINARY BLADDER: The kidneys are present in their usual locations and are symmetrical. The right kidney weighs 160 g and the left kidney weighs 160 g. There is no dilation of the pelves or ureters. The capsules are glistening and strip easily, revealing smooth cortical surfaces. Sectioning shows no cortical atrophy, papillary necrosis, stone formation, abscess, tumor, hemorrhage, or pyelonephritis. The ureters have no masses or areas of obstruction. The urinary bladder is not dilated, contains clear yellow urine, and has glistening, flat, homogeneous mucosa.

MALE REPRODUCTIVE SYSTEM: The prostate gland is not enlarged and has a homogeneous tan cut surface without hemorrhage or necrosis. The epididymides and testes are not examined.

ALIMENTARY TRACT: The esophagus and stomach have no diverticula, ulcers, or varices. The stomach contains 100 mL of thin brown mucoid fluid with no evidence of drug residue. The mesentery and bowel coverings have no fat necrosis, adhesions, masses, or areas of inflammatory exudate. The large and small bowels have no areas of palpable tumors or obstruction. There is no obvious diverticulosis. The vermiform appendix is present. The proximal small bowel contains mucoid fluid, and the distal large bowel contains stool.

LYMPH NODES: Lymph nodes in the cervical, mediastinal, periaortic, and pelvic areas are not enlarged or matted and have unremarkable cut surfaces.

MUSCULOSKELETAL SYSTEM: There are no obvious areas of muscular atrophy, hemorrhage, necrosis, or calcification. There is no evidence of remote trauma in the skeletal system. There are no areas of scoliosis or chronic arthritic change of the vertebral column. Vertebral bone and marrow are not examined, except at the upper cervical vertebral area and are not remarkable there, aside from trauma.

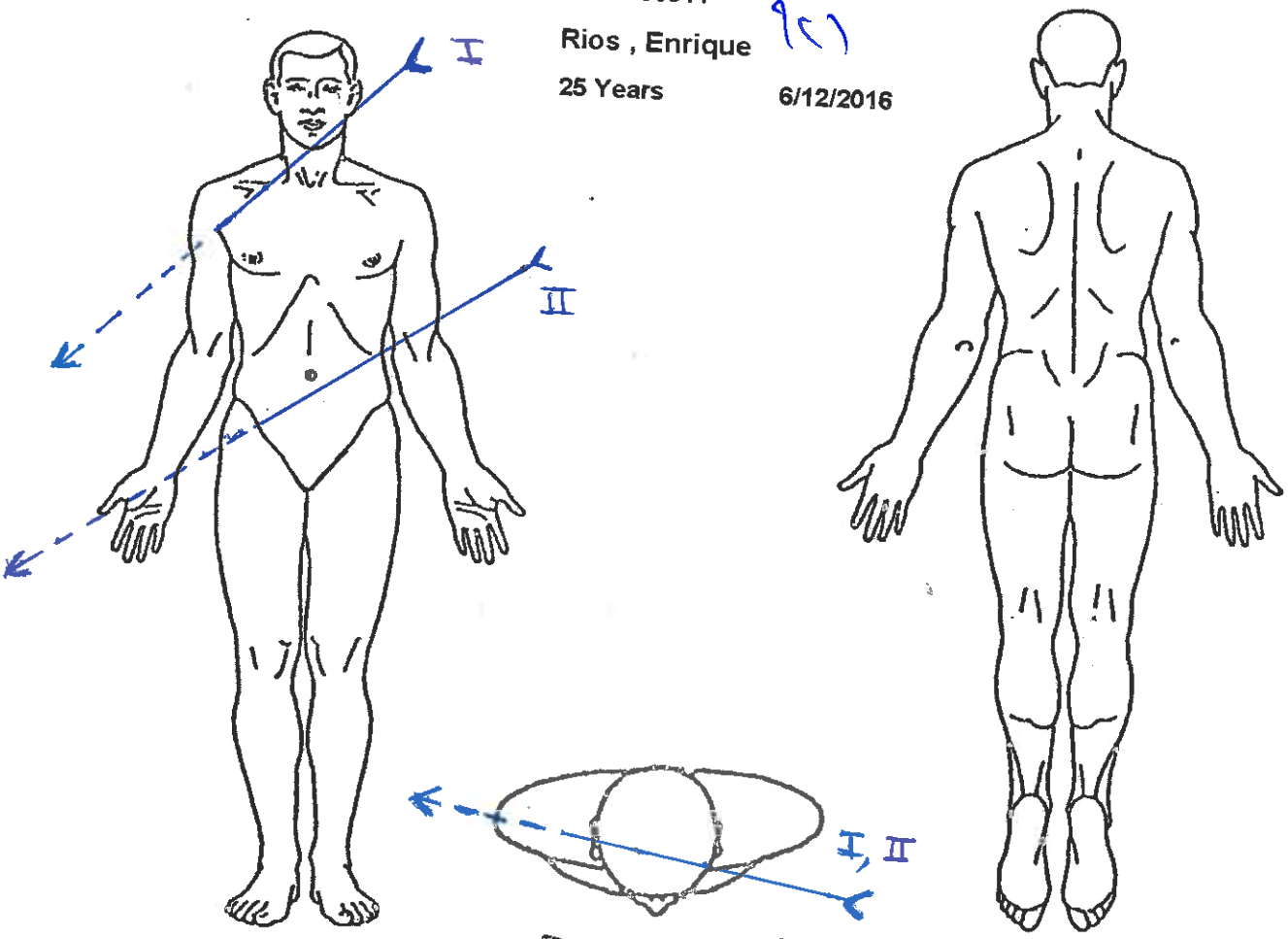
CENTRAL NERVOUS SYSTEM: The dura is smooth and glistening and has no areas of remote hemorrhage or surgery. The brain weighs 1,330 g, is symmetrical, and has no atrophy. There is no brain swelling present and no evidence of herniation at any of the portals of the brain. The major blood vessels at the base of the brain have the usual anatomic distribution, and there is no atherosclerosis and no thrombosis. The cranial nerves are symmetrical and intact. The leptomeninges are smooth and glistening and without evidence of acute or chronic inflammation. There is no subarachnoid hemorrhage, except at the brainstem. Sectioning of the cerebrum, cerebellum, and brainstem reveals no discoloration, gliosis, infarction, midline shift, parenchymal or ventricular hemorrhage, abscess, vascular malformation, or tumor. There is normal grey and white matter distinction and normal pigmentation. The pituitary gland is not remarkable. The spinal cord is not examined, except at the cervical region and is not remarkable there aside from the previously-noted trauma.

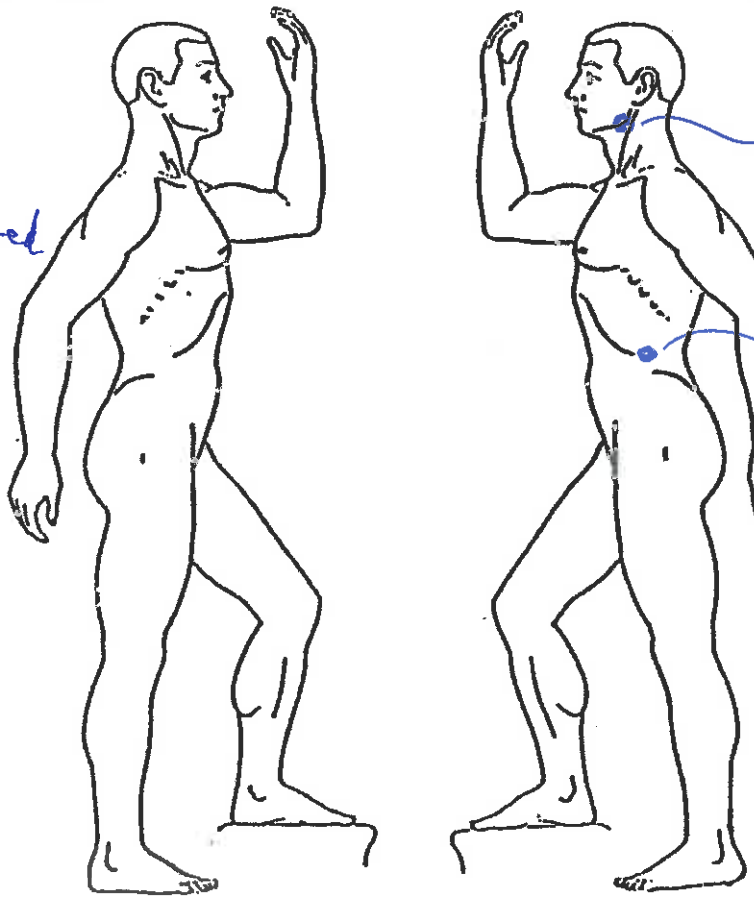
JCG/alm/JCG

ME16-00911

Rios , Enrique 9(c)

25 Years 6/12/2016





Two GSW's with fragmented .223-type bullets recovered.

7-25-16

Wuesthoff REFERENCE LABORATORY

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

Patient: RIOS, ENRIGUE Age: **25** Sex: **M**
Client Patient ID: 9-16-911 Account#: VX82885
Physician: GILES, JESSE Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/12/2016 Lab Order No: 661300950 Reg Date: 06/13/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL - VOLP			
SPECIMEN TYPE			
PERIPHERAL BLOOD			
ETHANOL	**0.084**	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			
CAFFEINE, NICOTINE, NICOTINE METABOLITE			
LC/MS/MS			
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		mg/L	0.050
Screening result suggests the need for further testing			
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

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Physician: GILES, JESSE Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/12/2016 Lab Order No: 661500902 Reg Date: 06/13/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL, VITREOUS - VOLPV			
SPECIMEN TYPE			
VITREOUS			
ETHANOL	**0.090**	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: Julie Bell Date: 7/19/16

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE