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

REPORT OF AUTOPSY

DECEDENT: ERIC ORTIZ RIVERA **CASE NUMBER:** ME 2016 – 000912

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

AGE: 36 years **SEX:** Male
RACE: White **DATE OF DEATH:** June 12, 2016

DATE/TIME OF AUTOPSY: June 12, 2016 @ 9:10 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 wound of right upper extremity
   - A. Comminuted fracture of right humerus
   - B. Perforation of axillary vasculature
   - C. Fracture of right clavicle
   - D. Right pneumothorax
   - E. Right pulmonary contusions
   - F. Intermediate range
   - G. Partial projectile recovered

II. Gunshot wound of left upper extremity
   - A. Hemorrhage of soft tissue
   - B. Indeterminate range
   - C. No projectile recovered

continued...

III. Gunshot wound of right lower extremity
   A. Perforation of right iliac artery
   B. Perforation of right iliac vein
   C. Indeterminate range
   D. No projectile recovered

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 Eric Ortiz Rivera, a 36 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 Eric Ortiz Rivera 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 9:10 a.m.

IDENTIFICATION: The body of Eric Ortiz Rivera is identified by Law Enforcement Officer Danny Garcia-Pagan via photograph comparison. The identification is made to ME Chief Investigator Hicks on June 12, 2016.

CLOTHING AND VALUABLES: At the time of examination, the body is dressed in a dark gray short-sleeved t-shirt, black denim jeans worn with a black belt, and undershorts. The above-described t-shirt has been cut and partially moved secondary to resuscitative effort. White ankle 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 72 inches in length and weighs 144 pounds. Body habitus is average and slender. The body is ambient temperature. Rigor mortis is oncoming. Livor mortis is unfixed, purple-red and confined to the back. The body is neither decomposed nor embalmed.

EXTERNAL EXAMINATION

The scalp hair is black, has mild frontal balding, straight, and measures an estimated 0.5 cm on the posterior and lateral aspects and up to 6 cm on the vertex and frontal portions of the scalp. The face is clean-shaven. The irides are brown. The pupils have equal diameters. The corneas are clear. The conjunctivae are unremarkable, with no hemorrhages. The sclerae are white. The external nares are free of foreign material or abnormal secretions. 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. It 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 uncircumcised man, remarkable for injuries as described below. The testes are descended into the scrotal sac.

The lower extremities are symmetrical and have no anatomic abnormalities. The arms, forearms, wrists and hands have no anatomic abnormalities. The fingernails are intact.

The left side of the back has a series of vertically-oriented recent linear abrasions and is otherwise unremarkable. The anus has no abnormalities.

SCARS AND TATTOOS

The skin on the lateral aspect of the left arm has a gray and red tattoo of indeterminate design. The skin on the back at the level of the scapula and overlying the posterior midline has a large gray-tone tattoo of indeterminate design. The body has no apparent surgical scars.

THERAPY

A recent thoracotomy site lies on the left side of the chest below the level of the nipple line, creating entrance into the left pleural cavity. Electrocardiogram leads are on the torso. An intravenous catheter is in the ventral aspect of the left forearm.

EVIDENCE OF INJURY

Gunshot wound "A":

1) An entrance gunshot wound perforation lies on the posterolateral aspect of the right arm. It is slightly oval in shape measuring 0.5 cm x 0.4 cm and has an irregular margin of abrasion measuring 0.1 cm. Its central portion lies 34.3 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, skeletal muscle, and disrupts the proximal diaphyseal humerus, then exits the body, creating a large gaping wound on the anterior aspect of the right arm, axillary fold and chest. Recovered from the mid-portion of the wound path are two severely deformed fragments of projectile. They are photographed on filter paper and placed in an evidence container. The partial exit wound is irregular

with ragged edges and a few radiating abrasions along the anterior axillary fold. Overall, it measures 11 cm x 7.5 cm.

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

4) Associated injuries include hemorrhage along the wound path. Additionally, fragments of the projectile continue, involving the right pectoral muscle, right clavicle, with entrance into the right pleural cavity and pulmonary contusions of the upper lobe of the right lung involving an estimated 15 to 20% of the parenchyma. A deformed fragment of projectile is recovered from the right clavicle. It is photographed on filter paper and sealed in an evidence container.

Gunshot wound "B":

1) An entrance gunshot wound perforation lies on the lateral aspect of the right thigh. It is slightly oval in shape measuring 0.5 cm x 0.4 cm and has a regular 0.1 cm margin of abrasion. Its central portion lies 105 cm 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, skeletal muscle, and skims along the anterior aspect of the pelvis, creating a large defect in the right inguinal fold, immediately adjacent to the genitals.

3) The exit wound is a large gaping irregular wound measuring 10.2 cm x 10 cm. Its central portion lies 104 cm above the outsole of the right foot. There is no projectile.

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

5) Associated injuries include hemorrhage along the wound path.

Gunshot wound "C":

1) An entrance gunshot wound perforation lies on the medial aspect of the right arm. It is oval in shape measuring 1 cm x 0.4 cm with a regular margin of abrasion. Its central portion lies 58 cm from the tip of the left index finger. The adjacent skin has no soot, stippling or muzzle imprint.

2) The wound path sequentially runs through the skin, subcutaneous adipose tissue, and skeletal muscle before exiting through the skin on the ventral aspect of the left arm.

3) The gunshot wound perforation lies on the ventral aspect of the left arm. It is oval in shape measuring 0.8 cm x 0.4 cm and its central portion lies 57 cm from the tip of the left index finger. The adjacent skin has no soot, stippling or muzzle imprint.

4) The wound path with respect to the standard anatomic position is from back to front and downward.

5) Associated injuries include hemorrhage along the wound path.

INTERNAL EXAMINATION

The usual Y-shaped incision is made, incorporating the above-described medical intervention. The serosal cavities have no adhesions or abnormal collections of fluid. 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 not distended and contain partially clotted dark red blood.

The heart weighs 330 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 dilated.

RESPIRATORY SYSTEM: The upper and lower airways are patent and lined with clear mucus streaked with blood. The mucosal surfaces are yellow-red, smooth, and have no petechiae. The right and left lungs weigh 680 and

400 grams, respectively. They have smooth pleural surfaces. The cut surfaces of the pulmonary parenchyma are pink-red, mildly congested, hypercrepitant, have no discrete lesions, and exude a minimal amount of bloody liquid and froth. The peripheral pulmonary vessels have smooth intimal surfaces and no thromboemboli.

HEPATOBILIARY SYSTEM: The liver weighs 1290 grams and has a smooth, intact capsule. The liver parenchyma is moderately firm, brown-red, and 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-brown, lobulated parenchyma, clear ducts and no lesions.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 100 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.

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 ml of tan fluid with unidentifiable food particles. The duodenum is unremarkable. The small and large bowels are unremarkable.

GENITOURINARY SYSTEM: The right kidney weighs 110 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 mildly congested, 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. The urinary bladder contains a measured 300 ml of dark urine. Its mucosa is white-tan 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 right spermatic cord has hemorrhage and injuries, as described above. The left spermatic cord is unremarkable.

ENDOCRINE SYSTEM: The pituitary and adrenal glands have no abnormalities. The thyroid gland is 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 or edema and is lined with clear 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 1410 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 reveal no structural lesions.

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

SHZ/alm

Wuesthoff REFERENCE LABORATORY

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

Patient: ORTIZ RIVERA, ERIC Age: **99** Sex: **M**
Client Patient ID: 9-16-912 Account#: VX82886
Physician: ZYDOWICZ, SARA Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/12/2016 Lab Order No: 661300952 Reg Date: 06/13/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL - VOLP			
SPECIMEN TYPE			
PERIPHERAL BLOOD			
ETHANOL	**0.139**	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			
PERIPHERAL BLOOD			
GC/MS			
CAFFEINE, NICOTINE, NICOTINE METABOLITE			
LC/MS/MS			
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	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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Client Patient ID: 9-16-912 Account#: VX82886
Physician: ZYDOWICZ, SARA Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/12/2016 Lab Order No: 661500905 Reg Date: 06/13/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL, VITREOUS - VOLPV			
SPECIMEN TYPE			
VITREOUS			
ETHANOL	**0.133**	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

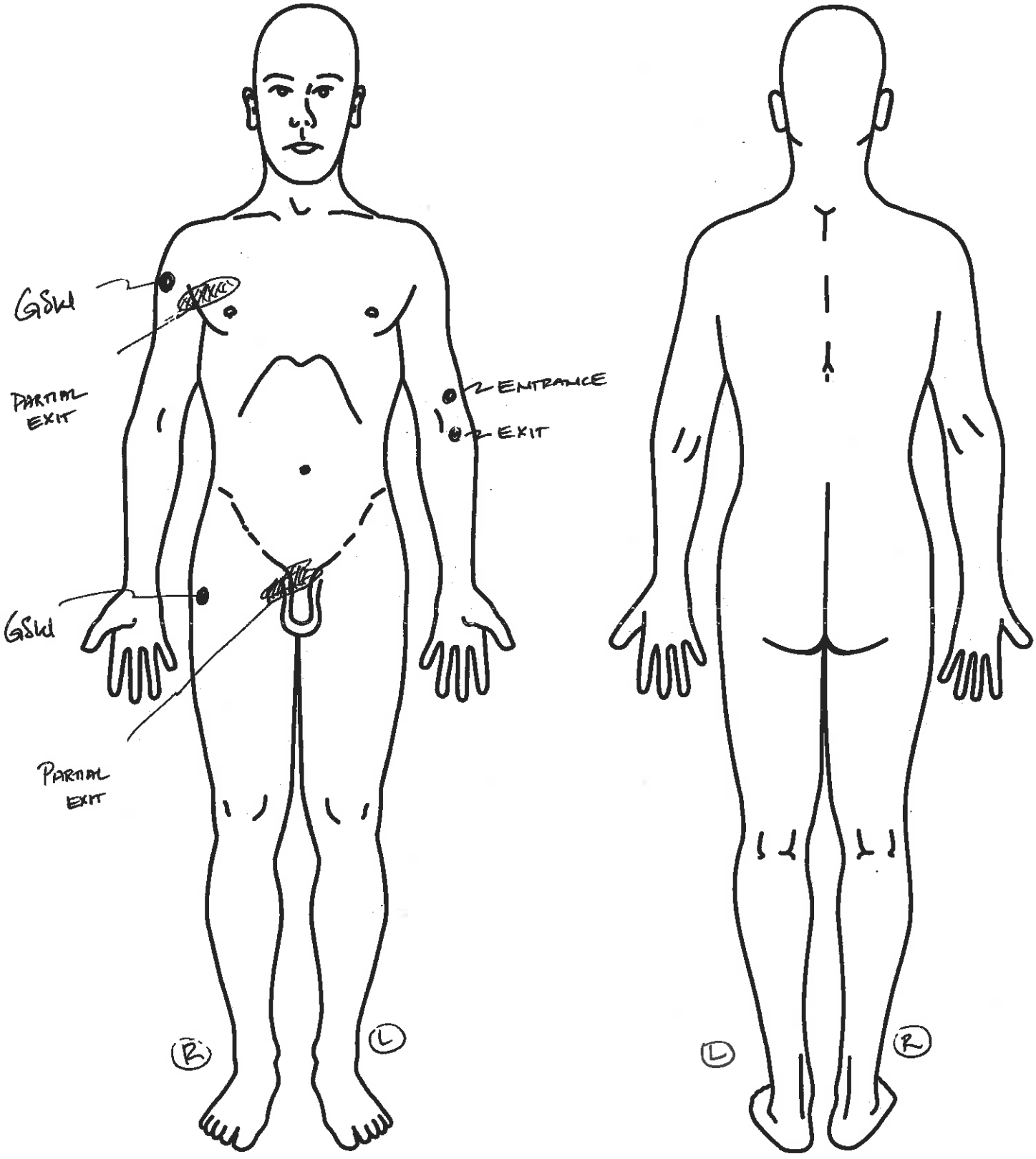
Specimens were intact upon receipt. Chain of custody, specimen security and integrity has been mantained. Testing has been performed as requested

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

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

Height _____

Weight _____



15-217 (3/08)

ME 16-912

INJURY CLARIFICATION SHEET