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

REPORT OF AUTOPSY

DECEDENT: FRANK HERNANDEZ **CASE NUMBER:** ME 2016-000955

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

AGE: 27 years **SEX:** Male
RACE: Hispanic **DATE OF DEATH:** June 12, 2016

DATE/TIME OF AUTOPSY: June 13, 2016 @ 10:00 a.m.

PERFORMED BY: Wilson A. Broussard, Jr., MD, Associate Medical Examiner
(District 12 – providing cross coverage)

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

CAUSE OF DEATH: Gunshot wounds of the head

AUTOPSY FINDINGS

I. Gunshot wounds of the head:
   - A. Two apparent high-velocity gunshot wounds entering left side of head
   - B. One apparent high-velocity wound entering right side of head
   - C. Two large comminuted blowout type high-velocity exit wounds being common tracks for the previously-described three entrance wounds located on the back of the head

D. Perforating gunshot wound of upper shoulder/back region without associated major lethal injury
E. Gunshot wounds of left and right hands – perforating
F. Gunshot wounds of lower extremities – no major bony or vascular compromise

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 reports, it is my opinion that the death of Frank Hernandez, a 27-year-old Hispanic male, is due to gunshot wounds of the head.

The manner of death is homicide.

POSTMORTEM EXAMINATION
OF THE BODY OF FRANK HERNANDEZ

A postmortem examination of the body of a 27-year-old male identified as Frank Hernandez is performed pursuant to Florida statute 406.11 by Wilson A. Broussard, Jr., MD, Associate Medical Examiner (District 12 – providing cross coverage) at the District Nine Orange County Medical Examiner facility, Orlando, Florida on June 13, 2016 at 10:00 a.m.

IDENTIFICATION: The body of Frank Hernandez is identified by comparison to the photograph in Texas Driver's License #24794742 by FDLE Special Agent Walsh on June 13, 2016 @ 12:45 a.m. at the Orange County Medical Examiner facility. The identification is made to ME Investigator Fletcher.

CLOTHING AND VALUABLES: The body is received clad in one pair of navy blue jeans, one dark black belt, two gray deck shoes, a long-sleeved blue and white button-down shirt, and black and white underwear. White metal jewelry includes a bracelet on the right wrist, a ring on the left ring finger and a watch on the left wrist.

EXTERNAL EXAMINATION

The body is that of a 66 inch, 192 pound, adequately-developed, well-nourished Hispanic male, appearing consistent with the recorded age of 27 years. Rigor mortis is fully developed but breakable with minimal pressure and livor mortis is fixed on the posterior aspects of the body.

See Evidence of Injury for description of trauma; otherwise, the scalp is generally covered by a fully distributed crop of approximately 1 to 1½ inch dark brown hair. A thin dark beard growth is noted. The irides are brown. The pupils are equal at 2-3 mm. The conjunctivae disclose congestion. A single contact lens is noted in the right eye. The mouth contains natural dentition in a fair state of dental repair. The lips, frenula, gums, tongue, buccal and nasal mucosa are atraumatic.

The neck, chest, breasts, abdomen and back are symmetric. The genitalia are atraumatic and those of an uncircumcised adult male.

The upper and lower extremities are symmetric.

IDENTIFYING MARKS AND SCARS: Multiple tattoos include Arabic writing on the left upper shoulder, a tribal griffon on the left upper shoulder and inscription "love has no gender" on the left upper arm, the Roman numerals "V.VI.LXV" on the distal left upper arm and a star on the left wrist. In addition, on the back of the lower neck at midline is a Leo zodiac symbol, and on the back of the left calf is an eye of Horus triangle. Skin condition is generally normal for age, although some irregular hypopigmented scarring is noted on the dorsal aspect of the left foot.

EVIDENCE OF INJURY

Multiple gunshot wounds of the body are identified. In summary, three gunshot wounds of the head are identified, two entering on the left side, and one on the right. A common exit is noted through two large gaping irregular blowout-type exit wounds on the back of the head. One gunshot wound is noted to the right hand. One gunshot wound is noted to the left hand. The right leg has two gunshot wounds and the left leg has two gunshot wounds. The posterior wound on the right distal upper leg may be an entry/exit that re-enters the back of the right leg as a deep gouging graze wound above the knee.

GUNSHOT WOUNDS OF HEAD:
Gunshot wounds of the head are noted on the left. A gunshot wound of the extreme left upper neck is located 1¼ inch directly below the left external auditory canal just under the left earlobe. A 1/8 inch round defect is surrounded by ¼ inch circumferential marginal abrasion. The wound track penetrates the basilar cranium where extensive multifocal linear and basilar skull fractures and macerated brain matter are noted.

The second gunshot wound entering the left side of the head is noted on the left cheek. This wound is located 6½ inches below the top of the head and 4 inches to the left of midline, generally lateral to the lateral canthus of the mouth on the left. The wound itself is a somewhat triangular-shaped ½ x ½ inch wound. The track is upward penetrating into the cranial cavity, causing extensive multifocal comminuted basilar fractures and linear fractures posteriorly.

The gunshot wound on the right side of the head is located 1 inch directly above the right external auditory canal and 3½ inches below the top of the head. The

wound is a ½ x ½ inch defect with a ¼ inch inferior anterior marginal abrasion. A slight area of grazing is noted at the top of the right ear in association.

The common exit wounds for the previously-described three wounds are noted at the midline back of the head. A gaping stellate blowout wound at the apical posterior scalp measures 4¾ x 2½ inches and is centered 1½ inches below the top of the head. The second gaping wound in associated with multiple fragmented linear skull fractures is located 4 cm below the top of the head, and measures 2¾ x 2.0 inches.

Associated with the three gunshot wounds entering the head are common comingling wound tracks causing extensive pulpification and brain maceration along with multiple comminuted linear and basilar skull fractures as previously mentioned. Multiple small metallic fragments are recovered in brain matter, including areas to the right cranium above the ear and multifocal areas around the dura posteriorly at the midline and somewhat on the left basilar temporal area.

Therefore the pathways of the gunshot wounds include the first gunshot wound entering directly below the left ear, having a front to back, left to right and upward trajectory, the second gunshot wound entering the left cheek having a left to right, upward, and front to back trajectory, and the wound entering the right lateral scalp, having a general front to back and right to left trajectory.

GUNSHOT WOUND OF SHOULDER:
A gunshot wound entering the left shoulder is identified. This wound causes a superficial track where a subcutaneous projectile is recovered under the soft tissue of the right shoulder, as will be described. The entrance wound is on the left upper shoulder, 9½ inches below the top of the head and 7 inches to the left of midline. The wound tracks soft tissue only, causing no major vascular compromise or bony fractures. A large caliber jacketed projectile is recovered in subcutaneous tissue 2½ inches below the top of the shoulder at the posterior right shoulder, having a 2 to 2½ inch area of contusion, and focal peripheral abrasion adjacent to the palpable subcutaneous bullet.
Therefore the overall pathway of the wound track is left to right, having minimal back to front or up to down direction.

GUNSHOT WOUND OF RIGHT HAND:
The gunshot wound of the right hand enters the medial most aspect of the right hand, 5 inches proximal to the tip of the right index finger. This wound enters at

the medial aspect of the palm in anatomic position. The wound is a ¼ inch defect surrounded by a 1/8th inch marginal abrasion. The wound tracks through the hand, causing metacarpal fractures and exits the right hand between the base of the index finger and 3rd finger. The exit wound measures ¾ x ½ inch. The wound is irregular.

Associated with the gunshot wound is soft tissue and bony damage as previously described. No projectile or projectile fragments are recovered.

Therefore the overall pathway of the gunshot wound in anatomic position is right to left and slightly downward.

GUNSHOT WOUND OF LEFT HAND:
The gunshot wound of the left hand is a gaping gunshot wound of the palm whose entrance has marginal abrasion on the lateral aspect of the left palm, causing a gaping 2 x 1 cm inch horizontal irregular tear. The wound is located 4½ to 5 inches from the tip of the index finger. The exit aspect is located on the medial most aspect of the left palm and is a gaping, stellate, irregular 2 x 1 cm defect. The wound track causes some anterior metacarpal fracturing and extensive soft tissue damage. No projectile fragments are recovered. The overall wound track is left to right.

GUNSHOT WOUNDS OF LEGS:
The gunshot wounds of the right leg include a gaping anterior 2 x 2 cm irregular atypical entrance wound with a superficial wound tract going slightly superior. An inferior ¼ inch marginal abrasion is noted. No definitive bony compromise or major vascular injury is noted. The superficial defect is up to 1 to 1½ inches deep. No major projectile is recovered. The wound itself is located 11½ inches above the right heel at the medial most right calf. Directionality undeterminable.

The other wound of the right leg is a somewhat gaping, posterior stellate, irregular oval wound which may be associated with a gunshot wound which enters and exits the left leg. The wound itself is a 2½ x 2 cm somewhat gaping wound, having a medial 1¼ inch large marginal abrasion area. Irregular soft tissue damage and ragged tissue tears are deep into the subcutaneous and soft tissue. Peripheral abrasions are small and located both slightly above and below the previously described gaping wound. No major projectile fragments are recovered. The wound is located 18 inches above the right heel. Directionality appears left to right.

Gunshot wounds of the left leg include a gaping gouge wound of the left lateral anterior calf. This obliquely-oriented wound is 11½ inches above the left heel, and measures 3 x 1½ inches. The depth of the wound track is up to 1½ inches. Associated with the wound track are extensive soft tissue damage and evacuation of musculature in the deep gouging track. A ½ inch marginal abrasion is noted at the inferior left lateral aspect.

Therefore, the overall pathway of this gunshot wound is not definitive but likely somewhat inferior to superior and diagonal.

The last wound of the left leg is a perforating gunshot wound which enters the posterior left lateral leg just above the knee, 19 cm above the left heel. The wound is a 1½ x 1¼ inch defect which traverses through soft tissue, and exits the medial aspect of the posterior left leg, 18 inches above the left heel. The exit is somewhat irregular and measures 1¾ x 1¼ inch. As previously mentioned, this superficial wound track may be associated with the posterior wound on the right leg.

Therefore, the overall pathway of this gunshot wound is left to right and having little or no significant up-down or front-back deviation. Adjacent to the previously-described entrance wound is a small superficial defect up to ½ inch in depth. The defect measures ½ x ¼ inch. Several satellite linear abrasions appear dotted in an inferior pattern below the previous-described entrance wound on the left lateral posterior leg. These abrasions range from 1/8 to ¾ inch.

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

INTERNAL EXAMINATION

BODY CAVITIES: The serosal surfaces are pink-tan and glistening. The organs are normally oriented. The appendix and gallbladder are identified in the proper position. No adhesions or effusions are noted.

CARDIOVASCULAR SYSTEM: The heart weighs 300 grams and has a normal amount of subendocardial fat for age. The coronary arterial system is normally distributed, and serial sectioning at 2-mm intervals reveal widely patent lumina of the four major coronary arteries and/or their branches. The cardiac valves, mural endocardium, and coronary orifices disclose no lesions. The thoracic and abdominal aortae have no significant atheromatous change.

RESPIRATORY SYSTEM: The right and left lungs weigh 290 grams and 240 grams, respectively. The pleural surfaces are pink-tan and glistening. The sectioned lungs disclose generally good aeration but aspirated blood is noted into both major bronchi bilaterally. The sectioned lungs disclose congestion, edema and aspiration. No masses, thromboemboli or purulent inflammatory processes are noted.

HEPATOBILIARY SYSTEM: The liver weighs 1500 grams and has a smooth intact capsule. The sectioned liver discloses a generally homogenous, slightly yellow-tan discoloration. The infrahepatic biliary track is unremarkable as is the gallbladder.

ENDOCRINE SYSTEM: The pituitary, pancreas, thyroid and adrenal glands are all unremarkable externally and along the cut surfaces.

DIGESTIVE SYSTEM: The esophagus, stomach, small and large intestines are all unremarkable externally and long the mucosal surfaces. The stomach contains 350 mL of nondescript mucoid fluid. The appendix is identified.

GENITOURINARY SYSTEM: The right and left kidneys weigh 130 grams each. The cortical surfaces are pale tan bilaterally. The sectioned kidneys disclose good corticomedullary demarcation. The ureters are unremarkable and lead to a urinary bladder containing approximately 250 mL of yellow-tinged urine.

The testicles and prostate gland disclose no lesions upon section.

RETICULOENDOTHELIAL SYSTEM: No lymphadenopathy is noted. The spleen weighs 120 grams and has a smooth intact capsule. The sectioned spleen is homogenous and maroon-red, without prominent lymphoid follicles.

MUSCULOSKELETAL SYSTEM: See evidence of injury; otherwise, no chronic organic lesions are noted.

NECK: The larynx, trachea and mainstem bronchi are all unremarkable externally and long the mucosal surfaces. The hyoid bone and thyroid cartilage are intact. The anterior neck musculature is without trauma.

HEAD AND CENTRAL NERVOUS SYSTEM: See evidence of injury; otherwise, the remaining minimal nontraumatic brain matter discloses a normal distribution of gray/white matter. No mass lesions or leptomeningeal infections are definitively identified. Stripping of the dura from the skull and the calvarium fails to disclose abnormalities other than previously described. The examined brain matter weighs 1000 grams.

WAB/jw

Wuesthoff REFERENCE LABORATORY

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

Patient: HERNANDEZ, FRANK Age: **27** Sex: **M**
Client Patient ID: 9-16-955 Account#: VX82964
Physician: BROUSSARD, WILSON Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/13/2016 Lab Order No: 661401255 Reg Date: 06/14/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL - VOLP			
SPECIMEN TYPE			
PERIPHERAL BLOOD			
ETHANOL	**0.327**	g/dL	0.010
results verified by repeat analysis			
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			
DIPHENHYDRAMINE, CAFFEINE			
LC/MS/MS			
DIPHENHYDRAMINE, CAFFEINE, CAFFEINE METABOLITE			
BLOOD IMMUNOASSAY SCREEN			
AMPHETAMINES		mg/L	0.100
Unable to report due to interfering substance(s) present in the specimen			
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

7/25/16

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Physician: BROUSSARD, WILSON Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/13/2016 Lab Order No: 661900683 Reg Date: 06/14/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL, VITREOUS - VOLPV			
SPECIMEN TYPE			
VITREOUS			
ETHANOL	**0.080**	g/dL	0.010
results verified by repeat analysis			
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 mantained. Testing has been performed as requested

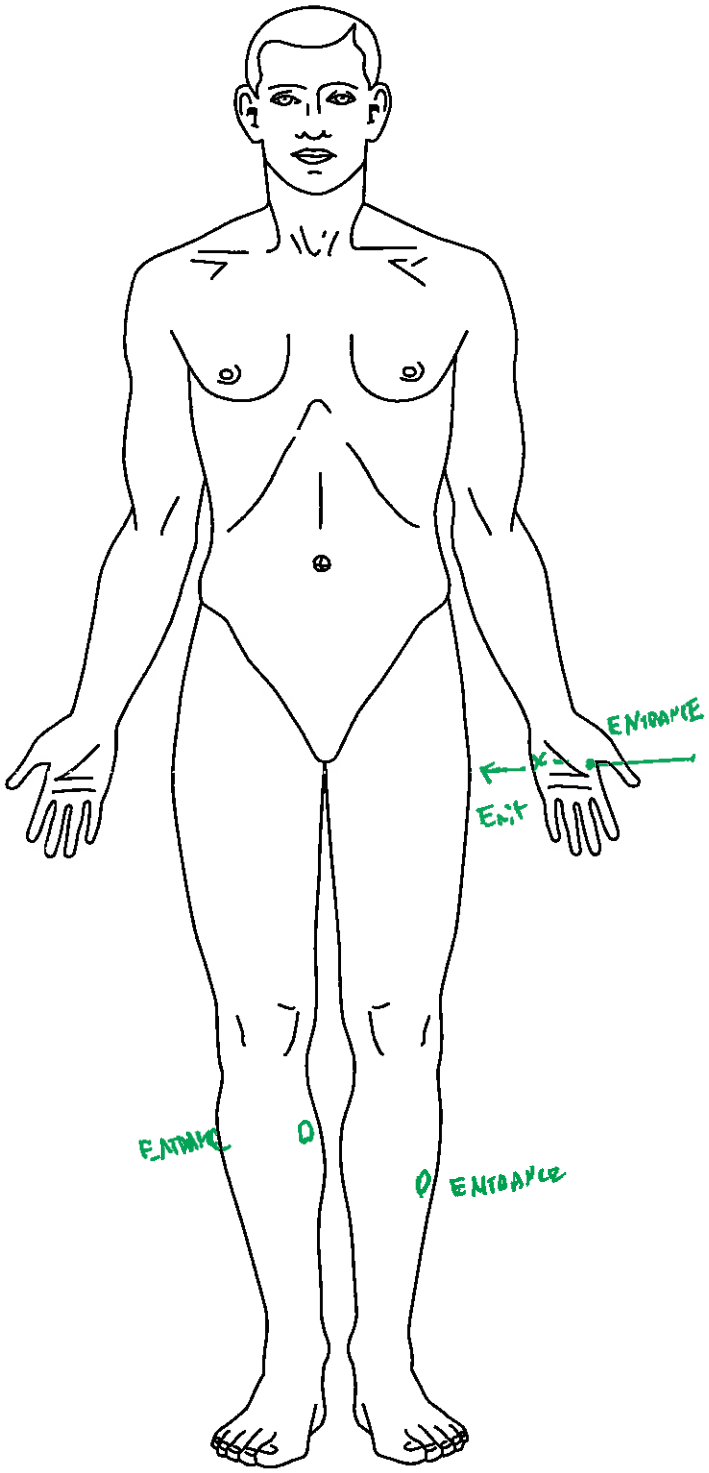
Reviewed by: _____ Date: 7/20/16

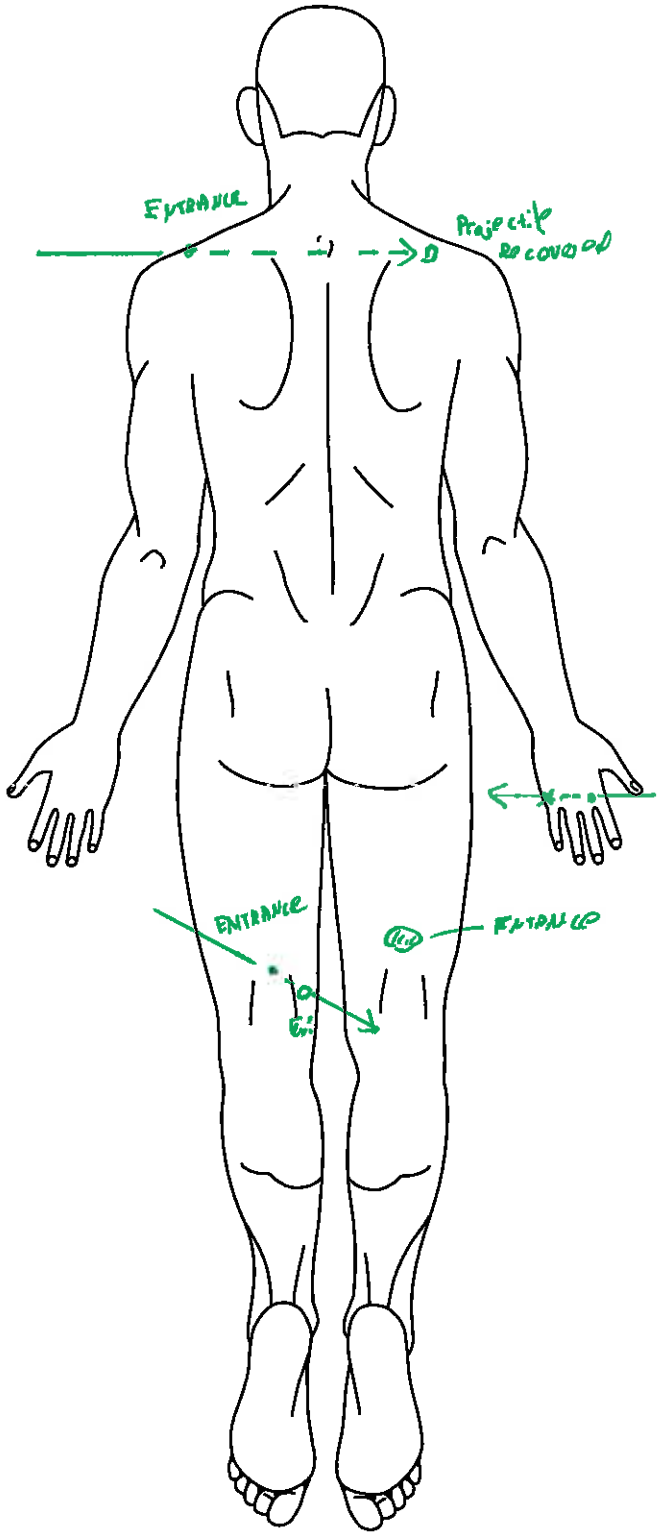
FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

ME Case Number: ME16-00955

Hernandez, Frank

27 Years - M 6/12/2016





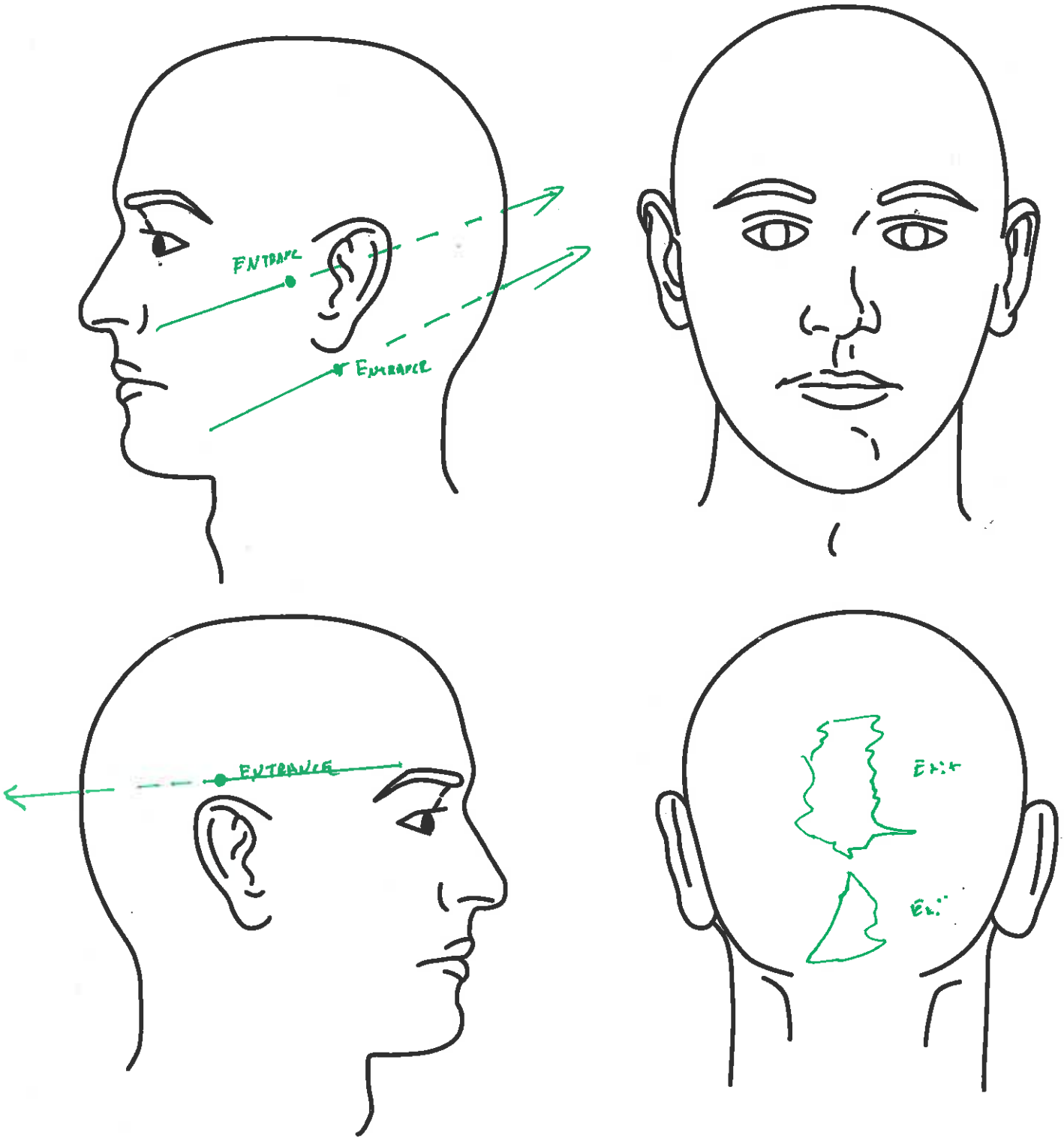
15-225 (8/11)

CLARIFICATION DIAGRAM

ME16-00955

Hernandez, Frank

27 Years - M 6/12/2016



15-219 (3/08)

CLARIFICATION DIAGRAM