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

REPORT OF AUTOPSY

DECEDENT: GILBERTO SILVA MENDEZ **CASE NUMBER:** ME 2016 – 000951

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

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

DATE/TIME OF AUTOPSY: ~~June~~ 13, 2016 @ 8:15 a.m.

D.O. OBANKE

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 head:
   - A. Laceration of scalp
   - B. Fractures of calvarial skull
   - C. Fractures of base of skull
   - D. Lacerations of cerebral hemispheres
   - E. Cerebral cortical contusions
   - F. Subarachnoid hemorrhage
   - G. Indeterminate range
   - H. No projectile recovered

II. Gunshot wounds (3) of torso:
   - A. Perforation of liver
   - B. Fracture of left sacrum
   - C. Perforation of liver, left lobe

continued...

Findings continued ...

D. Retroperitoneal hemorrhage
E. Indeterminate range
F. No projectile recovered

III. Gunshot wound of right lower extremity:
A. Hemorrhagic wound path
B. Indeterminate range

IV. Gunshot wound of left upper extremity:
A. Hemorrhagic wound path
B. Indeterminate range

V. Gunshot wound of left lower extremity:
A. Hemorrhagic wound path
B. Indeterminate range
C. 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 Gilberto Silva Mendez, a 25-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 Gilberto Silva Mendez 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 13, 2016 at 8:15 a.m.

IDENTIFICATION: The body of Gilberto Silva Mendez is identified via comparison of decedent to photograph associated with Florida Driver License #S415-296-90-329-0. The identification is made by Special Agent Matt Walsh, with the FDLE, on June 12, 2016 @ 10:40 p.m., at the Orange County Medical Examiner facility.

CLOTHING AND VALUABLES: At the time of examination, the body is dressed in a white long-sleeved button-up shirt with a black skull pattern, khaki pants, and blue undershorts. The shirt and pants are partially saturated with blood. Blue lace-up sneakers 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, young adult man, compatible with the above-stated age. At the time of the exam, the body measures 73 inches in length and weighs 209 pounds. Body build is large. The body is ambient temperature. Rigor mortis is developed in the jaw and extremities. Lividity is minimal, fixed, and confined to the back. The body is neither decomposed nor embalmed.

EXTERNAL EXAMINATION

The scalp hair is dark brown, straight, and measures an estimated 4 cm in maximal length. Facial hair consists of a brown beard. The irides are brown. The pupils have equal diameters. The corneae are clear. The conjunctivae are unremarkable, with no hemorrhages. The sclerae are white. The external nares contain a small amount of dried blood. The nasal skeleton is palpably intact. The lips have no injuries. The oral cavity has natural dentition in a good state of repair. Corrective orthodontic braces are on the upper and lower teeth. The oral mucosa has no injuries, intact frenula and no petechial hemorrhages in the oral vestibule. It is lined with clear mucus and blood. The external auditory canals contain a small amount of dried blood.

The neck is symmetrical and is remarkable for injuries as described below.

The thorax is well-developed and symmetrical and has injuries as described. The abdomen is flat and soft with no palpable masses.

The external genitalia are those of a normally developed, adult uncircumcised man with no injuries. The testes are descended into the scrotal sac and palpably unremarkable.

The lower extremities are symmetrical and have no non-traumatic abnormalities. The arms, forearms, wrists and hands have no nontraumatic abnormalities. The fingernails are intact.

The back has injuries as described below and is otherwise unremarkable. The anus has no abnormalities.

SCARS AND TATTOOS

The skin on the right lower quadrant of the abdomen has a small polychrome tattoo of the Playboy Bunny head and a purple star. The skin on the ventral aspect of the left forearm has a gray tone tattoo of a heart-shaped locket, a gray tone tattoo of a crown and gray script of the word "KING." The body has no apparent remote surgical scars.

EVIDENCE OF INJURY

The body has multiple penetrating and perforating gunshot wounds as well as other superficial wounds from projectile fragments and/or intermediate targets. The ordering and labeling of the following is for descriptive purposes only and is not intended to imply order of infliction or relative severity. All wound paths are given in respect to the standard anatomic position.

Head:

1. A gunshot wound is located on the posterior occipital region of the hair-bearing scalp. Its central portion is located 3 cm below the vertex of the head and it overlies the posterior midline. The wound is large, stellate, and irregular overall measuring 7.5 x 3 cm and has multiple radiating tears, circumferentially. The hemorrhagic wound path involves the scalp, the galea aponeurosis, and parietal occipital region of the calvarial skull, creating a large elliptical-shaped defect which exposes the underlying dura and cerebral hemispheres. The above-described wound encompasses both the entrance and exit.

2. The direction of the wound path, with respect to the standard anatomic position, is from right to left.

3. Associated injuries include lacerations and contusions along the hemorrhagic wound path, more severe in the left cerebral hemisphere than the right, cerebral cortical contusions of the right and left temporal lobes, and thin, diffuse subarachnoid hemorrhage involving the right and left parietal, temporal, and occipital lobes.

Torso:

Gunshot Wound "A":

1. An entrance gunshot wound perforation lies on the left side of the chest, near the anterior axillary fold. The central portion is located 16 cm below the vertex of the head and 12 cm to the left of the anterior midline.
The wound is slightly irregular measuring 0.7 x 0.5 cm with an irregular 0.1 cm margin of abrasion. Blue-purple ecchymosis extends for a distance of 0.3 cm from the 3 o'clock to the 7 o'clock position. The adjacent skin has no stippling, soot, or muzzle imprint. This wound may represent a re-entry wound associated with a gunshot wound of the left upper extremity (see description below).

2. The hemorrhagic wound path sequentially involves the skin, subcutaneous adipose tissue, and skeletal muscle and spreads to involve the pectoral and subclavicular soft tissues.

3. The exit wound lies on the left side of the chest, just below the left clavicle. A central portion is located 12 inches below the vertex of the head and 6 cm to the left of the anterior midline. It is an irregular and wide gaping wound, overall measuring 5 x 3 cm. Irregular, blue-purple ecchymosis surrounds the entire wound for a distance of 3.5 cm in the 3 o'clock position and 3 cm in the 9 o'clock position.

4. There is no projectile.

5. The direction of the wound path, with respect to the standard anatomic position, is from left to right, slightly back to front, and upward.

6. Associated injuries include hemorrhage along the wound path and secondary irregular abrasions lining the anterior aspect of the neck and underside of the chin.

Gunshot Wound "B":

1. An entrance gunshot wound lies on the left lower back. Its central portion is located 74 cm below the vertex of the head and 13 cm to the left of the posterior midline. The wound is slightly oval in shape, measuring 0.6 x 0.5 cm. It has an irregular margin of abrasion, is 0.1 cm, and darkening and drying from the 9 to 1 o'clock position. The adjacent skin has no soot, stippling, or muzzle imprint.

2. The hemorrhagic wound path involves the skin and subcutaneous adipose tissue and skeletal muscle and the left alar wing, creating a fracture at the left sacroiliac joint. There is no exit.

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

4. Associated injuries include extensive retroperitoneal hemorrhage estimated at greater than 200 cc and hemorrhage along the entire wound path.

Gunshot Wound of Left Upper Extremity:

1. An entrance gunshot wound lies on the posterior lateral aspect of the left arm. Its central portion is located 46 cm from the tip of the left index finger. It is an oval shaped wound measuring 0.7 x 0.3 cm. It has irregular 0.1 cm slightly raised, tan margin of abrasion. The adjacent skin has no stippling, soot, or muzzle imprint.

2. The hemorrhagic wound path sequentially involves the skin, subcutaneous adipose tissue, skeletal muscle of the extensor compartment of the arm with fragments involving the humerus.

3. The exit perforation lies on the anteromedial aspect, 56 cm from the tip of the index finger. It is a round perforation measuring 0.6 cm in diameter and is surrounded by a zone of blue-purple ecchymosis.

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

5. Associated injuries include hemorrhage along the entire wound path. Manual manipulation of the left upper extremity permits the exit wound of the left upper extremity to line up with the entrance wound on the torso, described above.

Gunshot Wound of Right Lower Extremity:

1. An entrance gunshot wound lies on the posterior aspect of the right thigh. The wound lies 74 cm above the outsole of the right foot. It is round with a 0.5 cm diameter and a 0.1 cm regular margin of abrasion. The adjacent skin has no stippling, soot, or muzzle imprint.

2. The hemorrhagic wound path sequentially runs through the skin, subcutaneous adipose tissue, skeletal muscle of the flexor compartment of the thigh, before exiting on the anteromedial aspect of the left thigh.

3. The exit perforation lies on the anteromedial aspect of the right thigh. It is an oblong, tunnel-like wound measuring 6 x 2 cm. It has an 8 x 4 cm flanking zone of blue-purple ecchymosis. A similar such wound impression lies on the anteromedial aspect of the left thigh measuring 8 x 3.5 cm and lying within an area of blue-purple ecchymoses measuring 7 x 4 cm.

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

5. Associated injuries include hemorrhage along the wound path.

Gunshot Wound of Left Lower Extremity:

1. An entrance gunshot wound perforation lies on the posterior aspect of the left leg. A central portion is located 15 cm above the outsole of the left foot. It is a round wound with a 0.5 cm diameter and a 0.1 cm irregular margin of abrasion. The adjacent skin has no stippling, soot, or muzzle imprint.

2. The wound path sequentially runs through the skin, subcutaneous adipose tissue, and skeletal muscle of the posterior compartment of the leg and exits on the lateral, anterior aspect of the left leg.

3. The exit perforation, in the left leg, lies 38.1 cm above the outsole of the left foot. It is a wide and gaping wound measuring 5 x 3.5 cm, exposing the underlying subcutaneous adipose tissue and skeletal muscle.

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

5. Associated injuries include hemorrhage along the wound path.

Other Injuries:

1. The skin on the right side of the face, near the jawline, has a 0.8 x 0.5 cm defect with a portion of a projectile wedged within the wound. The fragment is photographed on filter paper and sealed in an evidence container.

2. The skin on the left mid back has an irregular, gaping abrasion measuring 7.5 x 3.2 cm. Underlying subcutaneous adipose tissue is exposed.

3. The skin on the lateral aspect of the right thigh has an inverted teardrop-shaped abrasion, measuring 8 x 3.5 cm. Immediately below the abrasion is a zone of multiple punctate and a few linear abrasions.

INTERNAL EXAMINATION

The usual Y-shaped incision is made and reveals evidence of extravasated blood in the subcutaneous tissues of the chest and abdomen in association with the above-described injuries. The serosal cavities have no adhesions.
The pneumothorax test is negative for gas bilaterally. 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 partially collapsed and contain a small amount of residual, partially clotted, dark red blood.

The heart weighs 345 grams. The epicardial surface is smooth. The coronary arteries arise normally, have patient 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 chronically dilated.

RESPIRATORY SYSTEM: The upper and lower airways are patent and lined with clear mucus streaked with blood. The distal bronchial tree contains a minimal amount of froth. The mucosal surfaces are yellow-red, smooth, and have no petechiae. The right and left lungs weigh 360 and 390 grams, respectively. They have smooth pleural surfaces. The cut surfaces of the

pulmonary parenchyma are pink-red, normally crepitant, have no discrete lesions, and exude a minimal amount of bloody liquid and froth. The peripheral pulmonary arteries have normal surfaces and no thromboemboli.

HEPATOBILIARY SYSTEM: The liver weighs 1650 grams and is remarkable of injuries as described above. The liver parenchyma is moderately firm, tan-brown and has no nontraumatic 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 300 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 vertebral marrow is red-brown, homogenous, and has no gross evidence of abnormalities. The thymus gland is partially atrophic 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 less than 50 ml of tan-pink fluid with no identifiable food particles. The duodenum is unremarkable. The small and large bowels are unremarkable.

GENITOURINARY SYSTEM: The right and left kidneys weigh 130 and 150 grams, respectively. They have thin renal capsules that strip with ease.
The cortical surfaces are tan-brown and smooth. The cortices are well-delineated from the underlying medullary pyramids and have no lesions.
The calyces, pelves, and ureters are not dilated and have unremarkable underlying mucosa. There is no increase in hilar adipose tissue. The urinary bladder contains a measured 100 ml of pale urine. Its mucosa is white-tan, smooth, 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 testes are descended into the scrotal sac and palpably unremarkable.

ENDOCRINE SYSTEM: The pituitary and adrenal glands have no abnormalities. The thyroid gland is tan-pink with monomorphic, granular cut surfaces and no lesions.

NECK: The neck is remarkable for injuries as described. 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 blood-streaked mucus.

HEAD: The scalp, skull, and brain are remarkable for injuries as described above. The dura mater and falx cerebri are remarkable for injuries as described. The brain weighs 1485 grams and has symmetrical cerebral hemispheres. The external surfaces of the brain are not edematous. The arachnoid membrane is thin and delicate. The cerebrospinal fluid is bloody. The cranial nerves, that can be assessed, are intact. The cerebral arteries have no atherosclerosis or other abnormalities. The external and cut surfaces of the cerebral hemispheres, brainstem and cerebellum have no nontraumatic abnormalities. The cerebral ventricles have a normal caliber and shape.

MUSCULOSKELETAL SYSTEM: The axial and appendicular skeletons have no nontraumatic abnormalities. The musculature is normally developed.

SHZ/st

Wuesthoff REFERENCE LABORATORY

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

Patient: SILVA MENDEZ, GILBERTO Age: **25** Sex: **M**
Client Patient ID: 9-16-951 Account#: VX82960
Physician: ZYDOWICZ, SARA Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/13/2016 Lab Order No: 661401249 Reg Date: 06/14/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL - VOLP			
SPECIMEN TYPE			
PERIPHERAL BLOOD			
ETHANOL	NONE DETECTED	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			
NICOTINE, NICOTINE METABOLITE, CAFFEINE			
LC/MS/MS			
LC/MS/MS TESTING 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		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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Patient: SILVA MENDEZ, GILBERTO Age: **25** Sex: **M**
Client Patient ID: 9-16-951 Account#: VX82960
Physician: ZYDOWICZ, SARA Client: DISTRICT 9 MEDICAL EXAMINER MISC

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

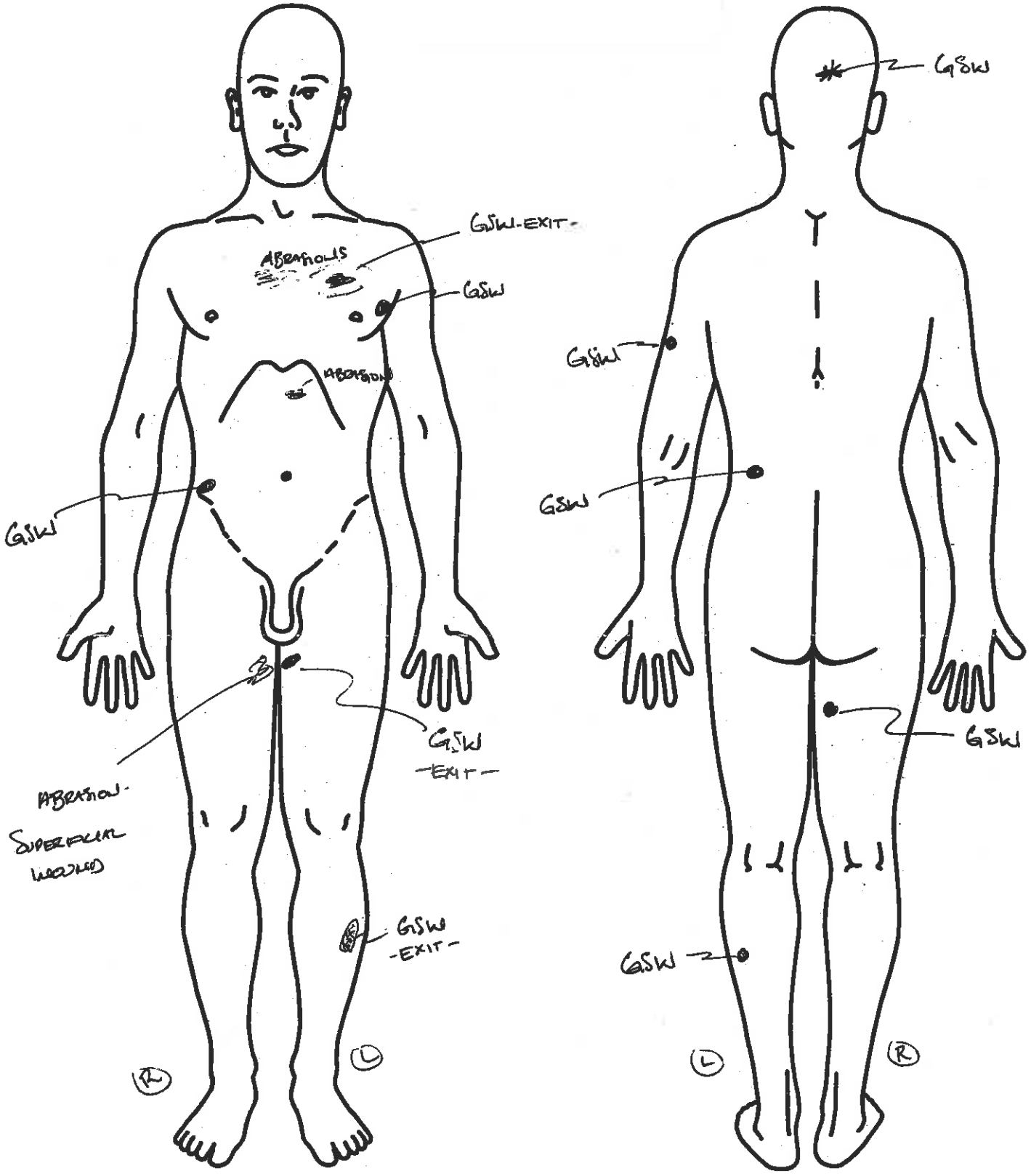
Reviewed by: _____ Date: 7/20/16

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

ME16-00951

Silva Mendez, Gilberto

25 Years - M 6/12/2016



15-217 (3/08)

INJURY CLARIFICATION — SUCK