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

REPORT OF AUTOPSY

DECEDENT: JAVIER REYES

CASE NUMBER: ME 2016-000959

MANNER OF DEATH: Homicide

IDENTIFIED BY: Photo ID

AGE: 40 years

SEX: Male

RACE: White Hispanic

DATE OF DEATH: June 12, 2016

DATE/TIME OF AUTOPSY: June 14, 2016 @ 1:15 p.m.

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

Marie H Hansen MD
August 5, 2016

CAUSE OF DEATH: Multiple gunshot wounds

AUTOPSY FINDINGS

I. Multiple gunshot wounds with:

- A. Gunshot wound of head with:
  1. Laceration of scalp
  2. Laceration of brain
  3. Comminuted fracture of calvarium and base of skull
  4. Fragments of projectile recovered in base of skull and identified in maxillary sinus
- B. Gunshot wound of left wrist with fracture of left ulna
- C. Gunshot wound of left thigh
- D. Gunshot wound of right thigh, right abdomen, and left chest
- E. Gunshot wound of left shoulder
- F. Superficial wounds posterior right shoulder and right arm
- G. Projectile fragments recovered in clothing

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 Javier Reyes, a 40-year-old white Hispanic male, is the result of multiple gunshot wounds.

The manner is classified as homicide.

The autopsy of the body of Javier Reyes 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 14, 2016 @ 1:15 p.m.

IDENTIFICATION: The body of Javier Reyes is positively visually identified by comparison to the photograph in Florida Driver's License #J626-420-76-094-0 by FDLE Special Agent Walsh on June 13, 2016 @ 12:40 a.m. at the Orange County Medical Examiner facility. Family also reportedly confirmed the presence and type of a lower abdomen tattoo.

CLOTHING AND VALUABLES: The body is clothed in a shirt, pants with a belt, underwear, as well as two shoes and two socks. The body is accompanied by a wallet with a Florida Driver's License, a credit card, glasses, a piece of gum, a cell phone, personal papers, a white metal bracelet, two white metal rings, a black cloth bracelet and a club wristband. Present with the body is cash in the denominations of two $50 bills, one $20 bill and four $5 bills, as well as change in the amount of one nickel and four pennies, for a total of $140.09. The clothing and valuables are turned over to law enforcement.

GENERAL STATEMENT: The body is that of a 67 inch, 199 pound, normally developed and well-nourished to mildly obese white Hispanic male, appearing consistent with the given age of 40 years. There is mild rigor mortis present (passing) and dependent non-blanching livor mortis observed.

EXTERNAL EXAMINATION

The hair of the head is black, 1 inch on the top and ¼ inch on the sides. The irides are brown with equal round pupils bilaterally. The right cornea is cloudy and the left is clear. The sclerae are bilaterally clear and without petechiae. There is a right periorbital ecchymosis. Each earlobe is singly pierced. The upper lip has a ¼ inch black outline mustache and the lower jaw has a ¼ inch outline beard. The mouth has a full set of white natural teeth in good repair.

The neck is unremarkable.

The chest has symmetric breasts that are without palpable masses. The nipples are without crusting or ulceration. The central chest and abdominal body hair is shaved and there is a tattoo of a sun in the right lower quadrant of the abdomen. The external genitalia are those of an adult non-circumcised male, with bilaterally descended testicles.

The upper and lower extremities are without distinctive areas of scarring or tattooing except for a 1½ inch scar on the dorsum of the right foot at the base of the great toe. The back is unremarkable except for a tattoo of a moon in the mid upper chest at the base of the neck and black body hair in the lower lumbar region. The body is otherwise unremarkable except as described in the paragraphs on Evidence of Injury.

SPECIAL PROCEDURES: Toxicologic analysis: body fluids and tissues consisting of heart blood, bile, urine, and ocular fluid, as well as representative portions of liver are obtained. Forensic analysis: DNA card. Bullet fragments recovered from the body are delineated in the paragraphs on Evidence of Injury.

EVIDENCE OF MEDICAL INTERVENTION: None.

EVIDENCE OF INJURY

There are multiple gunshot wounds to the body.

Gunshot Wound A:
Gunshot Wound A is a penetrating gunshot wound of the head with an entrance in the left occipital scalp 3¾ inches posterior and 1½ inches to the left of the left external auditory canal via a 1 cm x 1.2 cm defect with superior blackened edges and an inferior 1½ inch laceration.

The gunshot wound pathway continues with a comminuted calvarium fracture with associated stellate laceration in the back of the mid occiput, maceration of the occipital lobe and mid brainstem of the 1230 gram brain as well as laceration of the superior cerebellum and destruction of the left hippocampus. Serial sectioning of the remaining brain reveals contusions in the inferior left temporal lobe, the pons, stretch contusions in the basal ganglia and contusions in the right perihippocampal cortex.

Stripping of the dura reveals the calvarium with a comminuted fracture pattern and the base of the skull has a comminuted fracture pattern with a combined hinge fracture through the petrous ridges and extending fractures through the bilateral inferior temporal skull, as well as the bilateral occipital skull, right greater than left.

Small portions of yellow metal jacket are present in fractured portions of the occipital skull and right petrous ridge. X-rays show small fragments of projectile in the right zygomatic area and there is a right periorbital ecchymosis. Unroofing

and palpation of the sphenoid and maxillary sinuses do not reveal any identifiable recoverable portions of projectile.

The overall pathway is therefore left to right, back to front and downward with small fragments of jacket recovered from the skull.

Gunshot Wound B:
Gunshot wound B is a perforating gunshot wound of the left forearm with an entry wound on the dorsum of the left forearm 3 inches above the wrist through a 5 x 7 mm defect. There is no associated soot or powder tattooing.

The wound pathway continues with fractures of the left radius and disruption of the tendons with a large medial exit defect from 5 inches to 9½ inches below the elbow through a 4½ inch x 3 inch defect with multiple skin tags on the inner aspect of the left forearm. There is an additional stellate satellite lesion 5½ inches below the elbow that is 3 mm x 5 mm. No residual projectile fragments are identified.

The overall pathway is therefore, in anatomic position, back to front, straight in the right to left pathway, and slightly upward.

Gunshot Wound C:
Gunshot Wound C is a perforating gunshot wound of the left thigh and hip with an entrance wound at a point on the lateral aspect of the left hip above the knee, 26 inches above the heel through a 1 cm x 3 to 4 mm defect. There is subcutaneous muscle hemorrhage extending to a 5 inch x 2 inch defect present on the lateral aspect of the left thigh at a point 29½ inches to 34½ inches above the left heel without recoverable fragments of projectile.

The overall pathway is therefore straight in the front to back pathway, slightly right to left and upward.

Gunshot Wound D:
Gunshot Wound D is a penetrating gunshot wound of the right anterior thigh and abdomen and left chest with an entrance wound at a point 28 inches above the heel on the anterior right thigh through a 3 mm x 5 mm defect with an associated 3/8 inch laceration at a point 32½ inches above the heel and a tunnel of hemorrhage up the anterior thigh into the subcutaneous fat of the abdomen where there is a 2 inch x 1 inch defect 3 inches lateral and 1½ inches superior to the umbilicus with additional pinpoint to 3 mm defects in the anterior skin over the sternum and extending into the mid chest.

A fragment of yellow metal jacket is present in the defect medial to the left breast, 1½ inches medial and ½ inch above the left nipple. In addition, a small fragment of yellow metal jacket is recovered in the muscles of the right thigh.

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

Gunshot Wound E:
Gunshot Wound E is a perforating gunshot wound of the left shoulder with an entrance wound on the lateral aspect of the left shoulder through a defect that is 3 x 2 mm present at a point 5 inches left of the midline and 2 inches below the shoulder. The wound continues through the subcutaneous fat to a defect in the medial aspect of the left upper shoulder through a 5 mm x 7 mm defect with a medial 1 cm and superior 1.5 cm abrasion. This is present at a point 1½ inches below the shoulder and 4 inches left of the midline.

The overall pathway is therefore left to right, relatively straight in the back to front pathway and slightly upwards.

Additional Injuries:
Present on the lateral aspect of the posterior right shoulder and the posterior aspect of the upper right arm are superficial defects that do not appear to connect and do not appear to extend through the portions of the epidermis. They are maximum 1 cm in greatest dimension. Also present in the lateral aspect of the right upper arm is a 1½ inch linear superficial laceration that is present from 8½ inches to 10 inches below the shoulder, and extends through the skin into portions of the epidermis.

NOTE: Examination of the clothing reveals several irregular fragments of gray metal and deformed yellow metal jacket in the inner jacket which may be associated with Gunshot Wound D.

INTERNAL EXAMINATION

HEART: The pericardial sac contains 4 cc of clear yellow fluid. The 370 gram heart has a right anatomic dominant coronary arterial system that on serial section has focal 30% luminal narrowing of the left anterior descending coronary artery and 20% narrowing of the circumflex coronary artery. The right coronary artery is unremarkable to sectioning. The atria are bilaterally unremarkable, and the foramen ovale is closed. Each of the heart valves has the correct number of thin pliable leaflets or cusps.

The myocardium is red-tan to red-brown and 1 cm in thickness without distinctive areas of mottling or scarring.

PERIPHERAL VASCULAR SYSTEM: The aorta is intact through its thoracic and abdominal distribution with a normal orientation of great vessels and no evidence of coarctation or aneurysmal dilatation. The iliac and carotid arteries are unremarkable to examination and palpation.

HEAD and BRAIN: Except as described in the paragraphs on Evidence of Injury, there is no epidural or subdural hematoma. Sectioning of portions of the brain not damaged in the gunshot wound pathways reveals gray-tan cortical ribbon and diffusely softened, expanded white matter. The lateral ventricles are narrowed.

The vessels that can be identified anteriorly in the circle of Willis are unremarkable on section. The substantia nigra has an identifiable pigment line and the pons has contusion hemorrhages.

Stripping of the dura reveals fractures as described in the paragraphs on Evidence of Injury.

NECK ORGANS: The superficial and deep muscles of the anterior neck are without hematoma. The tongue is unremarkable on horizontal section. The hyoid bone and thyroid cartilage are intact. The epiglottis is without edema or petechiae. The trachea is without occlusion by food or foreign material. Palpation of the anterior cervical vertebral column reveals no evidence of fracture.

LUNGS: The pleural cavities are bilaterally dry. The right and left lungs weigh 530 and 300 grams respectively. The pleural surfaces are tan-pink to red-blue with mild anthracosis and no adhesions or petechiae. On section, the parenchyma is tan-pink to red-gray with mild anthracosis but no pulmonary emboli, tumor, hemorrhage or distinctive areas of consolidation. The trachea is without occlusion by food or foreign material. The distal tracheobronchial trees are without occlusion by mucus plugging.

LIVER: The 1260 gram liver has an intact capsule and a red-brown parenchyma with a lobular architecture. The gallbladder contains an estimated 4 cc of yellow-green, runny bile without gallstones. The mucosa is otherwise unremarkable.

RETICULOENDOTHELIAL SYSTEM: The 100 gram spleen has a dull capsule that wrinkles easily. 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 gray-black on section. The remaining lymph node chains are grossly unremarkable.

ENDOCRINE SYSTEM: The thyroid gland has symmetric brown lobes that are homogeneous on section. The adrenal glands have bilaterally golden yellow cortices and gray medullae, and are without hemorrhage or tumor 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 140 and 150 grams respectively. The capsules strip easily revealing pale tan red cortical surfaces of normal thickness. The medullae, calices, collecting systems, ureters, and bladder are unremarkable. The bladder contains an estimated 85 cc of pale yellow fluid.

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

GASTROINTESTINAL SYSTEM: The esophageal mucosa is tan-white and glistening. The stomach contains 300 cc of pink opaque fluid with a slight sweet odor and no identifiable pill fragments or food fragments. The underlying rugal folds are mildly autolyzed but 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 3 cm at the umbilicus and the muscle is normally formed. Except as described in the paragraphs on Evidence of Injury, the clavicles are unremarkable and the anterior and posterior chest cavities have no palpable fractured ribs. The cervical, thoracic, lumbar, sacral vertebral column, as well as the pelvic girdle, are without areas of acute trauma. Examination of the long bones and joints of the right upper extremity and the bilateral lower extremities reveals no palpable fractures.

MHH/jw

Wuesthoff REFERENCE LABORATORY

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

Patient: REYES, JAVIER Age: **40** Sex: **M**
Client Patient ID: 9-16-959 Account#: VX83024
Physician: HANSEN, MARIE Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/14/2016 Lab Order No: 661501229 Reg Date: 06/15/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL - VOLP			
SPECIMEN TYPE			
HEART BLOOD			
ETHANOL	**0.327**	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			
Quantity Not Sufficient			
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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Physician: HANSEN, MARIE Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/14/2016 Lab Order No: 662300912 Reg Date: 06/15/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL, VITREOUS - VOLPV			
SPECIMEN TYPE			
VITREOUS			
ETHANOL	**0.122**	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: _____ Date: 7/21/16

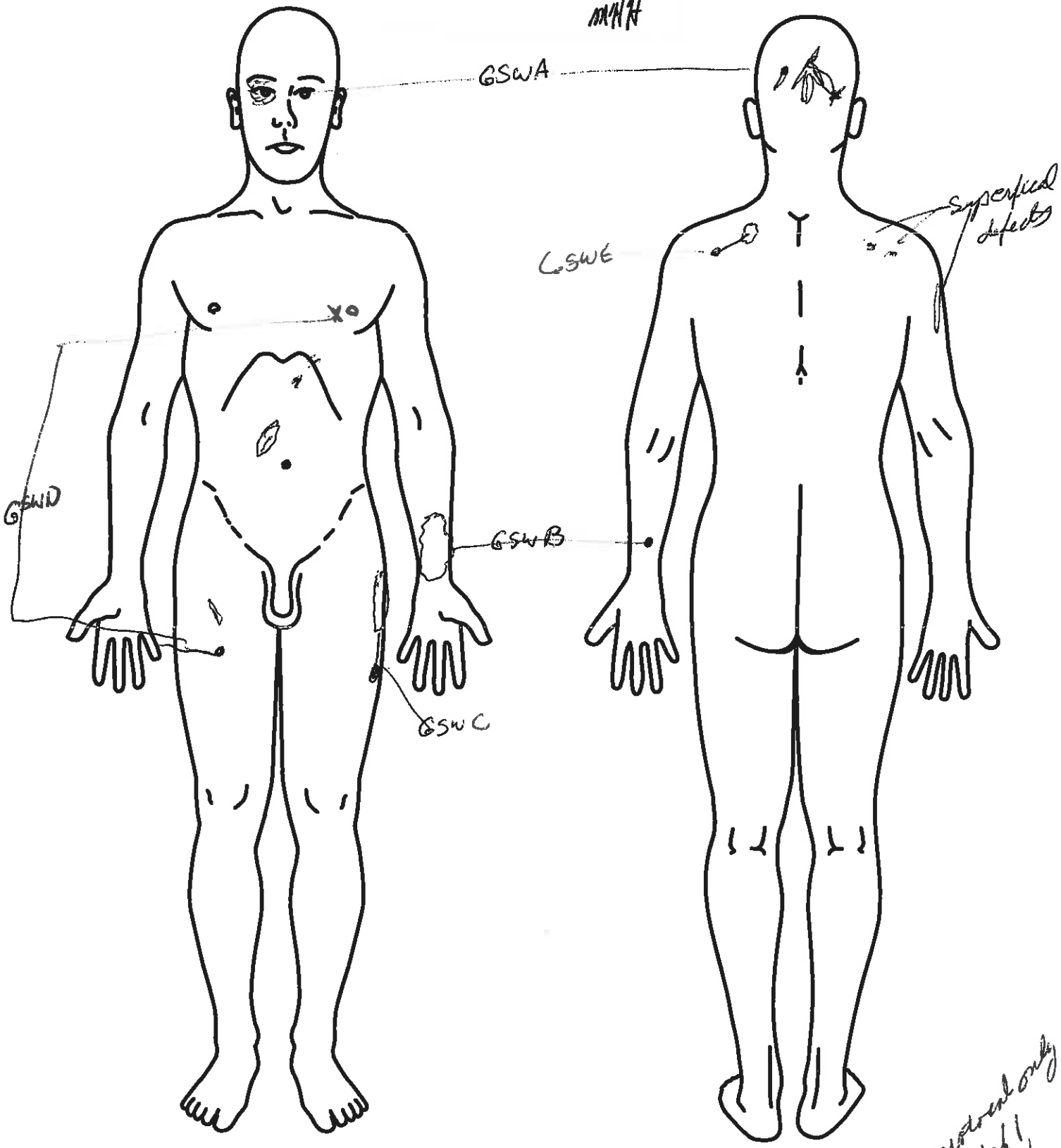
FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

ME16-00959

Reyes, Javier

40 Years - M 6/12/2016

MNH



INJURY CLARIFICATION DIAGRAM

for protocol only
pg 1 of 1
MNH

15-217 (3/08)