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

REPORT OF AUTOPSY

DECEDENT: JEAN MENDEZ PEREZ **CASE NUMBER:** ME 2016 – 000936

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

AGE: 35 years **SEX:** Male
RACE: White (Hispanic) **DATE OF DEATH:** June 12, 2016

DATE/TIME OF AUTOPSY: June 13, 2016 @ 2:55 p.m.

D.O. STANLEY

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. Fracture of mandible
   - B. Comminuted fractures of cervical vertebrae 2 and 3
   - C. Subarachnoid hemorrhage
   - D. Indeterminate range
   - E. No projectile recovered

II. Multiple (6) gunshot wounds of torso
   - A. Perforation of proximal trachea
   - B. Perforation of proximal esophagus
   - C. Multiple perforations of right lung
   - D. Perforation of aorta
   - E. Perforation of right kidney
   - F. Perforation of left kidney

continued...

G. Perforation of stomach
H. Bilateral hemopneumothoraces
I. Penetration of liver
J. All wounds of indeterminate range
K. No projectiles recovered

III. Perforating gunshot wound of right upper extremity
A. Fracture of radius and ulna
B. Indeterminate range
C. No projectile recovered

IV. Perforating gunshot wound of right lower extremity
A. Open comminuted fracture of tibia
B. Open comminuted fracture of fibula
C. Hemorrhagic wound path
D. Indeterminate range
E. No projectile recovered

V. Other injuries
A. Cutaneous abrasions, multifocal

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 Jean Mendez Perez, a 35 old man, died as the result of multiple gunshot wounds.

The manner of death is classified as homicide.

The autopsy of the body of Jean Mendez Perez 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 2:55 p.m.

IDENTIFICATION: The body of Jean Mendez Perez is identified by FDLE SA Walsh via comparison to his Florida driver's license #M532-463-80-267. The identification is made on June 12, 2016, at the District Nine Medical Examiner's Office.

CLOTHING AND VALUABLES: At the time of examination, the body is dressed in a pair of tan-brown pants, a predominantly black and multicolored short-sleeved shirt, and multiple colored underpants. Black socks and white athletic-style shoes are on the feet. A rubberized male enhancement accessory is worn around the base of the genitals.

GENERAL STATEMENT: The body is that of a well-developed and nourished, adult man with multiple traumatic injuries and is compatible with the above-stated age. At the time of the exam, the body measures 64 inches in length and weighs 150 pounds. Body build is lean and muscular. Rigor mortis is dissipating in the jaw and extremities. Lividity is posterior, fixed, and confined to the back. A few areas of skin slippage are on the torso and lower extremities.

EXTERNAL EXAMINATION

The scalp hair is black with lighter colored tips, straight, has a normal hairline and measures an estimated 5 cm in maximal length. 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 contain dried and liquid blood. The nasal skeleton is palpably intact. The lips have no injuries. The oral cavity has natural dentition in a good state of repair. The oral mucosa is remarkable for injuries as described below. The frenula are intact. There are no petechial hemorrhages in the oral vestibule. It is lined with mucus streaked with blood. The left ear and auditory canal are remarkable for injuries as described. The right auditory canal contains a small amount of dried blood.

The neck is symmetrical and has no palpable masses, and is remarkable for injuries as described below.

The thorax is well-developed and symmetrical and is remarkable for injuries as described below. The abdomen is flat, soft, and has no palpable masses.

The external genitalia are those of a normally developed, adult circumcised man without injuries. The testes are descended into the scrotal sac and palpably unremarkable.

The lower extremities are somewhat asymmetric secondary to traumatic injuries, and have no nontraumatic abnormalities. The right arm is remarkable for injuries as described below. The arms, forearms, wrists and hands have no nontraumatic abnormalities. The fingernails are intact.

The back is remarkable for injuries as described. The anus has no abnormalities.

SCARS AND TATTOOS

The body has no apparent remote surgical scars. The body has no tattoos.

EVIDENCE OF INJURY

The body has a total of nine (9) gunshot wounds with several other superficial wounds due to fragmented projectiles and/or intermediate targets. The wound paths have similar characteristics with small entry sites leading to large gutter-like destructive wounds with extensive fragmentation of the projectiles. Many of the wound paths are crossed and co-mingling. 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.

Gunshot wound of head:

1) An entrance gunshot wound perforation lies on the right side of the head, near the angle of the mandible. Its central portion is located 18 cm below the vertex of the head. It is an irregular oval-shaped wound measuring 2 cm x 0.8 cm with irregular, slightly tattered edges which are darkened and dry. The wound lies within a 4.5 cm x 2 cm dark purple-brown abrasion. The adjacent skin has no soot, stippling or muzzle imprint.

2) The hemorrhagic wound path sequentially involves the skin, subcutaneous adipose tissue, skeletal muscle, and then spreads out to involve the anterior aspects of cervical vertebrae 2 and 3, creating a gutter-like wound path with subsequent fracturing of the vertebral bodies. The wound path then continues in an upward trajectory around the base of the skull with an exit through the left auditory canal. There is no projectile.

3) The exit wound lies within the left auditory canal and involves the portion of the left helix, where it creates an irregular 2.5 cm x 1 cm perforation.

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

5) Associated injuries include subarachnoid hemorrhage around the base of the brain, multiple fractures of the mandible, and hemorrhage along the entire wound path.

Gunshot wounds of the torso:

Gunshot wound "A":

1) An entrance gunshot wound perforation lies on the right side of the chest near the lateral portion of the right clavicle. Its central portion is located 11 inches below the vertex of the head and 10 cm to the right of the anterior midline. It is a round perforation with a 1 cm diameter. The wound is surrounded by 0.1 cm regular margin of abrasion which is darkened and dried. The adjacent skin has no soot, stippling or muzzle imprint.

2) The hemorrhagic wound path sequentially involves the skin and subcutaneous adipose tissue, skeletal muscle, and it then continues crossing the midline of the body, perforating the trachea and esophagus just below the level of the laryngeal prominence. There is no exit.

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

4) Associated injuries include hemorrhage along the entire wound path.

Gunshot wound "B":

1) An entrance gunshot wound perforation lies on the right side of the chest, just below the nipple. Its central portion is located 44 cm below the vertex of

the head and 8.5 cm to the right of the anterior midline. It is a large, gaping oval-shaped wound overall measuring 2.1 cm x 1.4 cm. The wound edges are ragged and have some drying artifact. Two horizontally-oriented parallel linear abrasions lie at the inferior aspect of the wound. This wound is a possible re-entry wound from the perforating gunshot wound of the right upper extremity, which is detailed below. The adjacent skin has no soot, stippling or muzzle imprint.

2) The hemorrhagic wound path involves the skin and subcutaneous adipose tissue. It then disrupts right ribs 4 and 5, anteriorly. It then continues, perforating the right pleura, entering the chest cavity with fragments involving the lower lobe of the right lung, as well as perforating the right leaf of the diaphragm and penetrating into the right lobe of the liver. There is no exit wound.

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

4) Associated injuries include retrieval of 100 ml of dark red bloody fluid from the right pleural cavity and hemorrhage along the entire wound path.

Gunshot wound "C":

1) An entrance gunshot wound perforation lies on the left side of the back, near the scapula. Its central portion is located 24 cm below the vertex of the head and 9 cm to the left of the posterior midline. The wound is round with a 0.5 cm diameter. It has an irregular 0.1 cm margin of abrasion. The adjacent skin has no soot, stippling or muzzle imprint.

2) The hemorrhagic wound path sequentially involves the skin, subcutaneous adipose tissue, and skeletal muscle, then enters the left pleural cavity posteriorly, where fragments spread to involve the upper and lower lobes of the left lung. There is no exit.

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

4) Associated injuries include retrieval of 300 ml of dark red bloody fluid from the left pleural cavity and hemorrhage along the wound path.

Gunshot wound "D":

1) An entrance gunshot wound perforation is located on the right mid-back. Its central portion is located 18 inches below the vertex of the head and 4.5 cm to the right of the posterior midline. It is a round wound with a 0.5 cm diameter and a 0.1 cm regular margin of abrasion. The adjacent skin has no soot, stippling or muzzle imprint.
2) The hemorrhagic wound path sequentially involves the skin, subcutaneous adipose tissue and skeletal muscle. It then enters the right pleural cavity to involve the upper and lower lobes of the left lung. There is no exit.

3) The direction of the wound path with respect to the standard anatomic position is from back to front and slightly downward.

4) Associated injuries include retrieval of a measured 100 ml of bloody fluid from the right pleural cavity and hemorrhage along the wound path.

Gunshot wound "E":

1) An entrance gunshot wound perforation is located on the left lateral back. Its central portion is located 19-3/4 inches below the vertex of the head and 10.5 cm to the left of the posterior midline. It is a round wound with a 0.5 cm diameter and a regular 0.1 cm margin of abrasion. The adjacent skin has no soot, stippling or muzzle imprint.

2) The hemorrhagic wound path sequentially involves the skin, subcutaneous adipose tissue and skeletal muscle. It then continues to perforate the parietal pleura, entering the left pleural cavity involving the lower lobe of the left lung. There is no exit.

3) The wound path with respect to the standard anatomic position is from left to right.

4) Associated injuries include retrieval of 300 ml of dark red bloody fluid from the left pleural cavity (combined wounds "C" and "E") and hemorrhage along the wound path.

Gunshot wound "F":

1) An entrance gunshot wound perforation lies on the right lower back, near the superior aspect of the right buttock. Its central portion is located

80 cm below the vertex of the head and 9 cm to the right of the posterior midline. It is an oval-shaped wound measuring 0.7 cm x 0.3 cm with an irregular 0.1 dried margin of abrasion, slightly more exaggerated in the 3 to 6 o'clock area. The adjacent skin has no soot, stippling or muzzle imprint.

2) The hemorrhagic wound path sequentially involves the skin and subcutaneous adipose tissue. It then continues in an upward trajectory involving the right and left kidneys as well as their vasculature. It has a partial exit on the lower back.

3) The exit wound lies on the lower back, over the midline. It is a large, gaping irregular wound measuring 14 cm x 5.5 cm. Dark blue-purple ecchymoses surrounds the entire wound.

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

5) Associated injuries include hemorrhage along the wound path and retroperitoneal hemorrhage.

Gunshot wound of right upper extremity:

1) An entrance gunshot wound perforation lies on the ventral aspect of the right forearm. Its central portion is located 32 cm from the tip of the right index finger. It is an oval and somewhat slit-shaped wound measuring 0.5 cm x 0.3 cm. The adjacent skin has no soot, stippling or muzzle imprint.

2) The hemorrhagic wound path involves the skin, subcutaneous adipose tissue, skeletal muscle, radius and ulna, and exits on the medial aspect of the right arm near the antecubital fossa.

3) The exit wound lies on the ventral aspect of the arm near the antecubital fossa. It is a large and irregular wound with non-opposable edges. It measures 4 cm x 2.4 cm and lies 39 cm from the tip of the right index finger. Immediately superior to the exit perforation is an oval-shaped depressed abrasion, mirroring the exit wound and measuring 2.5 cm x 1.5 cm. There is no projectile.

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

5) Associated injuries include hemorrhage along the wound path. This gunshot wound may be associated with the above-described gunshot wound of torso, as a re-entry.

Gunshot wound of right lower extremity:

1) An entrance gunshot wound perforation lies on the medial aspect of the right leg, near the knee. Its central portion is located 46 cm above the outsole of the right foot. It is a round perforation with a 0.5 cm diameter. It has a regular 0.1 cm margin of abrasion. The adjacent skin has no soot, stippling or muzzle imprint.

2) The hemorrhagic wound path sequentially involves the skin and subcutaneous adipose tissue, skeletal muscle, tibia and fibula, and exits the right leg on the anteromedial aspect.

3) The exit perforation is a large gaping wound overall measuring 10.5 cm x 6.5 cm, through which underlying skeletal muscle, tibia and fibula fragments are visible.

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

5) Associated injuries include comminuted fractures of the right tibia and fibula and hemorrhage along the entire wound path.

Other injuries:

1) The skin on the right side of the face, near the nasal labial fold, has a series of vertically-oriented dry red-purple abrasions.

2) The skin on the left mid-back has a vertically-oriented and curvilinear irregular red-brown abrasion measuring 6 cm x 0.9 cm. At the superior end of the abrasion is a smaller 0.7 cm x 0.3 cm dry red-brown abrasion.

3) The skin on the left buttock, near the gluteal fold, has a 1.5 cm x 1 cm irregular red-purple dry abrasion.

4) The skin on the torso, below the level of the nipple line and above the level of the umbilicus, has a series of vertically-oriented orange-red linear abrasions.

INTERNAL EXAMINATION

The usual Y-shaped incision is made and reveals evidence of extravasated blood in the subcutaneous tissue of the chest and abdomen in association with the above-described injuries. The serosal cavities have no adhesions and have liquid accumulations as described. 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 underfilled and contain a minimal amount of liquid blood.

The heart weighs 270 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 chronically dilated.

RESPIRATORY SYSTEM: The upper and lower airways are patent and lined with blood-streaked mucus. The distal bronchial tree contains a small amount of froth. The mucosal surfaces are yellow-red, smooth, and have no petechiae. The right and left lungs weigh 270 and 250 grams, respectively. They have smooth pleural surfaces. The cut surfaces of the pulmonary parenchyma are red and congested and are remarkable for injuries, as described. The peripheral pulmonary arteries have smooth intimal surfaces and no thromboemboli.

HEPATOBILIARY SYSTEM: The liver weighs 1250 grams and is remarkable for injuries as described. The liver parenchyma is firm, tan-red, and has no nontraumatic abnormalities. 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 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, homogeneous and has no gross evidence of abnormalities. The thymus gland is partially atrophic and fat-replaced, with a residual tan-pink lobulated parenchyma and no lesions.

GASTROINTESTINAL TRACT: The esophagus is lined by smooth, gray-white mucosa. It is remarkable for injuries in its proximal portion as described above. The gastric mucosa has an autolytic appearance with attenuated rugal folds. The stomach lumen contains no measurable contents. The duodenum has no lesions. The small and large bowels are unremarkable.

GENITOURINARY SYSTEM: The right kidney weighs 100 grams; the left kidney weighs 90 grams. They are remarkable for injuries as described. The renal capsules are thin and strip with ease. The cortical surfaces are tan-brown and smooth. The cortices are pale tan, well-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 in the kidneys. The urinary bladder contains a measured 100 ml of 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 pink-red, with granular cut surfaces and no lesions.

NECK: The neck is remarkable for injuries as described. 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 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 1250 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 evaluated 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. The cerebral ventricles have a normal caliber and shape.

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: MENDEZ PEREZ, JEAN Age: **35** Sex: **M**
Client Patient ID: 9-16-936 Account#: VX82956
Physician: ZYDOWICZ, SARA Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/13/2016 Lab Order No: 661401245 Reg Date: 06/14/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL - VOLP			
SPECIMEN TYPE			
RIGHT CHEST BLOOD			
ETHANOL	**0.058**	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			
RIGHT CHEST BLOOD			
GC/MS			
CAFFEINE			
LC/MS/MS			
CAFFEINE, CAFFEINE METABOLITE			
BLOOD IMMUNOASSAY SCREEN			
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

TOXICOLOGY

Specimen Collected :06/13/2016 Lab Order No: 661900678 Reg Date: 06/14/16

Test Name	Result	Units	Cutoff/Reporting Limits

Wuesthoff REFERENCE LABORATORY

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

Patient: MENDEZ PEREZ, JEAN Age: **35** Sex: **M**
Client Patient ID: 9-16-936 Account#: VX82956
Physician: ZYDOWICZ, SARA Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/13/2016 Lab Order No: 661900678 Reg Date: 06/14/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL, VITREOUS - VOLPV			
SPECIMEN TYPE			
VITREOUS			
ETHANOL	**0.073**	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: 7/19/16

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

Height _____

Weight _____