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

REPORT OF AUTOPSY

DECEDENT: JEAN NIEVES RODRIGUEZ

CASE NUMBER: ME 2016-000953

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

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

DATE/TIME OF AUTOPSY: June 13, 2016 @ 1:40 p.m.

Gary Lee Utz 8/5/16

PERFORMED BY: Gary Lee Utz, MD, Deputy Chief Medical Examiner

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CAUSE OF DEATH: Multiple gunshot wounds

AUTOPSY FINDINGS

I. Gunshot wound of torso, indeterminate range, entering right back, without exit:
   - A. Perforation of liver
   - B. Perforation of right kidney
   - C. Perforation of right lung
   - D. Perforation of inferior vena cava
   - E. Rib fracture
   - F. Projectile recovered from inferior vena cava

II. Gunshot wound of left lower extremity, indeterminate range, entering posterior left leg, with exit and re-entry:
   - A. Perforation of femoral artery
   - B. Entrance, inferior left calf

continued...

C. Exit, superior left calf
D. Re-entry, posterior left lower thigh
E. Projectile recovered from anterior left thigh

III. Through and through gunshot wound of right lower extremity:
A. Indeterminate range
B. Entrance, anterior/medial
C. Exit, posterior/medial

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 Jean Nieves Rodriguez, a 27 year old man found deceased at the scene of a mass shooting, is due to multiple gunshot wounds. The deceased suffered two potentially fatal gunshot wounds, one involving the left lower extremity with exit and re-entrance which resulted in perforation of the left femoral artery. An additional single gunshot wound of the torso resulted in perforation of the kidney, liver, lung and inferior vena cava. The manner of death is homicide.

POSTMORTEM EXAMINATION
OF THE BODY OF JEAN NIEVES RODRIGUEZ

A postmortem examination of the body of a white Hispanic man identified as Jean Nieves Rodriguez is performed pursuant to Florida statute 406.11 by Gary Lee Utz, MD, Deputy Chief Medical Examiner, District Nine at the Orange County Medical Examiner facility, Orlando, Florida on June 13, 2016 at 1:40 p.m.

IDENTIFICATION: The body of Jean Nieves Rodriguez is identified by FDLE SA Walsh via comparison to the photograph on his Florida driver's license #N126-463-89-108-0. The identification is made on June 12, 2016, at the Orange County Medical Examiner facility.

CLOTHING AND VALUABLES: The body is received clad in a knit shirt, trousers, underwear, shoes and socks. Stud earrings with clear stones are present in the earlobes bilaterally. A yellow metal necklace is about the neck with a yellow metal pendant. A white metal bracelet is on the right wrist. A wristwatch is on the left wrist. A white metal/yellow metal ring is on the right 4th digit. These and other personal effects which accompany the body are documented and personally verified on the Body and Personal Effects Record.

Examination of the shirt reveals a small circular defect in the right lower back consistent with the location of the entry wound later described. There is no evidence of gunshot residue. Examination of the right leg of the pants reveals two small holes consistent with the entry and exit of the right lower extremity later described. Examination of the left leg of the trousers reveals large defects in general consistent with the location of the gunshot wounds later described. There is no evidence of close-range firing.

Prior to performance of the autopsy, postmortem radiographs reveal retained projectiles and fragments in the left thigh and mid-torso.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished, Hispanic man that weighs 284 pounds, measures 70 inches in length, and appears compatible with the stated age of 27 years. The body is cool to touch. Rigor mortis is passing in the extremities and jaw. Livor mortis is anterior and non-blanching.

The scalp hair is brown, curly, and measures 1-1/2 inches in length over the crown. The facial hair is a trimmed, short beard. The irides are brown; the corneas are cloudy. The sclerae are pale and the conjunctivae are congested. The nose and ears are not unusual and display no evidence of trauma. The oral cavity contains a small amount of dark red-brown fluid and the mucosae are without evidence of trauma. The teeth are natural and in good repair. The neck is without masses, and the larynx is in the midline. The thorax is well-developed and symmetrical.

The abdomen is obese with multiple striae present. The external genitalia are those of a normal adult man.

The anus and back are unremarkable. The upper and lower extremities are well-developed and symmetrical, without absence of digits.

IDENTIFYING MARKS AND SCARS: A vertically-oriented linear scar is present over the right knee.

EVIDENCE OF MEDICAL INTERVENTION: None.

EVIDENCE OF INJURY

Head and Neck:

None.

Torso:

A gunshot wound of entrance is identified in the right back centered 24 inches below the top of the head and 2-1/2 inches to the right of the midline. The wound is round, ¼ inch in diameter with circumferential marginal abrasion.

The projectile travels back to front, right to left, and upward.

The projectile enters the abdominal cavity, perforating the upper pole of the right kidney, perforates the right lobe of the liver producing extensive disruption of the parenchyma, perforates the diaphragm, perforates the right lower lung lobe, and comes to rest in the inferior vena cava. The partially-jacketed lead projectile is retrieved and retained, labeled "IVC."

Associated with this gunshot wound is 150 ml of liquid and clotted blood present within the right chest cavity. A large defect is present in the right lower lung lobe. There is extensive disruption of the parenchyma of the liver in the right lobe associated with the path of the projectile. No free blood is present within the abdominal cavity.

Upper and Lower Extremities:

A through and through gunshot wound is identified in the right lower leg. The entry wound is anterior/medial, 8-1/2 inches above the right heel. The wound is round, ¼ inch in diameter, with slightly irregular circumferential marginal abrasion most prominent in the 9 o'clock to 3 o'clock position. The projectile travels front to back, slightly toward the left, and slightly downward. The projectile traverses the subcutaneous and muscular tissue of the lower leg without striking the tibia, fibula, or major vessels. The projectile exits the medial lower aspect of the right calf, 7 inches above the level of the heel. The exit wound is irregular, ¼ inch x 3/8 inch, with minimal circumferential marginal abrasion. No soot or stippling is identified at either of the wounds. No projectile is recovered.

There is a complex gunshot wound of the left lower extremity involving entrance, exit and re-entry.

A gunshot wound of entrance is identified in the lower portion of the left calf centered 8 inches above the left heel. The wound is approximately 1 inch to the left of the midline of the leg. The wound is round, less than ¼ inch in diameter with circumferential marginal abrasion most prominent at the inferior margin. The projectile travels back to front and upward, with little rightward or leftward deviation with respect to the sagittal plane.

The projectile traverses the musculature of the calf and exits the superior aspect of the left calf, producing a gaping 1-1/2 inch x 1 inch exit wound with minimal marginal abrasion. The projectile then re-enters the lower left thigh above the popliteal fossa, producing an additional gaping 1-1/4 inch x 1 inch wound. The projectile then traverses the soft tissue of the thigh, severs the femoral artery, and comes to rest in the subcutaneous tissue of the left anterior thigh. A partially-jacketed deformed lead projectile is retrieved and retained, labeled "Left Thigh."

There is a small abrasion over the anterolateral aspect of the right hip. This does not appear to be associated with the gunshot wound.

INTERNAL EXAMINATION

BODY CAVITIES: Except as noted otherwise, no adhesions or abnormal collections of fluid are within any of the body cavities. All body organs are present in normal anatomical position and display early decomposition artifact.

CARDIOVASCULAR SYSTEM: The heart weighs 420 grams. The pericardial surfaces are smooth, glistening and intact; the pericardial sac contains a small amount of reddish thin fluid. The coronary arteries arise normally and follow the usual distribution. They are hemoglobin-stained, but patent, and without atherosclerosis or thrombosis. The chambers and valves generally exhibit the usual size-position relationships and are unremarkable; the atrial and ventricular septa are intact. The myocardium is a mottled muddy brown and uniformly softened, without focal abnormalities. The deeply hemoglobin-stained aorta and its major branches arise normally, follow the usual courses, and are widely patent, without apparent atherosclerosis. The vena cava and its tributaries return to the heart in the usual distribution and are free of thrombi.

RESPIRATORY SYSTEM: The right and left lungs weigh 420 grams and 300 grams, respectively. The upper airway contains a small amount of adherent liquid blood; the mucosa is slightly friable and hyperemic. Except as noted otherwise, the pleural surfaces are smooth, glistening and intact. The pulmonary parenchyma exudes a slight amount of blood and frothy fluid. No additional focal lesions are seen. The pulmonary vasculature is unremarkable.

HEPATOBILIARY SYSTEM: The liver weighs 1760 grams. There is extensive disruption of the right lobe of the liver associated with the gunshot wound previously described. Uninvolved yellowish-brown parenchyma is without focal lesions. The gallbladder contains approximately 20 milliliters of light green thin bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

ENDOCRINE SYSTEM: The pituitary, thyroid and adrenal glands are unremarkable. The pancreas has the usual yellow-tan, lobulated appearance and the ducts are clear.

DIGESTIVE SYSTEM: The esophagus is lined by a gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains approximately 100 milliliters of thin tan liquid. The small and large intestines are unremarkable. The appendix is present.

GENITOURINARY SYSTEM: The right and left kidneys weigh 170 grams and 180 grams, respectively. There is disruption of the right kidney associated with the gunshot wound previously described. The left kidney displays a markedly pale parenchyma. The kidneys are otherwise unremarkable. The calyces, pelves and ureters are unremarkable. The urinary bladder contains 100 milliliters of clear yellow urine; the mucosa is gray-tan and smooth.

The prostate gland and seminal vesicles are unremarkable.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 280 grams and has a smooth intact capsule covering a deep red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The exposed bone marrow is red-purple and homogeneous, without focal abnormalities.

MUSCULOSKELETAL SYSTEM: Except as noted otherwise, the bony framework, supporting musculature, and soft tissues are not unusual.

NECK: Examination of the soft tissues of the neck, including strap muscles, thyroid gland, and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact.

HEAD AND CENTRAL NERVOUS SYSTEM: The brain weighs 1400 grams. The dura mater and falx cerebri are intact. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including the cranial nerves and blood vessels, are intact and free of abnormalities. Coronal sections through the cerebral hemispheres reveal no lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere. The ventricles are normal in caliber. Sections through the brainstem and cerebellum reveal no abnormalities.

LABORATORY EXAMINATIONS:

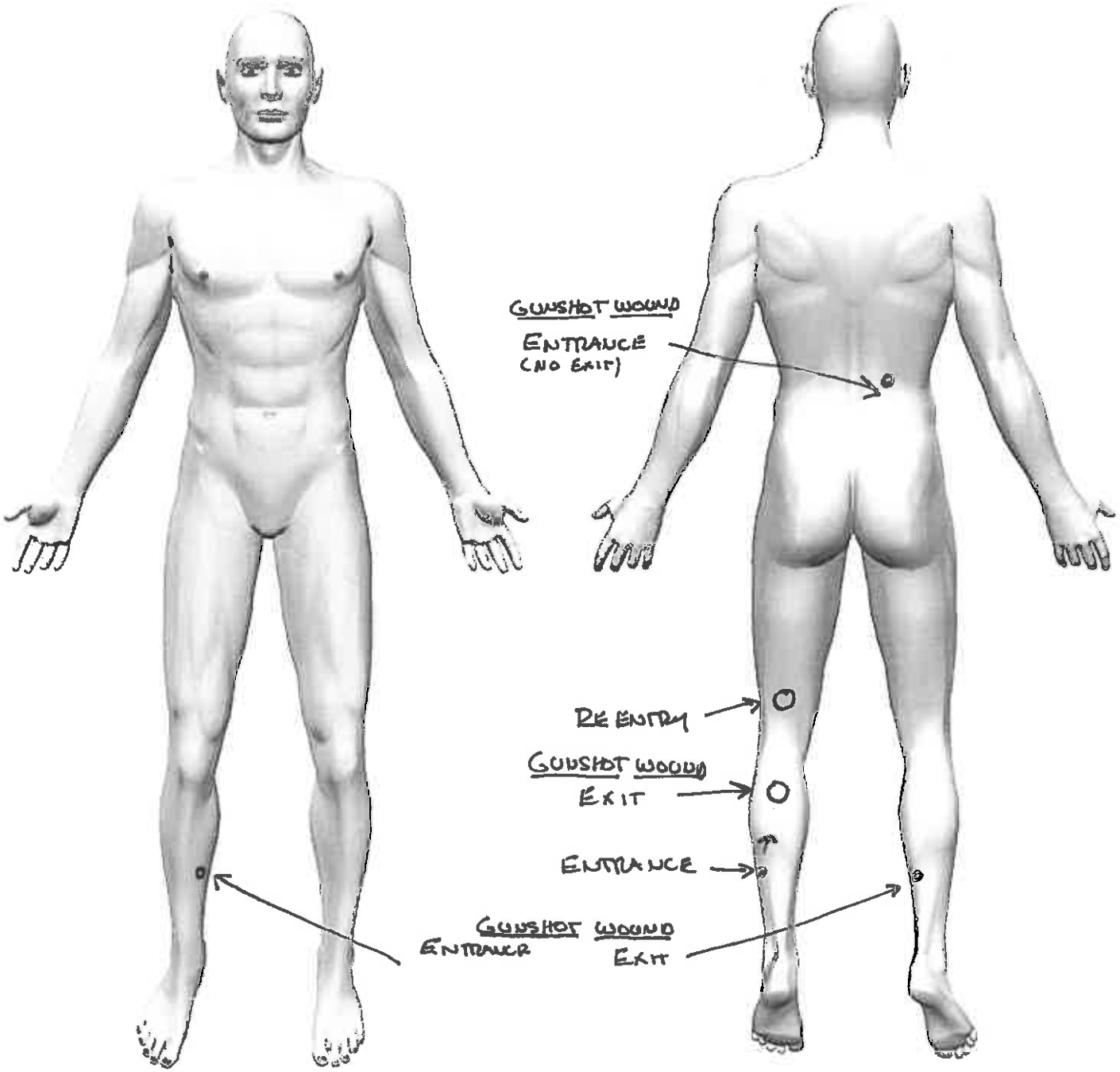
Laboratory examinations were ordered and the results attached.

GLU/alm

ME 16-953

JEAN NIEVES RODRIGUEZ

INJURY CLARIFICATION



Wuesthoff REFERENCE LABORATORY

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

Patient: NIEVES RODRIGUEZ, JEAN Age: **27** Sex: **M**
Client Patient ID: 9-16-953 Account#: VX82962
Physician: UTZ, GARY Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/13/2016 Lab Order No: 661401251 Reg Date: 06/14/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL - VOLP			
SPECIMEN TYPE			
RIGHT CHEST BLOOD			
ETHANOL	**0.024**	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

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

Reviewed by: _____ Date: 7/18/16

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE