

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

REPORT OF AUTOPSY

DECEDENT: JERALD WRIGHT

CASE NUMBER: ME 2016-000932

MANNER OF DEATH: Homicide

IDENTIFIED BY: Photo ID

AGE: 31 years

SEX: Male

RACE: White

DATE OF DEATH: June 12, 2016

DATE/TIME OF AUTOPSY: June 14, 2016 @ 6:15 a.m.



8/5/16

PERFORMED BY:

Gary Lee Utz, MD, Deputy Chief Medical Examiner

CAUSE OF DEATH:

Multiple gunshot wounds

AUTOPSY FINDINGS

- I. Gunshot wound of torso, indeterminate range, entering mid back, without exit:
 - A. Perforation of aorta
 - B. Perforation of left kidney
 - C. Perforation of colon
 - D. Perforation of small intestine and intestinal mesentery
 - E. Projectile recovered from splenic hilum
 - F. Hemoperitoneum

- II. Gunshot wound of torso, indeterminate range, entering right back, without exit:
 - A. Perforation of liver
 - B. Perforation of stomach
 - C. Perforation of pancreas

- D. Perforation of small intestines and intestinal mesentery
 - E. Rib fractures
 - F. Perforation of diaphragm
 - G. Projectile fragment recovered from left costal margin
- III. Through and through gunshot wound of upper back:
- A. Indeterminate range
 - B. Tangential entrance, upper back, right of midline
 - C. Direction – right to left and upward
 - D. Projectile recovered from left shoulder
- IV. Through and through gunshot wound of right lower extremity:
- A. Indeterminate range
 - B. Entrance lateral upper right thigh
 - C. Exit anterior left thigh
- V. Through and through gunshot wound of left lower extremity:
- A. Indeterminate range
 - B. Entrance posterior ankle
 - C. Exit medial anterior ankle
 - D. Distal tibia-fibula fracture

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 Jerald Wright, a 31-year-old man found deceased at the scene of a mass shooting, is due to multiple gunshot wounds. The deceased sustained two potentially fatal gunshot wounds of the torso, one of which resulted in perforation of the aorta and subsequent hemoperitoneum.

The manner of death is homicide.

POSTMORTEM EXAMINATION OF THE BODY OF JERALD WRIGHT

A postmortem examination of the body of a 31-year-old male identified as Jerald Wright 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 14, 2016 @ 6:15 a.m.

IDENTIFICATION: The body of Jerald Wright is identified by FDLE Special Agent Walsh by comparison to the photograph in Florida Driver's License #W623-421-84-423-0 on June 12, 2016 @ 8:21 p.m. at the Orange County Medical Examiner facility.

CLOTHING AND VALUABLES: The body is received clad in a T-shirt over a tank-type undershirt, long pants and boxer briefs. Shoes and socks are in place. A black watch is present on the left wrist. A woven anklet is present on the right ankle. Eyeglasses are resting on the forehead. Multiple personal effects are received with the body. Examination of the clothing reveals a large defect in the back of the T-shirt consistent with the graze entrance wound and two small circular defects both consistent with the entrance wounds in the back. Examination of the undershirt also reveals disruption in the back associated with the tangential entrance wound and two small circular defects, again corresponding in location to the two entrance wounds in the back. Examination of the boxer shorts and jeans reveals small defects consistent with the location of the through and through gunshot wound of the right lateral thigh. Examination of the left sock reveals two defects consistent with the through and through gunshot wound of the left lower extremity. All of the clothing is examined for evidence of gunshot residue and none is found. Clothing and personal effects are documented and personal verified in the Body and Personal Effects record.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished white man which exhibits early decomposition change. The body weighs 156 pounds and measures 66 inches in length. Rigor mortis is passing in the extremities and jaw. Minimally blanching purple livor extends over the anterior surface of the body with sparing on the left side.

The scalp hair is dark brown, straight and measures up to 2 inches in length. The facial hair is dark brown stubble. 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 is free of blood 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 flat. The external genitalia are those of a normal adult male.

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 left well-healed thoracotomy scar is present.

EVIDENCE OF MEDICAL INTERVENTION: None.

EVIDENCE OF INJURY

Head and Neck:

On the right side of the face, from the level of the lateral canthus of the right eye to the angle of the jaw, are multiple small superficial lacerations and abrasions. The largest measures up to 3/8 inch and is located on the right side of the chin. No projectile fragments or radiodense material is identified on the x-ray of the head. A 1/4 inch laceration is present in the right forehead just posterior to the hairline. There is a small amount of underlying subgaleal hemorrhage. No skull or brain injury is identified.

Torso:

A gunshot wound of entrance is identified in the mid lower back, centered 1 1/2 inches to the right of the midline and 25 1/2 inches below the top of the head. The wound is oval, slightly less than 1/4 inch in maximum dimension with circumferential marginal abrasion most prominent in the 3 to 7 o'clock positions. No soot or stippling is identified. The projectile travels back to front, right to left and upward. The projectile enters the abdominal cavity, traversing the lumbar spine at the level of L2-L3 with subsequent fracture of transverse processes. The projectile then perforates the left kidney, perforates the aorta at the level of the left renal artery, perforates the small intestine, perforates the colon at the splenic flexure and comes to rest in the hilum of the spleen, penetrating the spleen. A deformed projectile jacketing with a small amount of attached projectile core is recovered and retained, labeled "Splenic Hilum". Multiple small

fragments are also recovered from the abdomen and are retained, labeled "Fragments Abdomen".

Associated with this gunshot wound is approximately 800 milliliters of liquid and clotted blood present within the abdominal cavity.

A gunshot wound of entrance is identified in the right back, centered 6 inches to the right of the midline and 22½ inches below the top of the head. The wound is round, less than ¼ inch in diameter with circumferential marginal abrasion. No soot or stippling is seen. The projectile travels back to front, right to left and slightly upward.

The projectile enters the torso, producing a fracture of the right 10th rib posteriorly. The projectile then perforates the inferior aspect of the right liver lobe, perforates the stomach, perforates the pancreas, perforates the small intestine and intestinal mesentery, perforates the diaphragm and perforates the left anterior chest wall, fracturing ribs 8 and 9 anteriorly. A formed, partially jacketed lead projectile is retrieved from the subcutaneous tissue at the left costal margin and labeled "Left Costal Margin".

A gunshot wound of entrance is identified in the right upper back. It is centered slightly right of the midline and 11½ inches below the top of the head. The wound is diagonally oriented, 4 inches long and 1½ inches in maximum width. The edges of the wound are unevenly abraded. Abrasions are most prominent at the right margin and left margin. The projectile perforates the subcutaneous tissue of the back and traverses the subcutaneous tissue for approximately 6 inches, then comes to rest over the left shoulder. A deformed lead projectile core is retrieved and retained, labeled "Fragment Left Shoulder". Multiple fragments are apparent on x-ray and are not recovered.

Sparse pseudo-stippling is over the posterior right shoulder. In the left upper back is a diagonally-oriented 2½ x ¼ inch abrasion, which does not appear to be the result of a gunshot.

Over the right superior buttock is a 4 inch x 5 inch bluish to greenish yellow contusion.

Upper and Lower Extremities:

A gunshot wound of entrance is identified in the lateral right thigh, centered 6 inches to the left of the midline and 31 inches above the level of the right heel. The wound is round, 1/8 inch in diameter with circumferential marginal abrasion.

No soot or stippling is present. The projectile travels back to front, slightly toward the left and slightly upward.

The projectile traverses the soft tissue of the thigh without damaging vital structures and exits anteriorly. A gunshot wound of exit is identified in the anterior right thigh, centered 6 inches to the right of the midline, and 32 inches above the level of the right heel. The wound is oval, $\frac{3}{4}$ x $\frac{5}{8}$ inch, with marginal abrasion at the superior and medial margins. No projectiles are recovered.

A through and through gunshot wound is identified in the left lower extremity. A gunshot wound of entrance is identified in the posterior left ankle at the Achilles tendon, centered $2\frac{1}{2}$ inches above the level of the heel. The wound is slit-like, $\frac{3}{8}$ x less than $\frac{1}{8}$ inch with minimal marginal abrasion. No soot or stippling is seen. The projectile travels back to front, with little upward or downward deviation with respect to the transverse plane. A gunshot wound of exit is identified in the left medial anterior left ankle located approximately $2\frac{1}{2}$ inches above the level of the heel. The wound is irregular, $\frac{3}{8}$ inch in diameter, without soot, stippling or marginal abrasion. No projectile is recovered. Associated with this wound is comminuted fracture of the distal tibia and fibula.

The above injuries, having been mentioned once, will not necessarily be repeated in the individual descriptions of the organ systems. Unless noted otherwise, those descriptions refer to uninjured portions of the organs only.

INTERNAL EXAMINATION

BODY CAVITIES: Adhesions of the parietal and visceral pleura are encountered bilaterally. Except as noted otherwise, no other 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 240 grams. The pericardial surfaces are smooth, glistening and intact; the pericardial sac contains a small amount of thin red fluid. The coronary arteries arise normally and follow the usual distribution. The right coronary artery supplies the posterior descending artery. Patchy eccentric atherosclerosis is present with maximal stenosis of 30-40% in the proximal left anterior descending artery and up to 70% in the right coronary artery. The circumflex artery is free of significant atherosclerosis.

The chambers appear dilated, owing to early decomposition change. The chambers and valves otherwise exhibit the usual size-position relationships and are unremarkable; the atrial and ventricular septae are intact. The myocardium is a mottled muddy brown, uniformly softened, and without apparent focal abnormalities. The hemoglobin-stained aorta and its major branches arise normally, follow the usual courses, and are widely patent, with focal fatty streaks. 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 350 grams and 220 grams, respectively. The upper airway is clear of debris and foreign material; the mucosa is yellow-tan and smooth. The pleural surfaces are smooth, glistening and intact with the previously described fibrous adhesions. The pulmonary parenchyma of both lungs exhibits small nodules upon palpations. The parenchyma is otherwise unremarkable. The vasculature is unremarkable.

HEPATOBIILIARY SYSTEM: The liver weighs 1080 grams. The hepatic capsule is smooth, glistening and except as noted otherwise intact, covering a yellowish-brown parenchyma without focal lesions noted. The gallbladder contains approximately 2 milliliters of dark green, slightly mucoid 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 a scant quantity of thin tan liquid. Corn is identified in the proximal intestine. The small and large intestines are unremarkable. The appendix is present.

GENITOURINARY SYSTEM: The right and left kidneys weigh 130 grams and 140 grams, respectively. There is disruption of the left kidney associated with the gunshot wound previously described. The renal capsules are otherwise smooth, thin and semitransparent, and strip with ease from the underlying smooth, red-brown, slightly softened cortical surfaces. The corticomedullary junctions are indistinct. The calyces, pelves and ureters are unremarkable.

The urinary bladder contains approximately 150 milliliters of clear yellow urine; the bladder mucosa is gray-tan and smooth.

The prostate gland is minimally enlarged. There is no evidence of obstruction.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 120 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 1230 grams. There is congestion of the meninges and decomposition artifact noted. No injuries are identified. The dura mater and falx cerebri are intact. 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 additional abnormalities. Coronal sections through the cerebral hemispheres reveal gross softening of the parenchyma but 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 additional abnormalities.

GLU/jw

Patient: WRIGHT, JERALD
Client Patient ID: 9-16-932
Physician: DIST 9, M.E.

Age: 31 **Sex:** M
Account#: VX83008
Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/14/2016

Lab Order No: 661501205

Reg Date: 06/15/16

Test Name	Result	Units	Cutoff/Reporting Limits
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VOLATILE PANEL - VOLP
SPECIMEN TYPE
HEART BLOOD

ETHANOL	0.361	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
NO DRUGS DETECTED
LC/MS/MS
LC/MS/MS TESTING PERFORMED ON ABDOMINAL BLOOD
NO DRUGS DETECTED
BLOOD IMMUNOASSAY SCREEN
SPECIMEN TYPE
HEART BLOOD

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



Wuesthoff Reference Laboratory

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

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Client Patient ID: 9-16-932
Physician: DIST 9, M.E.

Age: 31 Sex: M
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Specimens were intact upon receipt. Chain of custody, specimen security and integrity has been maintained. Testing has been performed as requested

Reviewed by: *Susan R. Adams* Date: 7-19-16

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

TOXICOLOGY REPORT

WRIGHT, JERALD

Form: MM Single RLIT

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Printed: 07/18/16 15:04

ME16-00932

Wright, Jerald

31 Years - M

6/12/2016

INJURY CLASSIFICATION

Gary H. [Signature]

