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

REPORT OF AUTOPSY

DECEDENT: JUAN GUERRERO

CASE NUMBER: ME 2016-000916

MANNER OF DEATH: Homicide

IDENTIFIED BY: Photo ID

AGE: 22 years
RACE: Hispanic

SEX: Male
DATE OF DEATH: June 12, 2016

DATE/TIME OF AUTOPSY: June 12, 2016 @ 3:40 p.m.

PERFORMED BY: Sara H. Zydowicz, DO, Associate Medical Examiner

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CAUSE OF DEATH: Multiple gunshot wounds

AUTOPSY FINDINGS

I. Gunshot wounds (2) of torso:
   - A. Perforation of colon
   - B. Perforation of pelvic and sacral vasculature
   - C. Hemoperitoneum
   - D. Indeterminate range
   - E. No projectile recovered

II. Gunshot wounds (6) of left lower extremity:
   - A. Comminuted fractures of femur
   - B. Perforation of femoral artery
   - C. Perforation of femoral vein
   - D. All wounds of indeterminate range
   - E. Fragment of projectile recovered

III. Gunshot wounds (2) of right upper extremity:
   A. Comminuted fractures of humerus
   B. Comminuted fractures of radius
   C. Comminuted fractures of ulna
   D. All gunshot wounds of indeterminate range
   E. Fragment of projectile recovered

IV. Intoxication by ethyl alcohol

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 Juan Guerrero, a 22-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 Juan Guerrero 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 12, 2016 @ 3:40 p.m.

IDENTIFICATION: The body of Juan Guerrero is identified by comparison to the photograph in Florida Driver's License #G660-436-93-228-0 by Detective Garcia Pagan of the Orange County Sheriff's Office. The identification is made to M.E. Investigator Zedick on June 12, 2016.

CLOTHING AND VALUABLES: At the time of examination, the body is received from Orlando Regional Medical Center unclad. Within the shroud is a pair of black pants with a brown belt. Black ankle length socks and gray 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 adult man compatible with the above-stated age. At the time of the exam the body measures 66 inches in length, and weighs 134 pounds. Body build is small and slender. The body is ambient temperature. Rigor mortis is oncoming in the jaw and extremities. Livor mortis is minimally developed, purple-red, posterior and is confined to the back. The body is neither decomposed nor embalmed.

EXTERNAL EXAMINATION

The scalp hair is black with a slight wave, has a normal hairline, and measures an estimated 4 cm in maximal length. Facial hair consists of a black beard and mustache. 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 are free of foreign material and abnormal secretions. The nasal skeleton is palpably intact. The lips have no injuries. The oral mucosa has no injuries, intact frenula and no petechial hemorrhages in the oral vestibule. It is lined with clear mucus. The oral cavity has natural dentition in a good state of repair. Corrective orthodontic braces are on the teeth. The external auditory canals are free of foreign material.

The neck is symmetrical and has no palpable masses or external injuries. The thorax is well developed and symmetrical.

The abdomen is scaphoid and soft with no palpable masses.

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

The lower extremities are remarkable for injuries as described and have no nontraumatic abnormalities.

The arms, forearms, wrists and hands are remarkable for injuries and have no anatomic abnormalities. The fingernails are intact.

The back has injuries as described and is otherwise unremarkable. The anus has injury as described.

SCARS AND TATTOOS

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

THERAPY

An endotracheal tube exits the mouth and is in positioned in the trachea. Electrocardiogram leads are on the torso. A sphygmomanometer blood pressure cuff is around the right arm and an intravenous catheter is in the right antecubital fossa.

EVIDENCE OF INJURY

Gunshot Wound of Torso:

Gunshot Wound A:

1. An entrance gunshot wound perforation lies on the left lower back. Its central portion is located 97 cm from the outsole of the left food and 6 cm to the left of the posterior midline. The wound is oval, measuring 0.7 x 0.6 cm. The wound sequentially runs through the skin subcutaneous adipose tissue, skeletal muscle and involves the pelvis and overlying vascular structures.

2. The wound path with respect to standard anatomic position is from back to front and slightly downward.

Gunshot Wound B:

1. An entrance gunshot wound perforation is located on the left lower quadrant of the abdomen, near the inguinal line. Its central portion lies 97 cm below the vertex of the head and 15 cm to the left of the anterior midline. It is a round perforation measuring 1 cm in diameter with a 0.1 cm concentric 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, skeletal muscle and then enters the peritoneal cavity, perforating the colon and spreading out to involve the pelvic sidewall soft tissue and presacral tissue and vasculature.

3. A partial exit is located on the left lower back, just above the buttock. Its central portion lies 93 cm below the vertex of the head and 1 cm to the left of the anterior midline. It is an irregular triangular-shaped defect measuring 2.5 x 2 cm. The wound edges are not re-apposable. There is no projectile.

4. The direction of the wound path in respect to the standard anatomic position is from front to back and slightly downward.

5. Associated injuries include retrieval of an estimated 200 milliliters of dark red bloody fluid from the abdominal cavity and hemorrhage along the wound path.

Gunshot Wounds of Left Lower Extremity:

The left lower extremity has a total of 6 gunshot wounds. All have crossing and comingling pathways involving comminuted fractures of the left femur, multiple perforations of the femoral artery, vein and associated branches, and destruction of the skeletal muscle and hemorrhage into the muscle bellies and fascial planes.

Gunshot Wound A:

1. An entrance gunshot wound perforation is located in the lateral aspect of the left buttock. Its central portion lies 84 cm above the outsole of the left foot and 11 cm to the left of the posterior midline. It is an oval perforation measuring 0.6 x 0.4 cm with an irregular 0.1 cm margin of abrasion. The adjacent skin has no soot, stippling or muzzle imprint.

2. The wound path involves structures as described in the introductory paragraph.

3. The direction of the wound path in respect to the standard anatomic position is from back to front.

Gunshot Wound B:

1. An entrance gunshot wound perforation lies on the lower portion of the left buttock, near the gluteal cleft. Its central portion lies 84 cm above the outsole of the right foot and is 14 cm to the left of the posterior midline. The wound is oval in shape, measuring 0.7 x 0.4 cm with a 0.1 cm regular margin of abrasion. The adjacent skin has no soot, stippling or muzzle imprint.

2. The hemorrhagic wound path involves structures as described in the introductory paragraph above.

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

Gunshot Wound C:

1. An entrance gunshot wound perforation lies on the superior and posterior aspects of the left thigh, near the gluteal cleft. Its central portion lies 76 cm above the outsole of the left foot and 17 cm to the left of the posterior midline. It is oval, measuring 0.1 x 0.4 cm with a 0.1 cm regular margin of abrasion. The adjacent skin has no soot, stippling or muzzle imprint.

2. The hemorrhagic wound path involves structures as described in the introductory paragraph above. There is no projectile.

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

Gunshot Wound D:

1. An entrance gunshot wound perforation lies on the posterior aspect of the left thigh. Its central portion lies 70 cm above the outsole of the left foot. It is a round perforation 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 involves structures as described in the introductory paragraph above. There is no projectile.

Gunshot Wound E:

1. An entrance gunshot wound perforation lies on the left thigh, posteriorly. Its central portion is 65 cm above the outsole of the left foot. It is a round perforation with a 0.5 cm diameter and a 0.1 cm regular margin of abrasion. The adjacent skin has no Stippling, soot, and muzzle imprint are absent.

2. The hemorrhagic wound path involves structures as described in the introductory paragraph above. There is no projectile.

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

Gunshot Wound F:

1. An entrance gunshot wound perforation lies on the left thigh laterally and posteriorly. Its central portion lies 90 cm above the outsole of the left foot. It is a round wound with a 0.3 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 involves structures as described in the introductory paragraph above. There is no projectile.

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

Gunshot Wound A of Left Upper Extremity:

1. An entrance gunshot wound perforation lies on the lateral aspect of the left upper extremity. Its central portion lies 51 cm from the tip of the left index finger. It is a round perforation with a 0.6 cm diameter and a 0.1 cm discontinuous margin of abrasion. The adjacent skin has no soot, stippling or muzzle imprint.

2. The hemorrhagic wound path involves the skin, subcutaneous adipose tissue and skeletal muscle. As the projectile fragments spreads out, it involves the humerus, radius and ulna. Partial exits of the gunshot wound lie on the medial aspect of the left arm and forearm. They are irregular and range in size from 0.4 x 0.3 cm to the largest measuring 1.8 x 0.5 cm. Additionally, two vertically-oriented red-purple abrasions lie on either side of the antecubital fossa

and are surrounded by blue-purple ecchymoses. Associated with the above, a large area of abrasion lies on the left side of the torso in an area measuring 9 x 5 cm. Within the abrasion and the nearby vicinity are a few irregular superficial wounds. Recovered from the hemorrhagic wound paths within the arm, is a severely deformed fragment of projectile. It is photographed on filter paper and placed into an evidence container.

Gunshot Wound B of left upper extremity:

1. An entrance gunshot wound perforation lies on the ulnar aspect of the left forearm. Its central portion is located 26 cm from the tip of the left index finger. It is a round entrance with a 0.5 cm diameter and an irregular margin of abrasion measuring up to 0.3 cm in the 6 to 12 o'clock position. The adjacent skin has no soot, stippling or muzzle imprint.

2. The hemorrhagic wound path involves the skin, subcutaneous adipose tissue, radius, ulna and exits the forearm on the dorsomedial aspect. The exit wound perforation is elliptical in shape, measuring 7.8 x 3 cm. The wound edges are irregular, ragged and expose the underlying subcutaneous tissue, skeletal muscle and tendon. There is no projectile.

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

INTERNAL EXAMINATION

The usual Y-shaped incision is made and reveals no evidence of extravasated blood in the subcutaneous tissues of the chest or abdomen. The serosal cavities have no adhesions or abnormal collections of fluid. The pneumothorax test is not performed. 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 collapsed and underfilled.

The heart weighs 330 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 clear mucus and gastric content. 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 410 and 310 grams, respectively. They have smooth pleural surfaces. The cut surfaces of the pulmonary parenchyma are pink-red, minimally congested, normally crepitant and excrete a small amount of bloody liquid. The peripheral pulmonary arteries have smooth intimal surfaces and no thromboemboli.

HEPATOBILIARY SYSTEM: The liver weighs 1350 grams and has a smooth intact capsule. The liver parenchyma is moderately firm, brown-red, congested and has no 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 lobulated parenchyma, clear ducts and no lesions.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 150 grams and has a smooth intact capsule. The cut surfaces of the splenic parenchyma are soft and maroon 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 and fat replaced with a residual tan-pink lobulated parenchyma with no lesions.

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 a measured 100 milliliters of dark brown fluid with suspended food particles including beans and other unidentifiable food particles. The duodenum has no lesions. The small and large bowels are unremarkable.

GENITOURINARY SYSTEM: The right and left kidneys weigh 125 and 140 grams respectively. They have thin renal capsules that strip with ease. The cortical surfaces are tan-brown and smooth. The cortices are pale, well-delineated from the underlying medullary pyramids and have no lesions. The calyces, pelves and ureters are not dilated and have unremarkable lining

mucosa. There is no increase in hilar adipose tissue. The urinary bladder contains a measured 75 milliliters of dark urine. Its mucosa is white-tan, smooth and has no lesions. The urethra is unremarkable. The prostate gland has normal size on 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 red and congested with granular cut surfaces and no lesions.

NECK: 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 clear mucus and gastric content.

HEAD: The galea 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 1520 grams and has symmetrical cerebral hemispheres. There are no epidural o subdural hemorrhages. The external surfaces of the brain are not edematous. The arachnoid membrane is thin and delicate with congested arachnoid vessels. The cerebrospinal fluid is clear. The cranial nerves 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.

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

SHZ/jw

Wuesthoff REFERENCE LABORATORY

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

Patient: GUERRERO, JUAN Age: **22** Sex: **M**
Client Patient ID: 9-16-916 Account#: VX82890
Physician: ZYDOWICZ, SARA Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/12/2016 Lab Order No: 661300963 Reg Date: 06/13/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL - VOLP			
SPECIMEN TYPE			
HEART BLOOD			
ETHANOL	**0.169**	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			
CAFFEINE			
LC/MS/MS			
CAFFEINE, CAFFEINE METABOLITE			
BLOOD IMMUNOASSAY SCREEN			
AMPHETAMINES	NEGATIVE	mg/L	0.100
BARBITURATES		mg/L	0.100
Screening result suggests the need for further testing			
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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TOXICOLOGY

Specimen Collected :06/12/2016 Lab Order No: 661500909 Reg Date: 06/13/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL, VITREOUS - VOLPV			
SPECIMEN TYPE			
VITREOUS			
ETHANOL	**0.146**	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

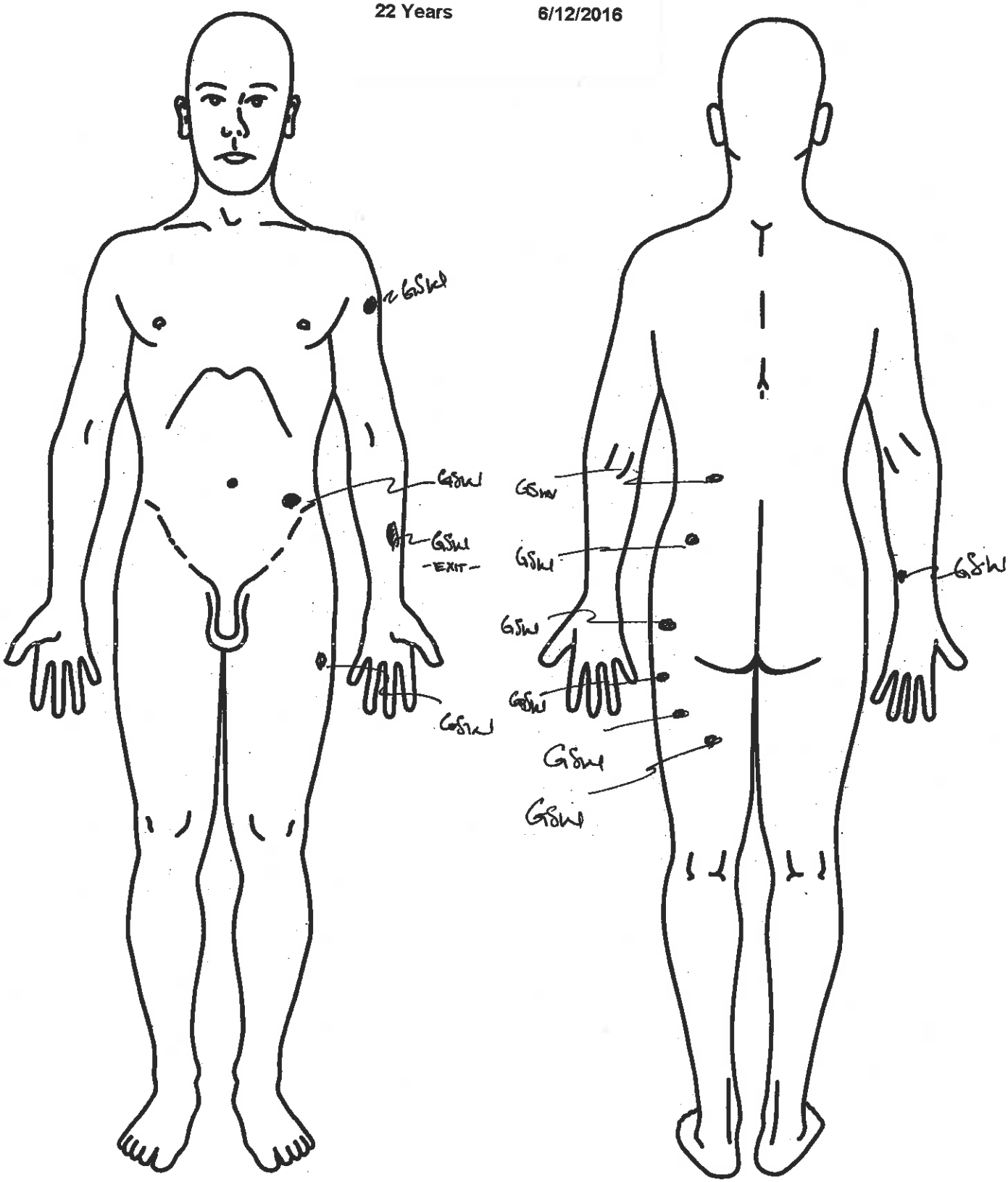
Reviewed by: _____ Date: 7/19/16

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

ME16-00916

Guerrero, Juan

22 Years 6/12/2016



15-217 (3/08)

— Injury Classification —