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

REPORT OF AUTOPSY

DECEDENT: LUIS CONDE **CASE NUMBER:** ME 2016 – 000937

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

AGE: 39 years **SEX:** Male
RACE: White **DATE OF DEATH:** June 12, 2016

DATE/TIME OF AUTOPSY: June 14, 2016 @ 12:20 p.m.

D.O. 05AUG16

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 head:
   - A. Fractures of calvarial skull
   - B. Fractures of base of skull
   - C. Lacerations and contusions of cerebral hemispheres
   - D. Indeterminate range
   - E. No projectile recovered

II. Gunshot wound, right upper extremity:
   - A. Fracture of right humerus
   - B. Hemorrhagic wound path
   - C. Indeterminate range
   - D. Fragments of projectile recovered

III. Grazing gunshot wounds, multifocal

Findings continued ...

IV. Cutaneous abrasions

V. 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 Luis Conde, a 39-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 Luis Conde 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 14, 2016 at 12:20 p.m.

IDENTIFICATION: The body of Luis Conde is identified via comparison of decedent to photograph associated with Florida Driver License #C530-524-76-448-0. The identification is made by Special Agent Matt Walsh, of the FDLE, on June 12, 2016 @ 9:22 p.m., at the Orange County Medical Examiner facility.

CLOTHING AND VALUABLES: At the time of examination, the body is dressed in a white short-sleeved cotton T-shirt, blue jeans and multicolored underpants. The shirt and pants are partially saturated with blood, more so on the left. Black socks and brown work-style boots are on the feet. A black leather genital accessory is around the base of the penis. A white metal necklace with a Hamsa charm is around the neck. A tan leather bracelet with a white metal buckle is on the right wrist. A white metal ring is on the right hand. 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 68 inches in length and weighs 180 pounds. Body build is average and muscular. The body is ambient temperature. The rigor mortis is dissipating. Livor mortis is fixed, purple-red, extends over the posterior surfaces of the body and is confined to the back. The body is neither decomposed nor embalmed.

EXTERNAL EXAMINATION

The head has injuries as described below, resulting in distortion of some facial features. The scalp hair is been shaved. Facial hair consists of a brown beard and mustache. The irides are brown. The pupils have equal diameters. The corneae are clear. The conjunctivae are unremarkable, with no hemorrhages. The sclerae are white. The external nares contain liquid and dried blood. The nasal skeleton is remarkable for injuries as described. The lips have no injuries. The oral cavity has natural dentition in a good state of repair. The oral mucosa has no injuries, intact frenula and no petechial hemorrhages in the oral vestibule. It is lined with clear mucus and blood. The external auditory canals contain dried and liquid blood.

The neck is symmetrical and is remarkable for injuries as described below.

The thorax is well-developed and symmetrical. The abdomen is flat and soft with no palpable masses.

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

The lower extremities are symmetrical and have no anatomic abnormalities. The arms, forearms, wrists and hands have no nontraumatic abnormalities. The fingernails are intact.

The back is unremarkable. The anus has no abnormalities.

SCARS AND TATTOOS

The skin on the right forearm has a circumferential gray tone tattoo of indeterminate design. The skin on the left side of the chest has a gray tone and polychrome large, confluent tattoo containing multiple themes which extends onto the shoulder and arm, to the level of the elbow. The medial aspect of the left forearm has a gray tone tattoo of a cross. The left forearm has a nearly circumferential tattoo of multiple circles. The skin on the dorsal aspect of the left hand has a polychrome tattoo of a face. The body has no apparent surgical scars.

EVIDENCE OF INJURY

The body has a total of four gunshot wounds and multiple grazing-type injuries and injuries from intermediate targets. The ordering and labeling of the following wounds is for descriptive purposes only and is not intended to imply order of infliction or relative severity. All wound paths are given with respect to the standard anatomic position.

Head:

Gunshot Wound "A":

1. The posterior scalp, near the level of the right ear, has an entrance gunshot wound. Its central portion is located 12 cm below the vertex of the head and 6.5 cm to the right of the anterior midline. The perforation is round with a 0.5 cm diameter. It has a regular 0.1 cm dried margin of abrasion. The adjacent skin has no stippling, soot, or muzzle imprint.

2. The hemorrhagic wound path sequentially involves the skin, subcutaneous adipose tissue, skull, and brain. There is no projectile.

3. The exit wound perforation lies on the posterior aspect of the head. The central portion is located 6.5 cm below the vertex of the head and 2 cm to the left of the posterior midline. The wound is oval in shape, measuring 2.5 x 0.5 cm. There is no projectile.

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

5. Associated injuries include multiple complete fractures of the calvarial skull and base of the skull with severe displacement and distortion, fractures of multiple facial bones and multiple fractures of the mandible.

Gunshot Wound "B":

1. An entrance gunshot wound perforation lies on the medial aspect of the right eye and eyelid. Its central portion is located 7 cm below the vertex of the head and 1 cm to the right of the anterior midline. It is a round perforation with a 0.6 cm diameter and a partial 0.2 cm margin of abrasion lying in the 9 o'clock to 3 o'clock position. The adjacent skin has no soot, stippling, or muzzle imprint.

2. The hemorrhagic wound path sequentially involves the skin, subcutaneous adipose tissue, skull, and brain. There is no projectile.

3. The exit wound perforation lies on the right side of the head, just below the right ear. It is a large, irregular, gaping wound measuring 7 x 2.5 cm. The wound edges are not re-opposable and there is exposure of the underlying skeletal muscle and bone.

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

5. Associated injuries include multiple complete fractures of the calvarial skull and base of skull with severe displacement and distortion, fractures of multiple facial bones, and multiple fractures of the mandible (Comment: Co-mingling pathway with Gunshot Wound "A").

Gunshot Wound, Right Upper Extremity:

1. An entrance gunshot wound is located on the anterior aspect of the right arm, near the anterior axillary fold. The wound is located 47 cm from the tip of the right index finger. The entrance wound perforation is round with a 0.5 cm diameter and a 0.1 cm circumferential margin of abrasion. The adjacent skin has no stippling, soot, or muzzle imprint. A few irregular, superficial abrasions lie superior to the entrance gunshot wound (Comment: Pseudo-stippling). The abrasions contain no foreign material.

2. The hemorrhagic wound path sequentially involves the skin, subcutaneous adipose tissue, right humerus, and the skeletal muscle of the right clavicular and subclavicular regions.

3. There is no exit. The wound path, with respect to the standard anatomic position, is from right to left and slightly downward.

4. Associated injuries include comminuted fracture of the right humerus and hemorrhage along the entire wound path.

Other Injuries:

1. The skin on the lateral aspect of the right arm, superior to the above-described gunshot wound, has a series of five irregular, dry, orange-brown abrasions in an area measuring 15 x 6 cm.

2. The skin on the right side of the chest, near the level of the nipple, has a 15 x 7 cm zone of multiple punctate red abrasions. No foreign material lies within the abrasion.

3. The skin on the left side of the chest, above the level of the nipple line, has a 7 x 3.8 cm irregular open wound with ragged edges and exposure of the underlying skeletal muscle (Comment: Distinction between a grazing-type gunshot wound as opposed to injury from an intermediate target cannot be discerned).

4. The skin on the dorsal aspect of the right forearm, near the wrist, has a horizontally-oriented, grazing-type gunshot wound measuring 4.5 x 1.8 cm. The underlying adipose tissue and a small amount of skeletal muscle are visible through the wound.

5. The skin on the medial aspect of the left forearm has a grazing-type gunshot wound measuring 5.2 x 5 cm. The wound edges are ragged, irregular, and dried. The underlying skeletal muscle is visible through the wound.

6. The skin on the medial aspect of the right arm, overlying the biceps muscle, has an 8 x 3 cm irregular moist, red abrasion.

INTERNAL EXAMINATION

The usual Y-shaped incision is made and reveals evidence of extravasated blood in the subcutaneous tissues of the chest in association with the above-described injuries. The serosal cavities have no adhesions or abnormal collections of fluid. The pneumothorax test is negative for gas bilaterally. 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 contain minimal amount of residual liquid blood.

The heart weighs 320 grams. The epicardial surface is smooth. The coronary arteries arise normally, have patient 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 streaked with blood. 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 470 grams each. They have smooth pleural surfaces. The cut surfaces of the pulmonary parenchyma are red, minimally congested, and exude a small amount of bloody liquid and froth.
The peripheral pulmonary arteries have smooth intimal surfaces and no thromboemboli.

HEPATOBILIARY SYSTEM: The liver weighs 1270 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-brown, lobulated parenchyma, clear ducts and no lesions.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 190 grams and has a smooth, intact capsule. The cut surfaces of the splenic parenchyma are dark maroon, congested, and soft, with inapparent lymphoid follicles. The lymph nodes and tonsils are not enlarged and have unremarkable cut surfaces. The thymus gland is partially atrophic and fat-replaced with a residual tan-pink lobulated parenchyma.

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 150 ml of yellow, oily fluid and particulates of vegetables. The duodenum has no lesions. The small and large bowels are unremarkable.

GENITOURINARY SYSTEM: The right and left kidneys weigh 130 grams each. They have thin renal capsules that strip with ease. The cortical surfaces are tan-brown and smooth. The cortices are minimally congested, well-delineated from the underlying medullary pyramids, and have no lesions. The calyces, pelves, and ureters are not dilated and have unremarkable underlying mucosa. There is no increase in hilar adipose tissue. The urinary bladder contains a measured 200 ml of pale 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 gland cannot be definitively identified secondary to injuries as described above. The adrenal glands have no abnormalities. The thyroid gland is pink-red, with monomorphic, granular cut surfaces and no lesions.

NECK: The neck is remarkable for injuries as described above. The laryngeal cartilages and hyoid bone have no fractures or other abnormalities. The strap muscles of the neck are hemorrhagic in association with injuries described above. The tongue is normal with no hemorrhages, bite marks, or other lesions. The epiglottic and laryngeal mucosa has no petechiae and is lined with clear mucus streaked with blood.

HEAD: The galeal aponeurosis has no nontraumatic abnormalities. The cranial vault and base of the skull are remarkable for injuries as described. Areas of the brain that can be assessed reveal no structural abnormalities.

MUSCULOSKELETAL SYSTEM: The clavicles, sternum, spine, ribs and pelvis have no recent fractures. The musculature is normally developed.

SHZ/st

Wuesthoff REFERENCE LABORATORY

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

Patient: CONDE, LUIS Age: **39** Sex: **N**
Client Patient ID: 9-16-937 Account#: VX83011
Physician: ZYDOWICZ, SARA Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/13/2016 Lab Order No: 661501208 Reg Date: 06/15/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL - VOLP			
SPECIMEN TYPE			
HEART BLOOD			
ETHANOL	**0.114**	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			
NICOTINE METABOLITE, CAFFEINE			
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: ZYDOWICZ, SARA Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/13/2016 Lab Order No: 661900710 Reg Date: 06/15/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL, VITREOUS - VOLPV			
SPECIMEN TYPE			
VITREOUS			
ETHANOL	**0.128**	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

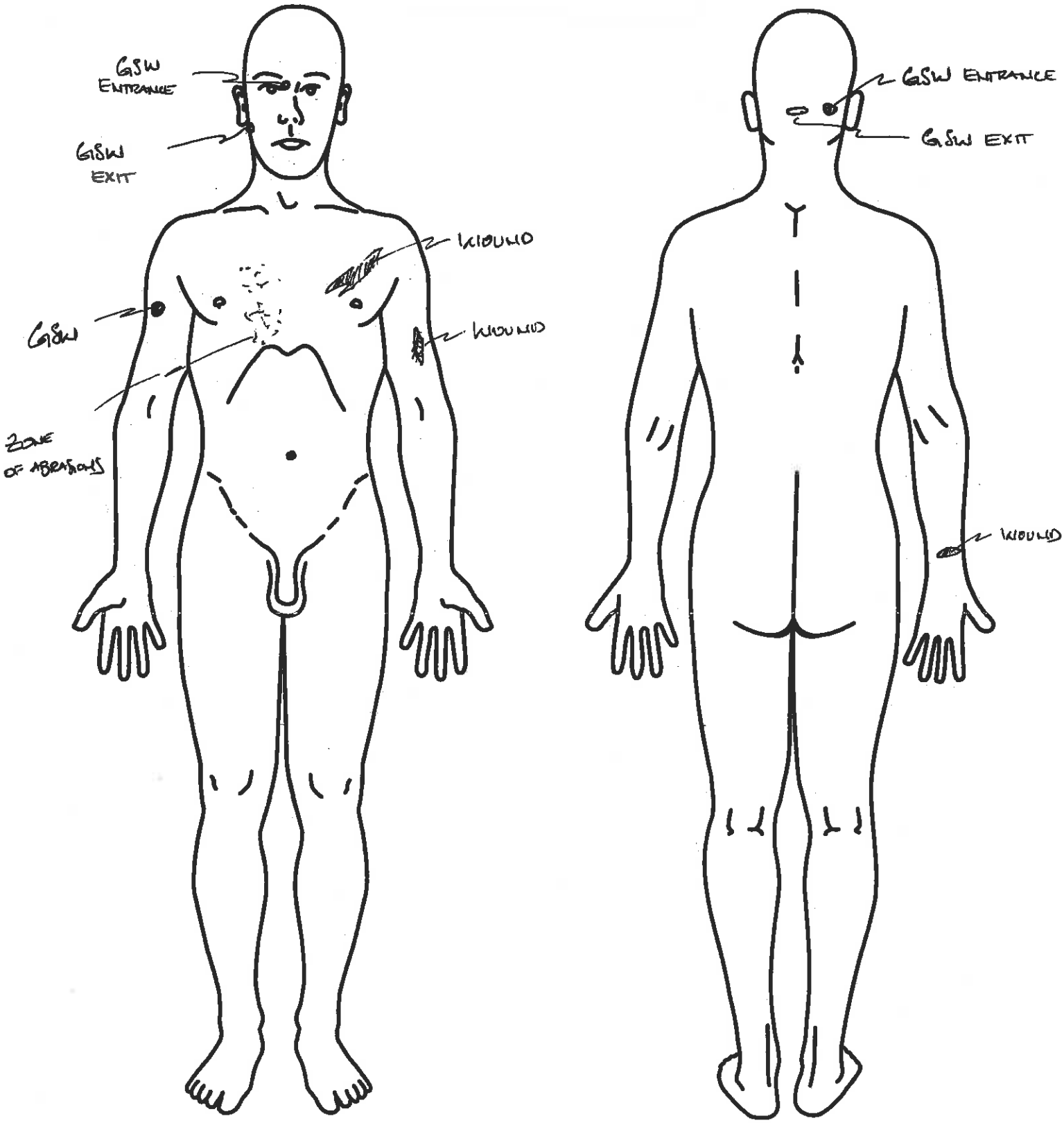
Reviewed by: _____ Date: 7/20/16

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

ME16-00937

Conde, Luis

39 Years 6/12/2016



15-217 (3/08)

INJURY CLARIFICATION

SAZ