

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

REPORT OF AUTOPSY

DECEDENT: LUIS VIELMA

CASE NUMBER: ME 2016 – 000915

MANNER OF DEATH: Homicide

IDENTIFIED BY: Photo ID

AGE: 22 years

SEX: Male

RACE: White Hispanic

DATE OF DEATH: June 12, 2016

DATE/TIME OF AUTOPSY: June 12, 2016 @ 12:35 p.m.


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

CAUSE OF DEATH: Multiple gunshot wounds

AUTOPSY FINDINGS

- I. Gunshot wound of head
 - A. Perforation of scalp
 - B. Fractures of calvarial skull, fractures of base of skull, lacerations of cerebral hemispheres
 - C. Laceration of brainstem
 - D. Indeterminate range
 - E. No projectile recovered

- II. Gunshot wounds (4) of torso
 - A. Comminuted fracture of sternum
 - B. Perforation of aorta
 - C. Perforation of superior vena cava
 - D. Perforation of pulmonary trunk
 - E. Perforation of heart

continued...

Findings continued ...

- F. Perforation of esophagus
 - G. Perforation of trachea
 - H. Multiple perforations of the right and left lungs
 - I. All gunshot wounds of indeterminate range
 - J. Fragment of projectile recovered
- III. Gunshot wound of left upper extremity
- A. Comminuted fracture of left humerus
 - B. Hemorrhagic wound path
 - C. Indeterminate range
 - D. No projectile recovered

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 Vielma, 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 Luis Vielma 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 at 12:35 p.m.

IDENTIFICATION: The body of Luis Vielma is identified via comparison of decedent to photograph associated with Florida Driver License # V450-337-93-375-0. The identification is made by Detective Michael Harmon, of the Orange County Sheriff's Office, to M.E. Investigator Lora Zedick, on June 12, 2016. Additional identification was made by Contract Tech Ashley Alicea.

CLOTHING AND VALUABLES: At the time of examination, the body is dressed in a white short-sleeved T-shirt worn underneath a white Polo-style shirt, gray and blue plaid shorts, and blue undershorts. Both shirts are saturated with blood. Black socks and black Vans 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 65 inches in length and weighs 177 pounds. Body habitus is overweight. The body is ambient temperature. Rigor mortis is developing in the jaw and distal extremities. Lividity is minimally developed, posterior, unfixed, and confined to the back. The body is neither decomposed nor embalmed.

EXTERNAL EXAMINATION

The head has externally visible injuries as detailed below. The scalp hair is black, straight, has a normal hairline, and measures an estimated 2 cm in maximal length. Facial hair consists of a black beard and stubble in a mustache distribution. 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 palpably intact. 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 streaked with blood. The left ear is remarkable for injuries as described below. The right and left external auditory canals contain copious amounts of liquid 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. The abdomen is slightly protuberant 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 anatomic abnormalities. The fingernails are intact.

The back is unremarkable. The anus has no abnormalities.

SCARS AND TATTOOS

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

EVIDENCE OF INJURY

The body has a total of six (6) gunshot wounds involving the head, torso, and left upper extremity. 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 left side of the head, just posterior to the left ear and involving the ear. The wound is horizontally-oriented and overall measures 3.5 x 1 cm. The entrance wound also involves a large avulsive-type laceration of the mid portion of the cartilaginous tragus. The defect in the ear is horizontal and measures 3 x 1 cm. The adjacent skin has no soot, stippling, or muzzle imprint.
2. The wound path sequentially runs through the skin, scalp, and enters into the temporal bone of the calvarial skull. The wound is large and gutter-like extending across the right and left cerebral hemispheres and involving the brainstem and cerebellar hemispheres.
3. There is no exit. Multiple minute fragments are scattered along the wound path.

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

5. Associated injuries include multiple complete fractures of the calvarial skull with moderate to severe displacement, multiple fractures of the base of the skull with severe displacement and copious subdural and subarachnoid hemorrhage.

Gunshot Wounds of Torso:

Gunshot Wound "A":

1. A gunshot entrance wound perforation is located on the left side of the back. Its central portion is located 37 cm below the vertex of the head and 18 cm to the left of the posterior midline. The entrance perforation is round with a 0.5 cm diameter and a regular 0.1 cm margin of abrasion. The adjacent skin has no stippling, soot, or muzzle imprint. The wound sequentially runs through the skin, subcutaneous adipose tissue, skeletal muscle, and enters into the left chest cavity involving the heart, aorta, inferior vena cava, superior vena cava, pulmonary veins, esophagus, and trachea. There is no exit.

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

Gunshot Wound "B":

1. An entrance gunshot wound perforation lies on the left side of the mid back. Its central portion is located 39 cm below the vertex of the head and 20 cm to the left of the posterior midline. The wound is round with a 0.5 cm diameter and a 0.1 cm regular margin of abrasion. The adjacent skin has no stippling, soot, or muzzle imprint.

2. The wound path involves the skin, subcutaneous adipose tissue, skeletal muscle, and organs as described in Gunshot Wound "A" above.

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

Gunshot Wound "C":

1. An entrance gunshot wound perforation lies on the left side of the back, in close proximity to those described above (Gunshot Wounds "A" and "B" of torso). A central portion is located 44 cm below the vertex of the head and 19 cm to the left of the posterior midline. It is round with a 0.5 cm diameter and a 0.1 cm

regular concentric margin of abrasion. The adjacent skin has no stippling, soot, or muzzle imprint.

2. The wound path involves the skin, subcutaneous adipose tissue, skeletal muscle, and the organs as listed above in Gunshot Wound "A." The wound path is comingled with Gunshot Wounds "A" and "B" above.

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

Gunshot Wound "D":

1. An entrance gunshot wound perforation is located on the anterior aspect of the chest, near the level of the right clavicle. Its central portion is located 30 cm below the vertex of the head and 3 cm to the right of the anterior midline. The wound is irregular, with ragged edges, and measures 1 x 1 cm overall. The adjacent skin has no stippling, soot, or muzzle imprint. Blue-purple contusions surround the wound.

2. The wound sequentially runs through the skin, subcutaneous adipose tissue, skeletal muscle, and embeds and fragments the superior portion of the sternum as well as disrupting the distal portions of the strap muscles. There is no exit.

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

Gunshot Wound of Left Upper Extremity:

1. An entrance gunshot wound perforation lies on the lateral aspect of the left arm. Its central portion is located 50 cm from the tip of the left index finger. The wound is round, regular, with a diameter of 0.6 cm, and has a 0.1 cm dark, dried margin of abrasion measuring 0.1 cm. The wound path involves the skin, subcutaneous adipose tissue, skeletal muscle, and continues through the shaft of the humerus creating a comminuted fracture with severe displacement. The wound path also involves the soft tissue in the axillary and lateral pectoral region. There is no exit.

2. The wound path, with respect to the standard anatomic position, is from left to right, and downward.

INTERNAL EXAMINATION

The usual Y-shaped incision is made and reveals extravasation of dark red blood in the subcutaneous tissues of the chest, in association with the above-described injuries. The serosal cavities have no adhesions and are remarkable for injuries and collections of fluid as described. The pneumothorax test is not performed. The organs are minimally congested, in the expected anatomic positions, and have no decomposition.

CARDIOVASCULAR SYSTEM: The portions of aorta that can be assessed have no atherosclerosis or other abnormalities. The vena cavae cannot be assessed secondary to injuries as described above. The pulmonary trunk has injuries, as described. The large vessels are underfilled and nearly collapsed.

The portions of remaining heart (right and left ventricles and small portions of the right and left atria) weigh 330 grams. The epicardial surface is smooth. The coronary arteries arise normally, have patent orifices, and follow a right dominant distribution. The portions that can be assessed 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 bloody fluid. The distal bronchial tree contains a scant amount of froth. The right and left lungs weigh 310 and 250 grams, respectively. They have smooth pleural surfaces. The cut surfaces of the pulmonary parenchyma are pink to red, minimally congested, normally crepitant, have no discrete lesions other than described injuries, and exude a small amount of bloody liquid and froth. The peripheral pulmonary arteries have smooth intimal surfaces and no thromboemboli.

HEPATOBIILIARY SYSTEM: The liver weighs 1640 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 70 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 cannot be definitively identified secondary to injuries.

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 300 ml of thick pasty substance consisting of chicken corn and unidentified food particles. The duodenum has no lesions. The small and large bowels are unremarkable.

GENITOURINARY SYSTEM: The right and left kidneys weigh 70 and 80 grams, respectively. They have thin renal capsules that strip with ease. The cortical surfaces are dark red-brown and smooth. The cortices are minimally congested and 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 100 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 and adrenal glands have no abnormalities. The thyroid gland is pink-red, with monomorphic, 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.

HEAD: The scalp, skull, meninges, and brain are remarkable for injuries as described above. The remaining portions of intact brain, that are assessed, reveal no structural abnormalities.

MUSCULOSKELETAL SYSTEM: The axial and appendicular skeleton has no non-traumatic abnormalities. The musculature is normally developed.

SHZ/st

Patient: VIELMA, LUIS **Age:** 99 **Sex:** M
Client Patient ID: 9-16-915 **Account#:** VX82889
Physician: ZYDOWICZ, SARA **Client:** DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected : 06/12/2016 Lab Order No: 661300959 Reg Date: 06/13/16

Test Name	Result	Units	Cutoff/Reporting Limits
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COMMENTS: Requisition labeled "UNIDENTIFIED, MALE", case # ME16-00915.
 Specimens labeled "VIELMA, LUIS", case # ME16-00915.

VOLATILE PANEL - VOLP
SPECIMEN TYPE
PERIPHERAL BLOOD

ETHANOL	0.011	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
NO DRUGS DETECTED
LC/MS/MS
LC/MS/MS PERFORMED ON PERIPHERAL BLOOD
CAFFEINE, CAFFEINE METABOLITE
BLOOD IMMUNOASSAY SCREEN
SPECIMEN TYPE
PERIPHERAL BLOOD

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

Patient: **VIELMA, LUIS** Age: **99** Sex: **M**
 Client Patient ID: **9-16-915** Account#: **VX82889**
 Physician: **ZYDOWICZ, SARA** Client: **DISTRICT 9 MEDICAL EXAMINER MISC**

TOXICOLOGY

Specimen Collected :06/12/2016 Lab Order No: 661300959 Reg Date: 06/13/16

Test Name	Result	Units	Cutoff/Reporting Limits
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SALICYLATES	NEGATIVE	mg/L	50.0
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TOXICOLOGY

Specimen Collected :06/12/2016 Lab Order No: 661500908 Reg Date: 06/13/16

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

ETHANOL	0.010	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 maintained. Testing has been performed as requested

Reviewed by:  Date: 7/19/16

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

TOXICOLOGY REPORT

VIELMA, LUIS

ME16-00915

Vielma, Luis

22 Years

6/12/2016

