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

REPORT OF AUTOPSY

DECEDENT: MERCEDEZ FLORES **CASE NUMBER:** ME 2016-000942

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

AGE: 26 years **SEX:** Female
RACE: White **DATE OF DEATH:** June 12, 2016

DATE/TIME OF AUTOPSY: June 14, 2016 @ 2:00 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 wound of neck:
   - A. Perforation of left jugular vein
   - B. Perforation of internal jugular vein
   - C. Perforation of left carotid artery
   - D. Perforation of cervical spinal cord

II. Gunshot wounds (4) of torso:
   - A. Fracture, 4th right rib
   - B. Perforation of liver
   - C. Multiple hemorrhagic wound paths

III. Gunshot wounds (2) of right lower extremity:
   - A. Hemorrhagic wound path
   - B. Indeterminate range
   - C. No projectile recovered

IV. Gunshot wound of left lower extremity:
   A. Hemorrhagic wound path
   B. Indeterminate range
   C. No projectile recovered

V. Morbid obesity (Body Mass Index of 46)

VI. Acute intoxication by ethyl alcohol

VII. Cardiomegaly

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 Mercedez Flores, a 26-year-old woman, died as the result of multiple gunshot wounds.

The manner of death is classified as homicide.

The autopsy of the body of Mercedez Flores 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 @ 2:00 p.m.

IDENTIFICATION: The body of Mercedez Flores is identified by comparison to the photograph in Florida Driver's License #F462-553-90-641-0 by FDLE Special Agent Walsh on June 12, 2016. The identification is made to M.E. Investigator Sundvall at the Orange County Medical Examiner facility.

CLOTHING AND VALUABLES: At the time of examination, the body is dressed in a gray-green short-sleeved T-shirt, denim jeans, white underpants and a black bra. The clothing is focally saturated with blood. Beige flat shoes 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 woman compatible with the above-stated age. At the time of the exam the body measures 66 inches in length, and weighs 287 pounds. Body habitus is obese. The body is ambient temperature. Rigor mortis has dissipated. Livor mortis is purple-red, fixed and posterior. Marbling is beginning to develop on the lower jaw and neck.

EXTERNAL EXAMINATION

The scalp hair is brown with blond tips, straight, and has an estimated maximal length of 30 cm. The irides are brown. The pupils have equal diameters. The corneae are clouded. The conjunctivae are congested. The sclerae are white and have a few scattered punctate hemorrhages. The external nares contain dried and liquid 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 bloody fluid which extrudes out of the mouth. The external auditory canals contain liquid and dried blood.

No palpable masses are in the breasts or axillary regions.

The thorax is well developed, symmetrical and is remarkable for injuries as described below.

The abdomen is protuberant and soft with no palpable masses. The skin on the lower abdomen, inguinal, pubic and lateral regions has scattered striae distensae.

The external genitalia are those of a normally developed adult woman with no injuries.

The lower extremities are symmetrical and remarkable for injuries as described below. The arms, forearms, wrists and hands have no anatomic abnormalities. The fingernails are intact.

The back has injuries as described but is otherwise unremarkable. The anus has no abnormalities.

SCARS AND TATTOOS

The skin on the left upper chest and overlying the anterior scapula has a polychrome tattoo of multiple stars. The skin on the ventral aspect of the right forearm has a gray tone tattoo depicting a cross. The body has no apparent surgical scars.

EVIDENCE OF INJURY

The body has a total of eight gunshot wounds as well as multiple superficial wounds secondary to either fragmented projectile or fragments of intermediate targets. The gunshot wounds have similar characteristic with small entrance wounds which expand to create gutter-like lesions as the projectiles are heavily fragmented. The ordering and labeling of the wounds is for descriptive purposes only and is not intended to imply order of infliction or relative severity.

Gunshot Wound of Neck:

1. An entrance gunshot wound perforation lies on the left side of the neck anteriorly and just above the middle third of the clavicle. Its central portion is located 23 cm below the vertex of the head. It is a round defect with a 0.6 cm diameter. It has a 0.1 cm regular concentric tan-brown 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 and lateral aspect of the left sternocleidomastoid muscle and the scalene muscle. The wound path also involves the external jugular vein, internal

jugular vein and carotid artery. The fragments then continue into the vertebral column involving cervical vertebrae 3 & 4. The spinal cord at that level is nearly transected with the flanking regions of spinal cord softened and hemorrhagic. The surrounding dura is multiply lacerated. There is no exit.

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

4. Associated injuries include thick subarachnoid hemorrhage along the structures of the base of the brain and hemorrhage along the entire wound path.

Gunshot Wounds of Torso:
Gunshot Wound A:
1. An entrance gunshot wound perforation lies on the right side of the chest, below the breast and at the level of the anterior axillary line. Its central potion is located 35 cm below the vertex of the head. It is a round perforation with a 0.6 cm diameter and a regular 0.1 cm tan-brown 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 and skeletal muscle. As the projectile fragments, it spreads to involve the pectoralis major and pectoralis minor and creates a gutter-like defect on the anterior aspect of the right rib #4. It does not enter the pleural cavity. There is no exit.

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

4. Associated injuries include hemorrhage along the entire wound path.

Gunshot Wound B:
1. An entrance gunshot wound perforation lies on the right lower quadrant of the abdomen, laterally. Its central portion is located 81 cm below the vertex of the head. It is an irregular wound overall measuring 2 x 1 x 1.1 cm. It has concentric dried red-brown abrasion extending a distance of 1 cm. The adjacent skin has no soot, stippling or muzzle imprint.

2. The hemorrhagic wound path involves the skin, subcutaneous adipose tissue and skeletal muscle. It then continues, entering the peritoneal cavity and perforating the liver. There is no exit.

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

4. Associated injuries include hemorrhage along the wound path.

Gunshot Wound C:

1. An entrance gunshot wound perforation lies on the right side of the back, near the scapula. Its central portion is located 23 cm below the vertex of the head and 10 cm to the right of the posterior midline. It is an oval wound measuring 1 x 0.9 cm. It has a regular concentric 0.1 cm 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 and skeletal muscle overlying the scapula. There is no exit.

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

4. Associated injuries include hemorrhage along the wound path.

Gunshot Wound D:

1. An entrance gunshot wound perforation lies on the right mid back, laterally. Its central portion is located 52 cm below the vertex of the head and 21 cm to the right of the posterior midline. It is a round perforation with a 0.9 cm diameter. It has a 0.1 cm regular 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 and skeletal muscle including the intercostal muscles. The pleural cavity remains intact. There is no exit.

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

Gunshot Wounds of Right Lower Extremity:

Gunshot Wound A:

1. An entrance gunshot wound perforation lies on the right thigh, medially and just above the knee joint. Its central portion is located 50 cm above the outsole of the right foot. It is a round defect with a 1 cm diameter. The

surrounding skin has an irregular and discontinuous tan-brown margin of abrasion. The adjacent skin has no soot, stippling or muzzle imprint.

2. The wound path sequentially through the skin and subcutaneous adipose tissue, skeletal muscle and exits the leg on the lateral aspect.

3. The exit wound lies on the right leg, posteriorly. Its central portion is located 18 cm above the outsole of the right foot. It is round in shape with a 1 cm diameter. The wound path with respect to the standard anatomic position is from right to left, front to back and downward.

4. Associated injuries include hemorrhage along the wound path.

Gunshot Wound B:

1. An entrance gunshot wound perforation lies on the right upper thigh, laterally. Its central portion is located 82 cm below the vertex of the head. It is an irregular oval defect measuring 1.1 x 0.9 cm. The skin adjacent to the wound in the 6 to 9 o'clock position has an irregular crescent-shaped abrasion with focal darkening. The adjacent skin has no soot, stippling or muzzle imprint.

2. The hemorrhage wound path sequentially runs through the skin, subcutaneous adipose tissue and skeletal muscle. There is no exit.

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

4. Associated injuries include hemorrhage along the wound path.

Gunshot Wound of Left Lower Extremity:

1. An entrance gunshot wound perforation lies on the medial aspect of the left leg. Its central portion lies 23 cm above the outsole of the left foot. It is oval in shape, measuring 1.3 x 0.6 cm. The skin surrounding the wound is darkened. The adjacent skin has no soot, stippling or muzzle imprint.

2. The hemorrhagic wound path sequentially runs through the skin, subcutaneous adipose tissue and skeletal muscle, and exits on the lateral aspect of the left leg.

3. The exit wound perforation lies on the left leg laterally; its central portion lies 30 cm above outsole of the left foot. Overall the wound measures 1.9 x 1 cm and is an irregular crescent-shaped wound.

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

5. Associated injuries include hemorrhage along the entire wound path.

Other injuries:

1. The skin on the right side of the forehead, near the lateral aspect of the left eyebrow, has an obliquely-oriented laceration measuring 2.5 x 0.5 x 0.3 cm. The lateral has a maximal depth of 0.3 cm. The above-described laceration is inspissated with subgaleal hemorrhage estimated at less than 5 cc.

2. The skin on the chest, at the level of the breasts and just to the right of the anterior midline, has a somewhat round and irregular wound involving the skin and immediate subcutaneous adipose tissue. No foreign objects are located within the wound. The above-described wound corresponds to a round defect within the decedent's bra. No foreign material is located in that clothing item.

3. The skin overlying the right flank, laterally, has scattered, irregular, superficial wounds, most involving the superficial subcutaneous adipose tissue. Fragments of projectiles or other foreign bodies are not located in any of the wounds.

4. The skin on the left upper thigh, posteriorly and near the gluteal fold, has a horizontally-oriented crescent-shaped abrasion measuring 2 x 0.5 cm.

5. The skin on the left side of the neck, near the above-described gunshot wound of the neck, has an obliquely-oriented, slit-like defect measuring 1.1 x 0.3 cm. The defect involves the skin and immediate subcutaneous adipose tissue. Foreign bodies are not located in the wound.

INTERNAL EXAMINATION

The usual Y-shaped incision is made and reveals evidence of extravasated blood in the subcutaneous tissues of the chest and abdomen in association with the as described in the paragraphs on Evidence of Injury. The serosal cavities have no

adhesions. The organs are overall softened, darkened, and some have early postmortem emphysema. They are in the expected anatomic positions.

CARDIOVASCULAR SYSTEM: The aorta has no significant atherosclerosis. 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 a small amount of residual liquid and clotted blood.

The heart weighs 430 grams (Comment: expected heart weight for age and stature is within the range of 225 – 300 grams. The additional weight is due to myocardial hypertrophy). 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 softened, 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 appear dilated (Comment: The dilated appearance may be due to postmortem time interval).

RESPIRATORY SYSTEM: The upper and lower airways are patent and lined with unremarkable mucus streaked with blood. The mucosal surfaces are yellow-red, smooth and have no petechiae. The right and left lungs weigh 360 and 300 grams, respectively. They have smooth pleural surfaces. The cut surfaces of the pulmonary parenchyma are red, normally crepitant, have no discrete lesions and exude a minimal amount of bloody liquid and froth. The peripheral pulmonary arteries have smooth intimal surfaces and no thromboemboli.

HEPATOBILIARY SYSTEM: The liver weighs 1300 grams and is remarkable for injuries as described in the paragraphs on Evidence of Injury. The liver parenchyma is softened, tan-brown, and has postmortem tissue emphysema. 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 90 grams and has a smooth intact capsule. The cut surfaces of the splenic parenchyma are softened, dark maroon and have unremarkable 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 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 an autolytic appearance with attenuated rugal folds. The stomach lumen contains less than 100 milliliters of tan-pink fluid with no identifiable food particles. The duodenum is unremarkable. The small and large bowels are unremarkable.

GENITOURINARY SYSTEM: The right and left kidneys weigh 120 gram each. They have thin renal capsules that strip with ease. The cortical surfaces are tan-brown, soft and smooth. The cortices are darkened, vaguely delineated from the underlying medullary pyramids and have no focal lesions. The calyces, pelves and ureters are not dilated and have unremarkable lining mucosa. There is no increase in hilar adipose tissue in the kidneys. The urinary bladder contains a measured 150 milliliters of pale urine. Its mucosa is white-tan, smooth and has no lesions. The urethra is unremarkable.

The serosal surface of the uterus is tan, smooth and has no lesions. The cervix is pearly white with a round aperture. The endometrial lining, endometrial cavity and myometrium are unremarkable. The ovaries and fimbriated fallopian tubes are unremarkable.

ENDOCRINE SYSTEM: The pituitary and adrenal glands have no abnormalities. The thyroid gland is tan-pink with monomorphic granular cut surfaces and no lesions. It is enveloped in blood associated with the above-described injuries.

NECK: The neck is remarkable for injuries as described in the paragraphs on Evidence of Injury. 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 blood-streaked mucus.

HEAD: The galea aponeurosis has focal injuries as described in the paragraphs on Evidence of Injury. 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 1420 grams and has symmetrical cerebral hemispheres. The external surfaces of the brain are not edematous. The arachnoid membrane is thin and delicate. The cerebrospinal fluid is bloody. Subarachnoid hemorrhage

is present on the base of the brain as described in the paragraphs on Evidence of Injury. The cranial nerves that can be assessed are intact. The cerebral arteries that can be assessed are intact. The cut surfaces of the cerebral hemispheres, brainstem and cerebellum are overall softened and have no structural lesions.

MUSCULOSKELETAL SYSTEM: The axial and appendicular skeleton has 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: FLORES, MERCEDEZ Age: **26** Sex: **F**
Client Patient ID: 9-16-942 Account#: VX83015
Physician: ZYDOWICZ, SARA Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/14/2016 Lab Order No: 661501214 Reg Date: 06/15/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL - VOLP			
SPECIMEN TYPE			
RIGHT CHEST BLOOD			
ETHANOL	**0.310**	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			
NICOTINE, NICOTINE METABOLITE, 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

TOXICOLOGY

Specimen Collected :06/14/2016 Lab Order No: 662300896 Reg Date: 06/15/16

Test Name	Result	Units	Cutoff/Reporting Limits

Wuesthoff REFERENCE LABORATORY

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

Patient: FLORES, MERCEDEZ Age: **26** Sex: **F**
Client Patient ID: 9-16-942 Account#: VX83015
Physician: ZYDOWICZ, SARA Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/14/2016 Lab Order No: 662300896 Reg Date: 06/15/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL, VITREOUS - VOLPV			
SPECIMEN TYPE			
VITREOUS			
ETHANOL	**0.303**	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

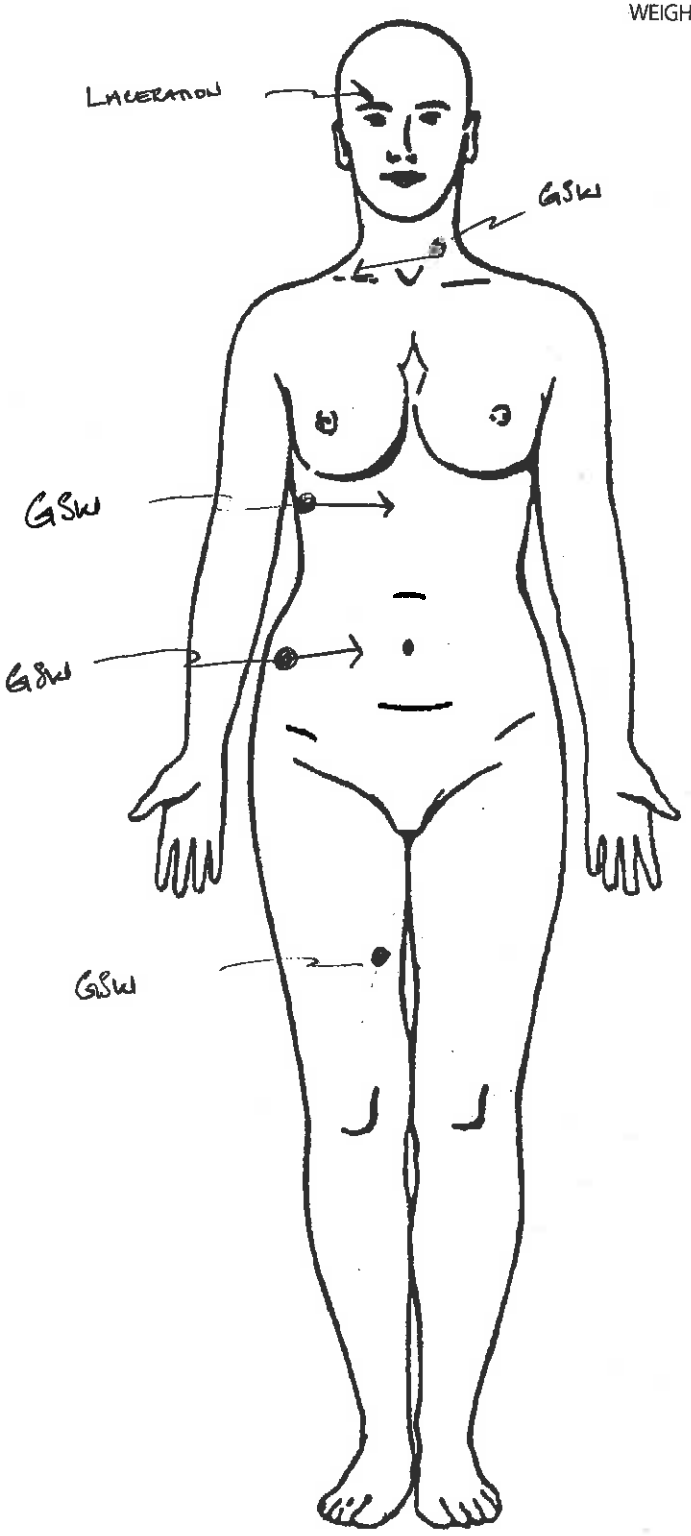
Specimens were intact upon receipt. Chain of custody, specimen security and integrity has been mantained. Testing has been performed as requested

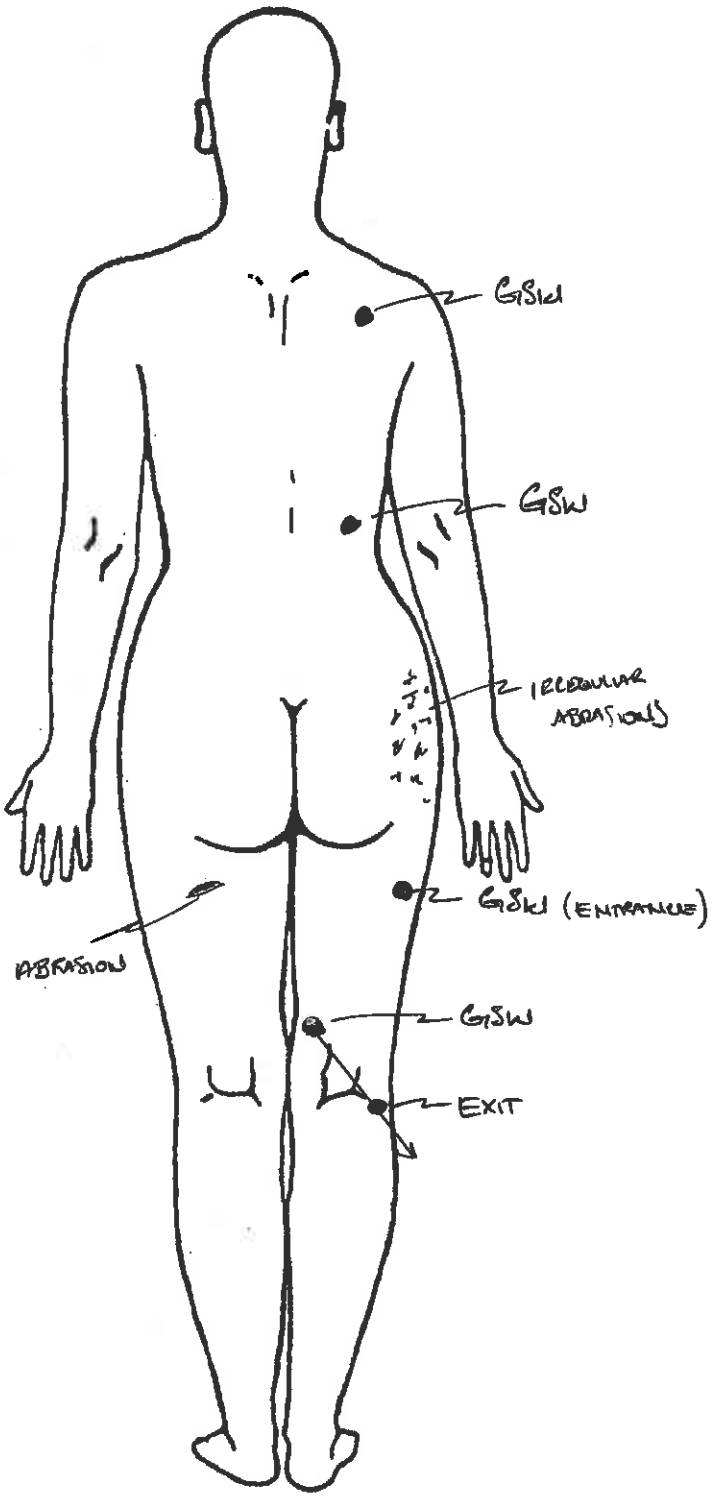
Reviewed by: _____ Date: 7/18/16

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

HEIGHT _____

WEIGHT _____





ME16-00942

Flores, Mercedez

26 Years - F **6/12/2016**

- INJURY CLARIFICATION -