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

REPORT OF AUTOPSY

DECEDENT: OSCAR ARACENA MONTERO

CASE NUMBER: ME 2016-000954

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

AGE: 26 years **SEX:** Male
RACE: White (Hispanic) **DATE OF DEATH:** June 12, 2016

DATE/TIME OF AUTOPSY: June 13, 2016 @ 12:40 p.m.

Marie H Hansen MD

PERFORMED BY: Marie H. Hansen, MD, Associate Medical Examiner

August 5, 2016

CAUSE OF DEATH: Multiple gunshot wounds

AUTOPSY FINDINGS

I. Multiple gunshot wounds with:

A. Gunshot wound "A" is a partially perforating, partially penetrating gunshot wound of the head with:
1. Entrance in scalp above right ear
2. Laceration in right scalp and perforations in right scalp
3. Fracture of skull and laceration of underlying brain
4. Small fragment of projectile recovered from inner aspect of brain and scalp
5. Overall pathway: Straight and front to back pathway and slightly right to left and upward

continued...

B. Gunshot wound "B" is a perforating gunshot of the posterior right shoulder with:
   1. Entrance, lateral right shoulder
   2. Hemorrhage in the subcutaneous fat and muscle with fracture of the right posterior clavicle and exit in the medial upper chest
   3. No projectile recovered
   4. Overall pathway: Right to left, straight in the front to back pathway, and straight in the up to down pathway

C. Gunshot wound "C" is a perforating gunshot wound of the right posterior armpit with:
   1. Entrance wound in the right posterior armpit
   2. Subcutaneous fat and muscle hemorrhage in posterior right chest with exit in medial right chest
   3. No projectile recovered
   4. Overall pathway: Right to left, straight in front to back and up to down pathways

D. Gunshot wound "D" is a penetrating gunshot wound of the right groin and left buttock with:
   1. Entrance wound in the right groin
   2. Perforation of the sigmoid colon mesentery and muscles of the pelvis
   3. Perforation of muscles of the left buttock with contusion of the left buttock and a small yellow metal-jacketed pointed deformed projectile recovered in the left buttock
   4. Overall pathway: Right to left, front to back, and slightly upward

E. Gunshot wound "E" is a perforating gunshot wound of the right abdomen with:
   1. Entrance in right lateral abdomen
   2. Perforations of small bowel and cecal mesentery
   3. Exit, right lumbar back
   4. Overall pathway: Front to back, right to left, and slightly upward

F. Gunshot wound "F" is a penetrating gunshot wound of the right leg with:
   1. Entrance on the lateral aspect of the right knee
   2. Fracture of the distal femur 23 inches above the heel
   3. Hemorrhage and contusion in the muscles of the medial aspect of the right thigh with a yellow metal-jacketed deformed small projectile recovered in the medial muscles of the right thigh below the level of the right scrotum
   4. Overall pathway: Front to back, right to left, and upward

G. Gunshot wound "G" is a perforating superficial gunshot wound of the right buttock with:
   1. Irregular entrance wound in the right lateral buttock and hemorrhage in the subcutaneous fat to an exit wound in the right medial buttock
   2. Overall pathway: Right to left and straight in the front to back and up to down pathways

NOTE: Examination of the clothing and body reveals no evidence of soot or powder tattooing around any of the entrance wounds or perforations in the clothing.

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 the death of Oscar Aracena Montero, a 26 year old white Hispanic male, is the result of multiple gunshot wounds.

The manner of death is homicide.

The autopsy of the body of Oscar Aracena Montero is performed pursuant to Florida Statute 406.11 by Marie H. Hansen, MD, Associate Medical Examiner, District Nine at the Orange County Medical Examiner facility, Orlando, Florida on June 13, 2016, at 12:40 p.m.

IDENTIFICATION: The body of Oscar Aracena Montero is positively visually identified by FDLE SA Walsh via comparison to the photograph on his Florida driver's license #A625-641-90-172-0. The identification is made to ME Investigator Fletcher on June 12, 2016, at the District Nine Medical Examiner's Office.

CLOTHING AND VALUABLES: The body is clothed in a shirt with pants and a belt, underwear, two shoes, two socks, and is accompanied by a Florida driver's license, two credit cards, two keys, and a club band, as well as clear stone-studded earrings. Clothing items are turned over to law enforcement.

GENERAL STATEMENT: The body is that of a 72 inch, 212 pound, normally developed, well-nourished to moderately obese white Hispanic male, appearing consistent with the given age of 26 years. There is no rigor mortis present and dependent non-blanching livor mortis observed.

EXTERNAL EXAMINATION

The hair of the head is black, curly, and 2 inches on the top and ¼ inch and shaved on the sides. The irides are brown with a right clear sclera and the left sclera having congestion, but no distinctive petechiae. The left and right earlobes have a single piercing each. The mouth has a full set of natural yellow teeth in good repair

The neck is unremarkable.

The chest has symmetric breasts without palpable masses. The nipples are without crusting or ulceration. The central chest and abdominal body hair is shaved and has partially re-grown to ¼ inch. The external genitalia are those of an adult non-circumcised male, with bilaterally descended testicles.

Except as described in the paragraphs on "Evidence of Injury," the upper and lower extremities and back are unremarkable, without areas of tattooing or scarring.

SPECIAL PROCEDURES: Toxicologic analysis: body fluids and tissues consisting of heart and peripheral blood, bile, urine and ocular fluid, are obtained. Forensic analysis: samples obtained for possible analysis include pulled head hair and a DNA card, as well as projectiles described in the paragraphs on "Evidence of Injury."

EVIDENCE OF MEDICAL INTERVENTION: None.

EVIDENCE OF INJURY

There are multiple gunshot wounds to the body.

Gunshot wound "A":

Gunshot wound "A" is a partially perforating, partially penetrating tangential gunshot wound of the head with an entrance wound at a point 2-1/2 inches superior and ¾ inch anterior to the right external auditory canal. This is a 1.5 cm x 1.5 cm circular defect with a 6.5 cm superior exit laceration that is irregular, at the 12 o'clock hour position with abraded edges and a 5 mm x 4 mm defect near the vertex. There are, in addition, 2 mm to 3 mm irregular perforations anterior to the tragus for a distance of 4 cm inferiorly at the 6 o'clock hour and up to 6 cm posteriorly into the right occipital scalp.

The wound track continues with laceration of the scalp and a small fragment of yellow metal jacket is recovered in the scalp, as well as inwardly-beveled fracture of the right skull. There is right subgaleal and focal right subarachnoid hemorrhage around the lacerations in the brain.

The laceration to the right parietal lobe continues across the vertex to the left parietal cortex. There are contusions underneath the entrance fractures and the right lateral basal ganglia, as well as in the left lateral parietal lobe. There is a laceration of the right lateral temporal lobe with disruption of the right hippocampus. There is a comminuted fracture of the right parietal calvarium, as well as fractures extending to the left parietal and right inferior temporal skull. Fragments of yellow metal deformed jacket and gray metallic projectile are recovered from the brain parenchyma and the skull, as well as the scalp.

The overall pathway is, therefore, relatively straight in the front to back pathway, slightly right to left and upward, with fragments of projectile recovered at autopsy.

Gunshot wound "B":

Gunshot wound "B" is a perforating gunshot wound of the posterior right shoulder with an entrance wound at a point 2 inches below the shoulder and 10 inches right of the midline through a defect that is 6 mm x 7 mm with a lateral 1 cm x 7 mm abrasion, and continues with hemorrhagic destruction and fracture of the posterior right scapula and posterior right ribs 3 through 5 adjacent to the vertebral column. It exits the right back in the medial right back at a point 2 inches below the top of the shoulder and from 5 to 7-1/2 inches to the right of the midline through a 3 cm x 2 cm defect with irregular abraded edges.

The overall pathway is, therefore, right to left, relatively straight in the front to back pathway, and straight in the up to down pathway with no projectile recovered at autopsy.

NOTE: Between gunshot wound "B" and gunshot wound "C" on the posterior aspect of the back, there is a small fragment of deformed gray metal that is present adjacent to the back. This may represent portions of fragments of projectile from either gunshot wound "B" or "C," or fragments falling out of the head from gunshot wound "A."

Gunshot wound "C":

Gunshot wound "C" is a perforating gunshot wound of the right back with an entrance in the right posterior armpit at a point 5 inches below the shoulder and 9-1/2 inches lateral of the right midline through a 7 mm x 6 mm elliptical defect with slightly abraded edges.

The pathway continues with hemorrhagic destruction of the muscles and subcutaneous fat to the medial left back, where there is an irregular defect that measures 3 cm x 1.5 to 2 cm lateral to medial, with irregular abraded edges.

The exit wound is present at a point 5-1/2 inches below the shoulder and from 4 to 6 inches right of the midline. The wound path is, therefore, right to left, relatively straight in the back to front pathway, and slightly downward.

Gunshot wound "D":

Gunshot wound "D" is a penetrating gunshot wound of the right groin and left buttock with an entrance wound in the right groin present at a point 35 inches above the right heel and 24 inches below the shoulder, 2-1/2 inches to the right of the midline through a 6 mm x 5 mm defect with lateral abrasion in the right groin.
The wound track continues with hemorrhage into the right pelvic muscles with disruption of the right psoas muscle and the sigmoid colon mesentery with perforation of the left psoas muscle and the left sacroiliac joint. The iliac arteries are bilaterally lacerated, as is the right iliac vein. There is hemorrhage into the muscles of the left buttock, where there is a contusion present at a point 23 inches below the top of the shoulder that is 2 inches x 3 inches in greatest dimension. Upon incision, there is a small yellow metal triangular projectile with gray core that is recovered from the muscles of the left buttock.

It is noted that the abdominal cavity has 400 cc of clotted blood in the pathway of gunshot wound "D" behind the bladder.

The overall pathway is, therefore, front to back, right to left, and slightly upward.

Gunshot wound "E":

Gunshot wound "E" is a perforating gunshot wound of the right abdomen with an entrance wound at a point 17-1/2 inches below the top of the shoulder and 7 inches right and approximately ½ inch below the line of the umbilicus in the right lateral abdomen through a 6 mm x 6 mm circular defect with a medial 1 mm to 2 mm blackened abrasion.

The wound track continues into the abdominal cavity with perforation of the small bowel mesentery and the cecal mesentery as well as the posterior abdominal muscles, exiting the back in the right lower lumbar back at a point 17 inches below the top of the shoulder and 2-1/2 inches to the right of the midline through 1 cm x 1 cm irregular slightly squared defect with multiple skin tags at each hour.

The overall pathway is, therefore, front to back, right to left, and slightly upward, with no projectile recovered at autopsy.

Gunshot wound "F":

Gunshot wound "F" is a penetrating gunshot wound of the right leg with an entrance wound in the lateral aspect of the right knee at a point 20 inches above the heel through a 3 mm x 3 mm circular defect without surrounding abrasion.

The wound pathway is associated with a fracture of the distal femur 23 inches above the heel and hemorrhage in the medial aspect of the muscles of the thigh, as well as destruction of the muscles of the thigh, with a small caliber triangular deformed yellow metal-jacketed projectile recovered in the muscles of the medial thigh just below the right scrotum.

The overall pathway is, therefore, front to back, right to left, and upward.

Gunshot wound "G":

Gunshot wound "G" is a perforating superficial gunshot wound of the right buttock with an entrance wound in the right lateral buttock with a 1.5 cm x 5 mm defect present 26-1/2 below the top of the shoulder and 6-1/2 inches to the right of the midline. The wound continues with subcutaneous hemorrhage to a 7.5 cm x 2 cm irregular defect in the right lateral buttock centered at a point 26-1/2 inches below the shoulder and 3 inches to 6 inches to the right of the midline. There is no accompanying projectile.

The overall pathway is, therefore, right to left, straight in the front to back and straight in the up to down pathways, with no projectile recovered at autopsy.

Examination of the hands reveals no additional injuries. Examination of the clothing reveals no identifiable soot or stippling surrounding defects associated with the gunshot wounds.

INTERNAL EXAMINATION

HEART: The pericardial sac contains 4 cc of clear yellow fluid. The 380 gram heart has a right anatomic dominant coronary arterial system that on serial section is without significant atherosclerosis. The atria are bilaterally unremarkable, and the foramen ovale is closed. Each of the heart valves has the correct number of thin pliable leaflets or cusps.

The myocardium is 1 cm in thickness in the interventricular septum and left ventricular free wall, without distinctive areas of mottling or scarring.

PERIPHERAL VASCULAR SYSTEM: The aorta is intact through its thoracic and abdominal distribution with a normal orientation of great vessels, and no evidence of coarctation or aneurysmal dilatation. The carotid and iliac arteries are likewise unremarkable to examination and palpation, except as described in the paragraphs on "Evidence of Injury."

HEAD and BRAIN: Except as described in the paragraphs on "Evidence of Injury," there is no epidural hematoma. In areas of the brain without subarachnoid hemorrhage, the leptomeninges are clear with flattened gyri and narrowed sulci and slightly congested vessels over the convexity of the cortex of the 1630 gram brain.

The vessels at the base of the brain that comprise the circle of Willis are thin-walled and without atherosclerosis or aneurysm. Serial coronal sections in areas not associated with the gunshot wound pathway have gray-tan cortical ribbon and diffusely softened slightly expanded white matter. The corpus callosum is unremarkable and the lateral ventricles are narrowed. The basal ganglia and hippocampi, except in the areas of laceration of the right lateral parietal lobe and right temporal lobe, are unremarkable on section. The cerebellum and brainstem are unremarkable grossly on section, except for autolysis. The substantia nigra has an adequate amount of pigmentation and the crossing fibers in the pons are without areas of hemorrhage or tumor.

Stripping of the dura reveals a comminuted fracture of the calvarium and an intact base of skull.

NECK ORGANS: The superficial and deep muscles of the anterior neck are without hematoma. The hyoid bone and thyroid cartilage are intact. The epiglottis is without edema or petechiae. The trachea is without occlusion by food or foreign material. Palpation of the anterior cervical vertebral column reveals no evidence of fracture.

LUNGS: The pleural cavities are bilaterally dry. The right and left lungs weigh 310 and 330 grams respectively. The pleural surfaces are tan-pink to tan-gray without significant anthracosis, adhesions or petechiae. On section, the parenchyma has a slight aspiration pattern of gastric contents and mild anthracosis, but no evidence of pulmonary emboli, tumor, hemorrhage, or

distinctive areas of consolidation. The distal tracheobronchial trees are without occlusion by mucus plugging.

LIVER: The 1310 gram liver has an intact capsule and a red-brown parenchyma with a lobular architecture and a normal consistency. The gallbladder contains an estimated 4 cc of yellow-green, runny bile without gallstones. The mucosa is otherwise unremarkable.

RETICULOENDOTHELIAL SYSTEM: The 140 gram spleen has a dull capsule that wrinkles easily. The parenchyma is red-purple and soft, without fibrosis, hemorrhage or tumor on section. The paratracheal lymph nodes are 3 to 5 mm and tan-red on section. The remaining lymph node chains are grossly unremarkable.

ENDOCRINE SYSTEM: The thyroid gland consists of symmetric tan lobes that are homogeneous on section. The adrenal glands have bilaterally golden yellow cortices and gray medullae. The pancreas consists of tan lobulated tissue without interdigitated fat, fibrosis, hemorrhage, tumor or pseudocyst formation on section.

GENITOURINARY SYSTEM: The right and left kidneys weigh 140 grams each. The capsules strip easily revealing light red-tan cortical surfaces that are smooth and of normal thickness. The medullae, calices, collecting systems, ureters, and bladder are unremarkable. The bladder contains an estimated 135 cc of clear pale yellow fluid.

The prostate is tan-brown and smooth without enlargement or nodularity on section. The testicles are unremarkable to palpation.

GASTROINTESTINAL SYSTEM: The esophageal mucosa is tan-white and glistening. The stomach contains 200 cc of opaque fluid with identifiable fragments of brown bean, onion and meat, with no distinctive pill fragments or distinctive odor. The underlying rugal folds are moderately autolyzed but without evidence of antral or duodenal ulceration. The serosal surfaces of the small bowel, appendix, and colon are unremarkable, except as described in the paragraphs on "Evidence of Injury."

MUSCULOSKELETAL SYSTEM: The subcutaneous fat is 2 cm at the umbilicus and the muscle is normally formed. Examination of the clavicles, bilateral anterior rib cages, cervical, thoracic, lumbar, and sacral vertebral column, as well

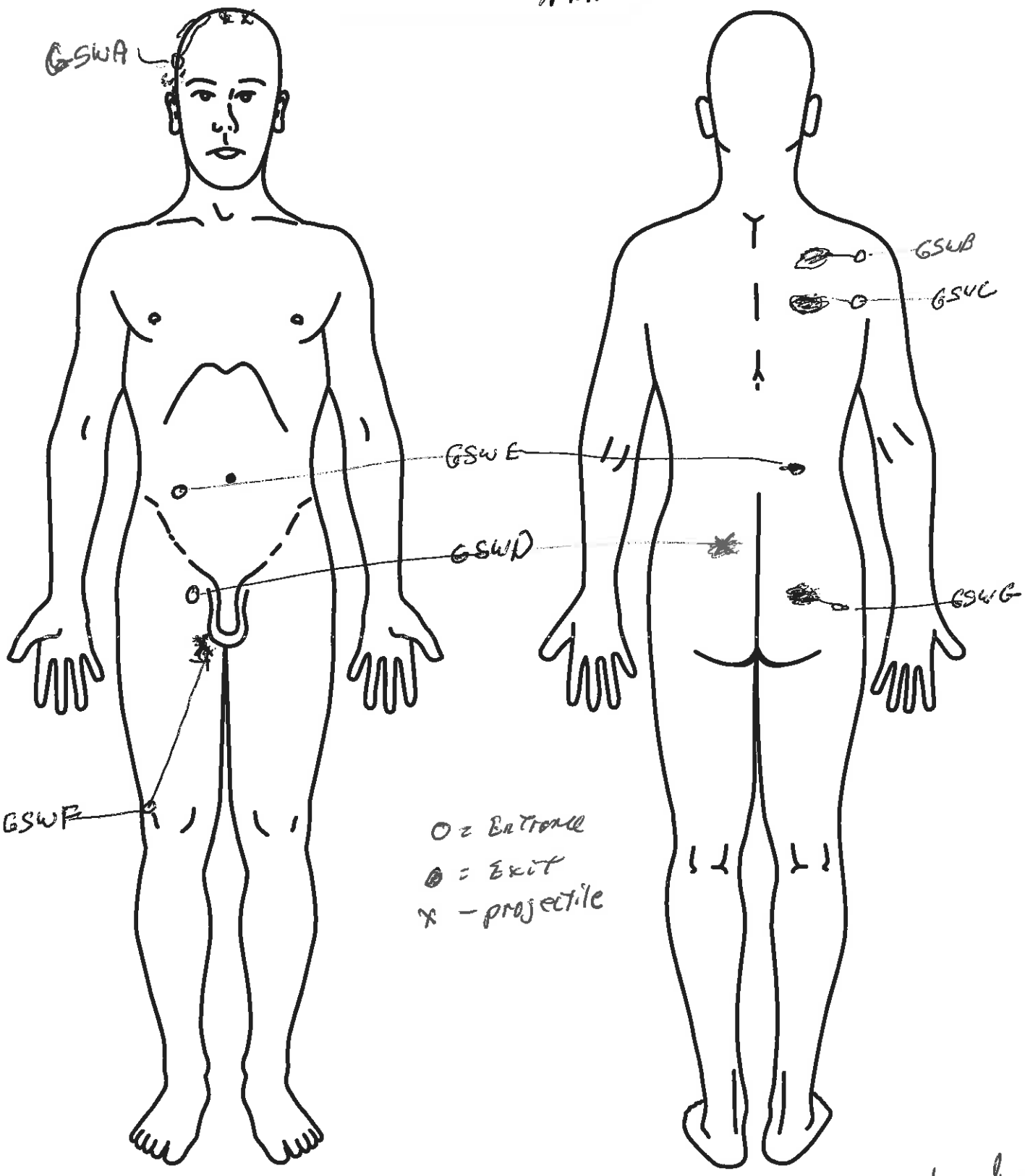
as the pelvic girdle reveals no evidence of acute trauma, except as described in the paragraphs on "Evidence of Injury." Examination of the long bones and joints of the bilateral upper extremities and the left lower extremity reveals no palpable fractures.

MHH/alm

ME16-00954

Aracena Montero, Oscar

26 Years - M 6/12/2016



15-217 (3/08)

INJURY CLARIFICATION DIAGRAM

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Wuesthoff REFERENCE LABORATORY

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

Patient: ARACENA MONTERO, OSCAR Age: **26** Sex: **M**
Client Patient ID: 9-16-954 Account#: VX82963
Physician: HANSEN, MARIE Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/13/2016 Lab Order No: 661401254 Reg Date: 06/14/16

Test Name	Result	Units	Cutoff/Reporting Limits
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			
PERIPHERAL BLOOD			
GC/MS			
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

Wuesthoff REFERENCE LABORATORY

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

Patient: ARACENA MONTERO, OSCAR Age: **26** Sex: **M**
Client Patient ID: 9-16-954 Account#: VX82963
Physician: HANSEN, MARIE Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/13/2016 Lab Order No: 661900682 Reg Date: 06/14/16

Test Name	Result	Units	Cutoff/Reporting Limits
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 mantained. Testing has been performed as requested

Reviewed by: _____ Date: 7/18/16

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE