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

REPORT OF AUTOPSY

DECEDENT: PETER GONZALEZ CRUZ **CASE NUMBER:** ME 2016-000917

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

AGE: 22 years **SEX:** Male
RACE: White **DATE OF DEATH:** June 12, 2016

DATE AND TIME OF AUTOPSY: June 12, 2016 at 4:30 PM

8/5/16

PERFORMED BY: Jesse C. Giles, MD, Associate Medical Examiner

CAUSE OF DEATH: Gunshot Wound of Head

AUTOPSY FINDINGS

I. Perforating gunshot wound of head:
   A. Range of fire: Distant
   B. Entrance: Left parieto-occipital scalp
   C. Exit: Right parietal scalp
   D. Course: Rightward, frontward, and slightly downward
   E. Damage: Calvarial and basilar skull fractures, brain lacerations, hemorrhage, and slight aspiration of blood into lower lobe of right lung
   F. Projectile: None present at autopsy

II. Other firearms injuries:
   A. Gunshot impact at cell phone in left pants pocket, with corresponding left thigh lacerations, abrasion, and contusion, with small coppery and lead fragments recovered from pants overlying wound ("Bullet fragments from pants left front thigh")

B. Grazing wound of mid medial right thigh, possibly related to injury of left thigh, with piece of coppery jacket recovered from subcutaneous tissue ("Bullet fragment from right thigh")
C. Grazing wound across left knee
D. Grazing wound across medial left knee
E. Pseudostippling (multiple tiny secondary fragment impacts) at medial left knee and calf, medial right thigh, medial right calf, and anterolateral left shin and calf
F. Secondary missile impacts or large pseudostipples of low lateral left back (three wounds), with no metal recovered

III. Other trauma:
A. Blunt force injury (abrasions and contusions) at right face and right periorbital area
B. Abrasions of right elbow and each proximal dorsal forearm

IV. No grossly-detected significant pre-existing medical diseases

TOXICOLOGIC AND LABORATORY ANALYSES:

I. Blood Ethanol 120 mg/dL (BAC 0.12 g%)

II. Ocular fluid Ethanol 141 mg/dL (0.14 g%)

III. Cannabinoid and Caffeine use detected, but no other drugs detected

IV. See laboratory report in M.E. case file for details.

CONCLUSION: In consideration of the circumstances surrounding the death, and after examination of the body and review of available medical and other records and toxicologic analyses, it is my opinion that the death of Peter Gonzalez Cruz, a 22 year-old white man pronounced dead at a local commercial establishment parking lot after a mass shooting at a nearby night club, is the result of a gunshot wound of the head.

The manner of death is classified as homicide.

AUTHORIZATION: The autopsy of the body of Peter Cruz Gonzalez is performed pursuant to Florida Statute 406.11 by Jesse C. Giles, MD, Associate Medical Examiner, District Nine, at the Orange County Medical Examiner facility, Orlando, Florida on June 12, 2016 beginning at 4:30 PM.

IDENTIFICATION: The body of Peter Cruz Gonzalez was identified by Orange County Sheriff's Office Det. Garciapagan to ME Chief Investigator Hicks at the OCMEO on June 12, 2016 at 2:30 PM. This was made by comparison of the decedent with the photograph in his associated Florida Driver's License # G524-674-94-135-0.

ROUTINE EXTERNAL EXAMINATION

The body is admitted to the autopsy room dressed in casual clothing and with brown paper bags over the hands and feet. The body is that of a well-developed white man who appears the stated age of 22 years. Body height is 70 inches and body weight is 212 pounds. At autopsy, rigor mortis is generalized, livor mortis is posterior and blanching, and the body is cold to touch. There is some obvious external injury (gunshot holes at the head). Decomposition is absent. Artifacts of medical and postmortem care are absent.

Clothing is a black T-shirt and white ribbed sleeveless undershirt (both up above the breasts initially and off at the left arm, and both with small holes matching those of the body at the low left back area), blue jean pants (present initially down below the crotch, and with holes at the left groin, right thigh, and left knee and calf areas, with some imbedded pieces of bullet coppery jacket and lead core at the ragged hole area of the left groin and upper thigh), and black undershorts, and shiny black tennis shoes. The clothing is not further remarkable.

There are some valuables on or with the body, including a half-hoop white and black metal earring at each earlobe, a white with orange stripes nightclub style fabric band at the right wrist, a left wrist yellow metal watch, three yellow metal and white metal bracelets at the right wrist with some green stones/beads, some credit cards and an ID card, and $4 (for full listing of valuables please see the Medical Examiner's file for the "Body & Personal Effects Record").

Scalp hair is black, straight, and short to medium length. There is smeared blood across the face, neck, chest, abdomen, thighs, and hands. The head, face, neck, and upper shoulders show no suffusion. The eyes are brown and the sclerae are white. Ocular fluid is clear. There are no facial petechiae, but there is focal periorbital ecchymosis. Facial hair is a short beard but no mustache. In the nasal and oral cavities is clear mucus. Teeth are natural with good oral hygiene. The neck has normal range of motion with no crepitus.

The chest is not increased in the anteroposterior dimension. Breasts are mildly to moderately fatty or gynecomastic but without masses. The abdomen is soft and mildly to moderately flabby. Extremities are symmetrical and with trauma but no deformities. The legs have no peripheral edema or skin atrophy. The nails are short and uninjured. The back and buttocks have no natural deformities. The anus is not remarkable. External genitalia are adult male and not remarkable, including testes palpable within the scrotum.

Significant scars, tattoos, nevi, and incidental findings are a tattoo at the left calf of a flower.

EVIDENCE OF INJURY

A gunshot wound of the head, some secondary impact or grazing type gunshot wounds, and some minor blunt force injuries are present.

Gunshot Wound of Head:

The entrance wound is at the left parieto-occipital scalp centered 2 inches posterior to the top of the head, 3 inches below the top of the head, and 3 inches to the left of midline. The wound is a hole 0.4 cm in diameter with slight surrounding abrasion ring but with more prominent surrounding mottled reddish-purple ecchymosis over a total area of 2.5 cm in diameter. The abrasion around the hole is 0.2 cm thick except posteriorly where it is 0.1 cm thick. There is no charring, soot, stippling, or gunpowder flake deposition in or around the wound.

X-rays of the head and neck show no obvious retained foreign bodies.

The exit wound is at the right lateral head above the ear centered 3 ½ inches immediately below the top of the head and 3 ¾ inches to the right of midline. The wound is a vertical irregular gaping hole 3 cm tall by 1 cm wide. It is surrounded by purple contusion 5 x 3 cm with irregular abrasions inferiorly over an area 0.7 x 0.3 cm, and the adjacent top of the right ear has associated abrasions at the upper and posterior aspects.

The overall course is rightward, frontward, and slightly downward through the head. From the entrance, the shot passes through the posterior calvaria via a bony inshoot hole 0.5 cm in diameter. This hole has inward beveling at the internal bone surface up to 0.6 cm thick. Fractures run superiorly, inferiorly, and anteriorly from this hole mostly through the left parietal bone. The bony outshoot area is at the lateral right parietotemporal area and is a large irregular fragmented hole 3 x 2.5 cm. There is bilateral deep scalp hemorrhage around the holes and the fractures.

Opening of the head shows widespread bilateral basilar skull fractures, except at the left frontal fossa. The inshoot hole at the brain is at the left occipito-temporal area and the brain outshoot hole is at the mid lateral right temporal hole. There are obvious

inferior cerebral contusions at the left parieto-occipital area, and there is bilateral inferior parieto-temporal subarachnoid hemorrhage, greater on the right. The lacerations of the brain are worse at the outshoot area. There is no intraventricular hemorrhage. There is no epidural or subdural hemorrhage.

No foreign body is found in or along the wound track.

Associated with this shot, there is slight aspiration of blood into the lower lobe of the right lung.

Other Firearms Injuries:

The anterior left proximal thigh beneath the very ragged holes at the left pants has a roughly rectangular area of laceration 7 x 4 cm, very macerated at the interior and with very irregular ragged edges and reddish-purple abrasion and contusions along the periphery. This is centered 30 inches above the heel. At the inferior medial aspect is a 4 x 5 x 2 cm reddish-purple abrasion and contusion tail passing medially. Note that the valuables include a large flat cell phone which shows an obvious bullet impact (and possibly perforation by bullet). In the clothed body X-rays, done before autopsy, the cell phone is near the area of the left thigh injury. The injury here at the thigh is limited to the outer subcutaneous tissues, with local hemorrhage in and around the wound but no deeper penetration and no thigh fracture. No foreign body is found at the wound site, but recovered from the overlying pants are four small and three tiny pieces of coppery jacket material with some lead core, the largest piece 0.5 x 0.7 x 0.1 cm. For photography and evidentiary transfer, these are packaged together as "Bullet fragments from pants left front thigh."

The anterior left knee has an irregular grazing wound 5 x 1.8 cm, with tiny triangular tags at the edges of the wound pointing down toward the left foot, and the anterolateral left shin has multiple apparent pseudostipples between 0.1 and 0.5 cm in maximum dimension. The knee graze is as deep as the knee capsule, but no foreign body is found here. No foreign body is palpated in the pseudostipples, but these are not opened. X-rays of the left knee, calf, and thigh show multiple tiny metallic fragments scattered throughout.

The medial left knee has an additional grazing wound 6 x 2.5 cm centered 16 ½ inches above the heel. This is angled slightly diagonally (posterosuperior to anteroinferior) and has triangular tags at the superior and inferior edges pointing backward (toward the popliteal fossa). Just below the anterior end of the grazing wound, located 9.5 cm center-to-center from the graze, is a separate hole 0.7 x 0.5 cm. This has shallow penetration into the subcutaneous tissues, and no foreign body is found in the track. At the posterior aspect of the graze there are some additional pseudostipples.

The mid medial right thigh has a grazing wound centered 24 inches above the heel. This is roughly horizontal and has tiny triangular skin tags at the superior and inferior edges which point anteriorly. At the mid portion are superior and inferior vertical linear abrasional tails, each 2.5 to 0.5 cm. The depth of damage here is to the subcutaneous tissues and outermost muscle, with local hemorrhage. Found at the

anterior aspect of the upper border in the subcutaneous tissues is a large piece of coppery jacket with striae, the jacket being 1.6 x 1.0 cm in maximum dimensions. This shows on the X-ray quite well at the medial right thigh. For photography and evidentiary transfer, this is packaged as "Bullet jacket from right thigh."

Located below and behind the right thigh graze and also at the medial right calf and shin are multiple pseudostipples, red and reddish-purple and irregular, the largest 0.4 x 0.5 cm in maximum dimension. X-rays show a few tiny metallic fragments of the left thigh and calf, but no fractures, and no foreign bodies are palpable or visible here, but no cut-downs are done.

The low left back has an inferolateral reddish-purple pseudostipple contusion 0.4 x 0.2 cm, and two apparent pseudostipples or shallow penetrations: a hole 0.5 cm in diameter with abrasion at the inferior aspect 0.5 cm in diameter, and a hole 0.7 x 0.3 cm more superiorly and more medially. The two holes are 23 inches below the top of the head and 20 inches below the top of the head, respectively, and both are 7 ½ inches to the left of midline. There is 9 cm separation between the two holes. These have the two matching holes at the shirt. Cut-downs here show penetration to the subcutaneous tissues only, with contusion at subcutaneous tissue but no penetration to the chest or abdomen. X-ray of the trunk shows one small projectile piece approximately in this area on the anterior-posterior projection, but no foreign body is found.

Other injury:

The right upper eyelid outer portion has a reddish-purple contusion 1.2 cm.

There is bluish contusion at the medial aspect of the right lower eyelid.

The right cheek of the face beginning at the infra-orbital area has 5 x 5 cm area of reddish-purple ecchymosis centered on a horizontal reddish-purple abrasion and contusion 1.6 x 0.6 cm. There are no palpable facial fractures.

The right elbow, dorsal right forearm, and the proximal dorsal left forearm, each have some small abrasions, the largest on the right 0.5 x 0.2 cm, and the largest on the left 1.5 x 0.1 cm.

ROUTINE INTERNAL EXAMINATION

In general, injuries have been described above and will not be further detailed in this section. The head and body cavities are opened in the standard autopsy fashion. The panniculus adiposis is moderately thickened. The organs are present as usual. In the pleural, pericardial, peritoneal, and cranial cavities, there are no collections of fluid, blood, pus, or foreign material, but rather, the internal tissues are rather "dry." There are no pleural, pericardial, peritoneal, dural, or leptomeningeal adhesions or fibroses. There is no tissue discoloration suggestive for carbon monoxide intoxication or jaundice. There is a moderate odor suggestive of alcoholic beverages about and within the body.

NECK ORGANS: The tongue has no areas of chronic hemorrhage or scarring. The upper airways contain bloody mucus. There is no obstruction of the nasopharynx, hypopharynx, or larynx, and the mucosa is smooth and glistening without ulceration, tumor, polyps, or significant edema. The mucosa of the epiglottis and larynx has no petechiae or contusions. The thyroid gland is of the usual size and shape and is not remarkable on cut surfaces. The tonsils and salivary glands are not remarkable.

HEART: The heart is not enlarged or flabby and weighs 370 g. The epicardium is smooth and glistening and has no petechiae. Serial sectioning of the coronary arteries reveals no significant atherosclerotic change and no thrombosis. Right-to-left system anastomoses are absent. The mitral, aortic, pulmonic, and tricuspid valve ring circumferences are not remarkable. The valve rings, leaflets, chordae tendineae, and papillary muscles show no evidence of significant acute or chronic disease. There is no dilation of the chambers. Sectioning of the walls including the atrioventricular nodal area reveals the usual reddish-brown myocardium with normal consistency and with no evidence of scarring or necrosis. The right ventricular, left ventricular, and interventricular septal maximal wall thicknesses are not remarkable. The endocardium has no mural thrombosis or endocardial fibrosis.

VASCULAR SYSTEM: Intravascular blood is liquid, and separate peripheral and heart samples are taken. The aorta has no significant atherosclerotic change. There is no evidence of aortic dissection, aneurysm, laceration, or coarctation. The renal artery orifices are not stenotic. The inferior and superior vena cavae are not remarkable. There is no evidence of pulmonary artery atherosclerosis. There is no pulmonary thrombo-embolism.

RESPIRATORY SYSTEM: The lungs and hilar lymph nodes are not anthracotic. The pleurae have no petechiae and there are no adhesions. The right lung weighs 450 g and the left lung weighs 350 g. The tracheobronchial tree has no malformations or obstructions. The trachea and mainstem bronchi have flat tan mucosa and contain slightly bloody mucus. Palpation and sectioning reveal slight right lower lobe aspirated blood, as noted earlier, but no evidence of atelectasis, bronchiectasis, pneumonia, abscess, fibrosis, granulomas, cavitation, tumor, infarction, thrombosis, or emphysema. There is no significant pulmonary edema or pulmonary congestion.

DIAPHRAGM: The right and left halves of the diaphragm have no masses, fibrosis, or exudate.

LIVER AND GALLBLADDER: The liver weighs 1,310 g and has a smooth and glistening capsule. On cut surface, the parenchyma is dark reddish-brown and has normal lobular architecture. There is no evidence of cirrhosis, tumor, vascular malformation, cysts, or abscess. The gallbladder contains thin dark black bile, and there are no stones. The bile ducts are patent, and the gallbladder walls are not thickened.

SPLEEN: The spleen weighs 170 g, is purplish-red, and has a smooth, glistening, thin capsule. On cut surface, the parenchyma is composed of the usual red and white trabecular pulp and has no abnormalities.

PANCREAS: The pancreas is of the usual size and shape and has uniform consistency with no evidence of fibrosis, atrophy, tumor, fat necrosis, pseudocyst, hemorrhage, or calcification.

ADRENAL GLANDS: The right and left adrenal glands are of the usual size and shape. The cut surfaces show the usual golden-brown cortex and tan-white medulla. There is no evidence of atrophy, hemorrhage, infarction, abscess, or tumor.

KIDNEYS AND URINARY BLADDER: The kidneys are present in their usual locations and are symmetrical. The right kidney weighs 130 g and the left kidney weighs 150 g. There is no dilation of the pelves or ureters. The capsules are glistening and strip easily, revealing smooth cortical surfaces. Sectioning shows no cortical atrophy, papillary necrosis, stone formation, abscess, tumor, hemorrhage, or pyelonephritis. The ureters have no masses or areas of obstruction. The urinary bladder is not dilated, contains clear yellow urine, and has glistening, flat, homogeneous mucosa.

MALE REPRODUCTIVE SYSTEM: The prostate gland is not enlarged and has a homogeneous tan cut surface without hemorrhage or necrosis. The epididymides and testes are not examined.

ALIMENTARY TRACT: The esophagus and stomach have no diverticula, ulcers, or varices. The stomach contains about 200 mL of thin light brown-tan mucoid fluid with no evidence of drug residue. The mesentery and bowel coverings have no fat necrosis, adhesions, masses, or areas of inflammatory exudate or hemorrhage. The large and small bowels have no areas of palpable tumors or obstruction. There is no obvious diverticulosis. The vermiform appendix is present. The proximal small bowel contains mucoid fluid, and the distal large bowel contains soft stool.

LYMPH NODES: Lymph nodes in the cervical, mediastinal, periaortic, and pelvic areas are not enlarged or matted and have unremarkable cut surfaces.

MUSCULOSKELETAL SYSTEM: There are no obvious areas of muscular atrophy, hemorrhage, necrosis, or calcification. There is no evidence of remote trauma in the skeletal system. There are no areas of scoliosis or chronic arthritic change of the vertebral column. Vertebral bone and marrow are not examined.

CENTRAL NERVOUS SYSTEM: The dura is smooth and glistening and has no areas of remote hemorrhage or surgery. The brain weighs 1,420 g, is symmetrical, and has no atrophy. There is no brain swelling present and no evidence of herniation at any of the

portals of the brain. The major blood vessels at the base of the brain have the usual anatomic distribution, and there is no atherosclerosis and no thrombosis. There is firearms trauma and subarachnoid hemorrhage as noted above. Sectioning of the cerebrum, cerebellum, and brainstem reveals no discoloration, gliosis, infarction, midline shift, parenchymal or ventricular hemorrhage, abscess, vascular malformation, or tumor. There is normal grey and white matter distinction and normal pigmentation. The pituitary gland is not remarkable. The upper cervical spinal cord is not remarkable.

JCG/crg/JCG

Wuesthoff REFERENCE LABORATORY

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

Patient: GONZALEZ CRUZ, PETER Age: **22** Sex: **M**
Client Patient ID: 9-16-917 Account#: VX82891
Physician: GILES, JESSE Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/12/2016 Lab Order No: 661300965 Reg Date: 06/13/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL - VOLP			
SPECIMEN TYPE			
PERIPHERAL BLOOD			
ETHANOL	**0.120**	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			
NO DRUGS DETECTED			
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		mg/L	0.050
Screening result suggests the need for further testing			
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: GILES, JESSE Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/12/2016 Lab Order No: 661500911 Reg Date: 06/13/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL, VITREOUS - VOLPV			
SPECIMEN TYPE			
VITREOUS			
ETHANOL	**0.141**	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

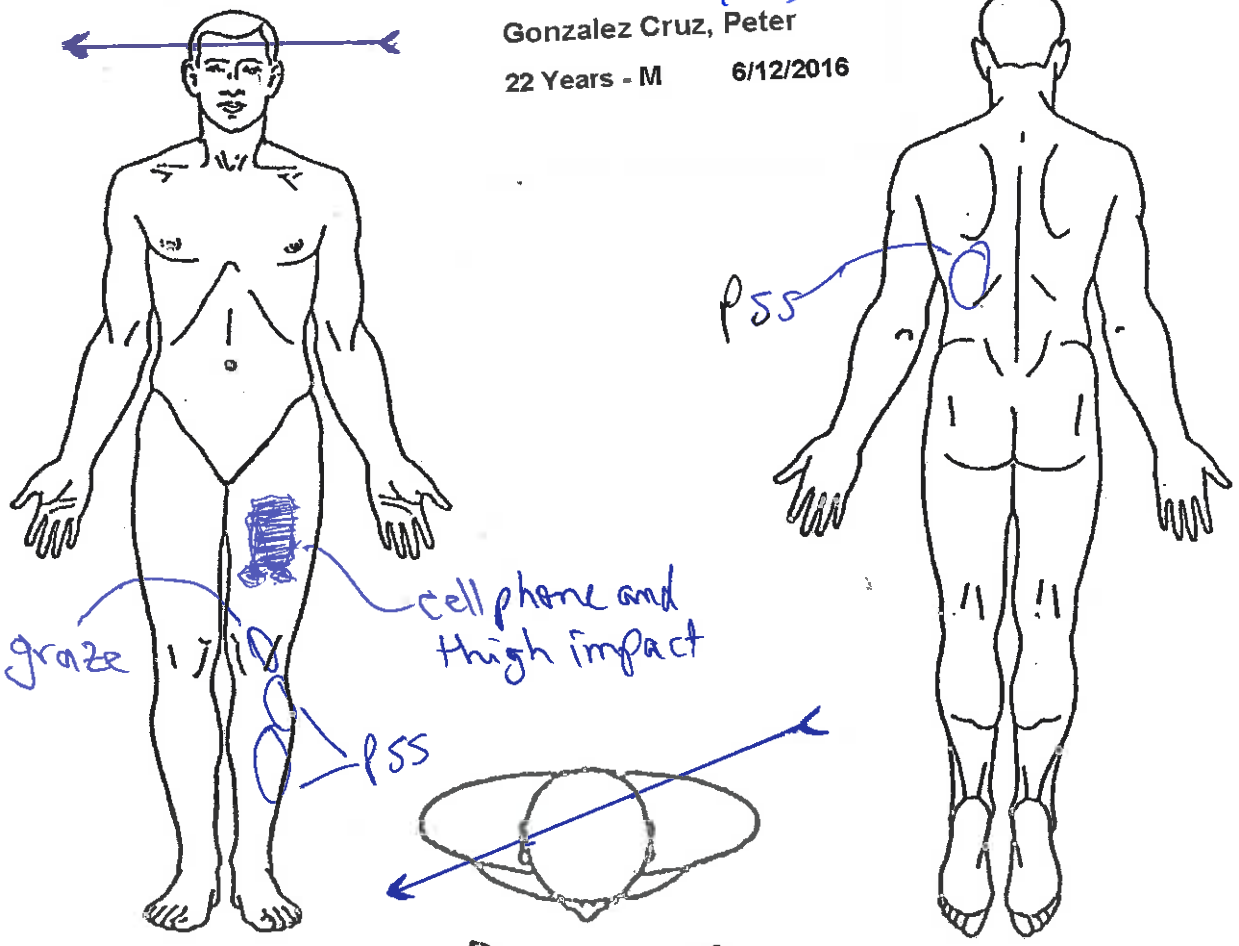
Reviewed by: _____ Date: 7/19/16

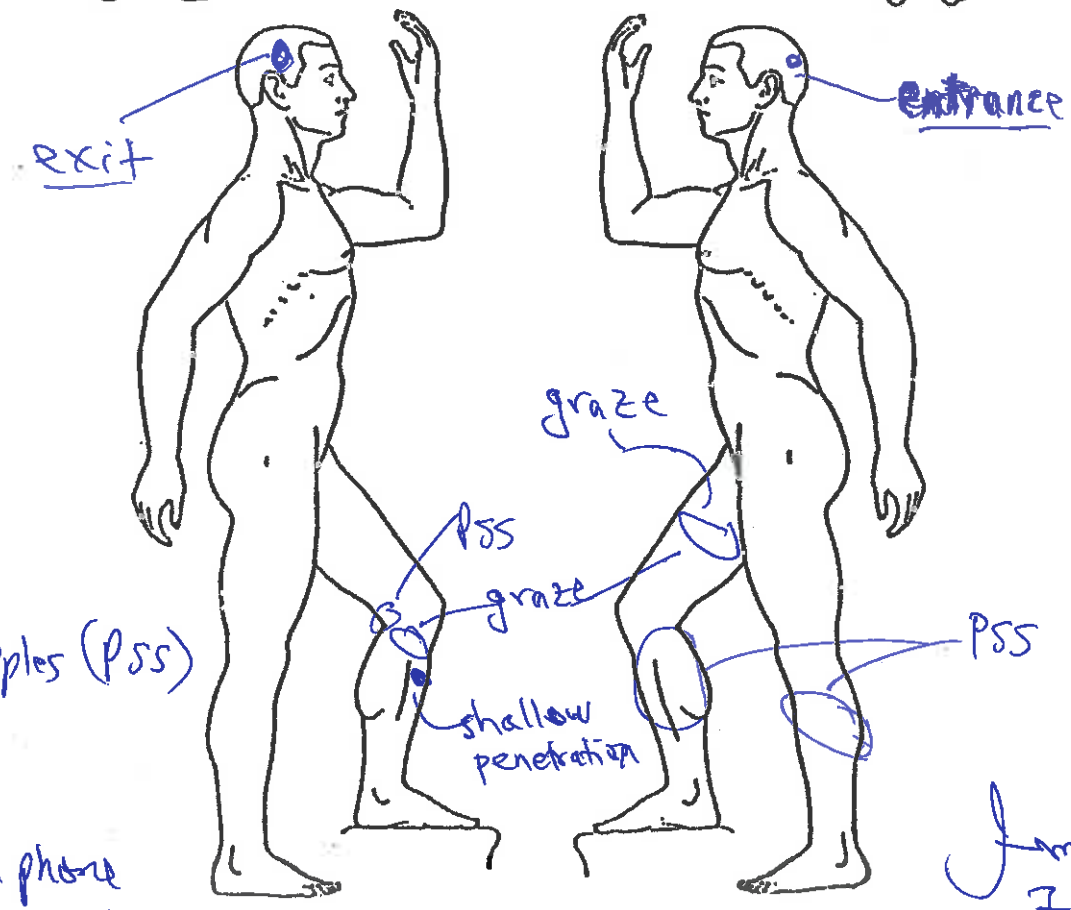
FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

ME16-00917

Gonzalez Cruz, Peter

22 Years - M 6/12/2016





Gunshot wound of Head plus Pseudostipples (PSS) & Grazes & thigh/cell phone impact (GSW)

7-25-16