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

REPORT OF AUTOPSY

DECEDENT: RODOLFO AYALA AYALA **CASE NUMBER:** ME 2016-000957

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

AGE: 33 years **SEX:** Male
RACE: White Hispanic **DATE OF DEATH:** June 12, 2016

DATE/TIME OF AUTOPSY: June 13, 2016 @ 1:00 p.m.

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

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CAUSE OF DEATH: Multiple gunshot wounds

AUTOPSY FINDINGS

I. Gunshot wounds of torso:
   - A. Perforation of sternum
   - B. Perforation of pericardial sac
   - C. Perforation of aortic root
   - D. Perforation of pulmonic root
   - E. Perforation of right atrium
   - F. Fractures of multiple ribs
   - G. Bilateral hemopneumothorax
   - H. All wounds of indeterminate range
   - I. No projectile recovered

II. Gunshot wounds of right lower extremity:
   - A. Perforation of skeletal muscle
   - B. Perforation of peripelvic vasculature
   - C. All wounds of indeterminate range
   - D. No projectile recovered

III. Gunshot wound of right upper extremity:
   A. Right pneumothorax
   B. Indeterminate range
   C. No projectile recovered

IV. Superficial wounds:
   A. Cutaneous abrasions of torso, multifocal
   B. Cutaneous abrasions of left upper extremity, multifocal

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 Rodolfo Ayala Ayala, a 33-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 Rodolfo Ayala Ayala 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 13, 2016 @ 1:00 p.m.

IDENTIFICATION: The body of Rodolfo Ayala Ayala is identified by comparison to the photograph in Florida Driver's License #A440-720-83-088-0 by FDLE Special Agent Walsh on June 13, 2016 @ 12:20 a.m. The identification is made to M.E. Chief Investigator Carol Hicks at the Orange County Medical Examiner facility.

CLOTHING AND VALUABLES: At the time of examination, the body is dressed in a red short-sleeved T-shirt, gray pants, and yellow underpants. The clothing is focally saturated with blood. A black metal chain with a cross is around the neck. Black disc earrings are in the right and left ears. A white Apple watch is on the left wrist. A white beaded bracelet is on the right wrist. Black ankle-length socks and black 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 young adult man compatible with the above-stated age. At the time of the exam the body measures 72 inches in length, and weighs 183 pounds. Body build is average and slender. The body is cool from refrigeration. Rigor mortis is dissipating. Livor mortis is fixed, purple-red, extends over the posterior surfaces of the body and is confined to the back. Fixed lividity also involves the face, neck and upper chest regions. The body is neither decomposed nor embalmed.

EXTERNAL EXAMINATION

The scalp hair is black, short on the sides and slightly longer over the vertex with an estimated maximal length of 6 cm. Facial hair consists of black stubble in a beard and mustache distribution. The irides are brown. The pupils have equal diameters. The sclerae are white. The corneae are slightly clouded. The conjunctivae are unremarkable with no hemorrhages. The external nares are free of foreign material and abnormal secretions. The nasal skeleton is palpably intact. The lips have no injuries. The oral mucosa has no injuries, intact frenula and no petechial hemorrhages in the oral vestibule. It is lined with clear mucus. The oral cavity has natural dentition in a good state of repair. The external auditory canals are free of foreign material.

The neck is symmetrical and has no palpable masses or external injuries. The thorax is well developed and symmetrical and is remarkable for injuries as described below.

The abdomen is flat, soft and has 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, have no anatomic abnormalities and are remarkable for injuries as described below.

The arms, forearms, wrists and hands have no anatomic abnormalities. The fingernails are intact.

The back is remarkable for injuries as described below. The anus has no abnormalities.

SCARS AND TATTOOS

The skin on the left side of the chest above the level of the nipple line has a large gray tone tattoo depicting a diamond. The body has no apparent surgical scars.

EVIDENCE OF INJURY

The body has multiple gunshot wounds with a similar wounding pattern consisting of a small discrete entrance wound with severe fragmentation of the projectile spreading out, affecting multiple organs. The order and labeling of the wounds is for descriptive purposes only and is not intended to imply order of infliction or relative severity.

Gunshot Wounds of Torso:
Gunshot Wound A:

1. An entrance gunshot wound lies on the chest at the level of the nipple line just to the right of the anterior midline. Its central portion is located 44 cm below the vertex of the head and 1 cm to the right of the anterior midline. The wound is round with a 0.5 cm diameter. It has an eccentric dark brown margin of

abrasion lying to the posterior and inferior aspect of the wound, extending for a distance of 0.5 cm. The adjacent skin has no soot, stippling or muzzle imprint.

2. The hemorrhagic wound path involves the skin, subcutaneous adipose tissue, skeletal muscle and the sternum, the pericardial sac, aortic and pulmonic roots as well as the right atrium. There is no exit.

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

4. Associated injuries include comminuted fractures of the sternum, right ribs 4 and 5, retrieval of bloody fluid from the left pleural cavity measured at 500 milliliters.

Gunshot Wound B:

1. An entrance gunshot wound perforation lies on the left side of the back in the region of the scapula. Its central portion lies 22 cm below the vertex of the head and 10.5 cm to the left of the posterior midline. It is a slightly oval wound measuring 1 x 0.8 cm with irregular edges. The adjacent skin has no soot, stippling or muzzle imprint.

2. The hemorrhagic wound path sequentially runs through the skin, subcutaneous adipose tissue, skeletal muscle and ends in the left side of the neck, anteriorly near the clavicular head of the left sternocleidomastoid muscle. Additional fragments of the projectile enter the left pleural cavity between ribs 1 and 2, posteriorly, disrupting the intercostal musculature as well as the parietal pleura. There is no exit.

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

4. Associated injuries include hemorrhage along the wound path as well as disruption of the vascular structures adjacent to the sternocleidomastoid muscle and multiple lacerations of the left lung.

Gunshot Wound C:

1. An entrance gunshot wound perforation is located on the right side of the back in the region of the scapula. Its central portion is located 8.5 cm below the vertex of the head and 8 cm to the right of the posterior midline. It is a round gaping wound. The adjacent skin has no soot, stippling or muzzle imprint.

2. The hemorrhagic wound path includes the skin, subcutaneous adipose tissue, skeletal muscle and continues on to disrupt ribs 2 and 3, posterior, creating comminuted fractures and multiple lacerations of the intercostal muscles, as well as the subcostal vasculature, and then continues on to involve the upper lobe of the right lung. There is no exit.

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

4. Associated injuries include comminuted fractures of ribs 2 and 3, posteriorly, associated with hemorrhage into the adjacent intercostal muscle and endothoracic fascia estimated at 50 cc and retrieval of a measured 150 milliliters of dark red bloody fluid from the right pleural cavity.

Superficial Wounds of Torso:

1. The back has a series of deep grazing type wounds lying just to the right of the posterior midline. The superior wound measures 2.5 x 1.3 cm, exposing underlying soft tissue and skeletal muscle. The second is a focally abraded contusion measuring 2.5 x 1.6 cm with superficial breaks of the skin. The third measures 2.1 x 0.5 cm and is oval in configuration, exposing underlying adipose tissue. The inferior wound is superficial, irregular and measures 1 x 0.6 cm.

Gunshot Wounds of Lower Extremities:

Gunshot Wound A:

1. The right lower extremity, posteriorly, has an entrance gunshot wound located below the gluteal cleft. It is located 93 cm below the vertex of the head. It is oval in shape and measures 0.6 x 0.5 cm with a 0.1 cm regular margin of abrasion which is partially dried and darkened. The adjacent skin has no soot, stippling or muzzle imprint.

2. The hemorrhagic wound path involves the skin, subcutaneous adipose tissue and skeletal muscle.

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

4. Associated injuries include hemorrhage along the wound path.

Gunshot Wound B:

1. An entrance gunshot wound perforation lies on the right thigh posteromedially. Its central portion is located 102 cm below the vertex of the head. It is slightly oval in shape, measuring 0.6 x 0.5 cm with an irregular 0.1 cm margin of abrasion. The adjacent skin has no soot, stippling or muzzle imprint.

2. The hemorrhagic wound path involves the skin, subcutaneous adipose tissue, and skeletal muscle.

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

4. Associated injuries include hemorrhage along the wound path.

Gunshot Wound C:

1. An entrance gunshot wound perforation lies on the right hip, laterally. Its central portion is located 103 cm above the outsole of the right foot. It is a round wound with a 0.5 cm diameter and a 0.1 cm dry brown dark margin of abrasion. The adjacent skin has no soot, stippling or muzzle imprint.

2. The hemorrhagic wound path involves the skin, subcutaneous adipose tissue, and spreads out, involving the presacral and peripelvic skeletal muscle and vasculature. There is no exit.

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

4. Associated injuries include hemorrhage along the wound path.

Gunshot Wound D:

1. An entrance gunshot wound perforation lies on the right thigh, laterally. Its central portion is located 88 cm above the outsole of the right foot. It is an oval perforation measuring 0.6 x 0.5 cm with a 0.1 cm darkened regular margin of abrasion. The adjacent skin has no soot, stippling or muzzle imprint.

2. The hemorrhagic wound path involves the skin, subcutaneous adipose tissue and skeletal muscle. There is no exit.

3. The direction of the wound path is from right to left and downward.

4. Associated injuries include hemorrhage along the wound path

Gunshot Wound of Right Upper Extremity:
1. An entrance gunshot wound perforation lies on the right arm, posteriorly. Its central portion lies 38 cm below the vertex of the head. It is round with a 0.5 cm diameter and a regular 0.1 cm tan-white margin of abrasion. The adjacent skin has no soot, stippling or muzzle imprint.

2. The hemorrhagic wound path involves the skin, subcutaneous adipose tissue, skeletal muscle, and enters into the left pleural cavity, posteriorly, involving the right lung. There is no exit.

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

4. Associated injuries include hemorrhage along the wound path and accumulation of bloody fluid in the right pleural cavity measured at 150 milliliters.

Superficial Wounds of Left Upper Extremity:
1. The posterolateral aspect of the left arm has a 12 x 4 cm zone of irregular superficial and irregular abrasions with focal exposure of underlying subcutaneous adipose tissue.

INTERNAL EXAMINATION

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

CARDIOVASCULAR SYSTEM: The aorta has injuries as described. 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 minimal amount of residual blood.

The heart weighs 270 grams. 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 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 bloody fluid. 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 330 and 230 grams, respectively. They have smooth pleural surfaces. The cut surfaces of the pulmonary parenchyma are pink-red, minimally congested, 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 1150 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 180 grams and has a smooth intact capsule. The cut surfaces of the splenic parenchyma are 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 with residual tan-pink lobulated parenchyma and 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 no measurable content. The duodenum has no lesions. The small and large bowels are unremarkable.

GENITOURINARY SYSTEM: The right and left kidneys weigh 100 grams each. They have thin renal capsules that strip with ease. The cortical surfaces are tan-brown and smooth. The cortices are congested, well-delineated from the underlying medullary pyramids and have no lesions. The calyces, pelves and

ureters are not dilated and have unremarkable lining mucosa. There is no increase in hilar adipose tissue. The urinary bladder contains a measured 100 milliliters of pale urine. Its mucosa is white-tan, smooth and has no lesions. The urethra is unremarkable.

The prostate gland has normal size on 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 tan-pink 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 galea aponeurosis is unremarkable. 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 1440 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 clear. The cranial nerves are intact. The cerebral arteries have no atherosclerosis or other abnormalities. The external and cut surfaces of the cerebral hemispheres, brainstem, and cerebellum reveal no structural lesions.

MUSCULOSKELETAL SYSTEM: The axial and appendicular skeletons have no nontraumatic abnormalities. The musculature is normally developed.

SHZ/jw

Wuesthoff REFERENCE LABORATORY

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

Patient: AYALA AYALA, RODOLFO Age: **33** Sex: **M**
Client Patient ID: 9-16-957 Account#: VX82965
Physician: ZYDOWICZ, SARA Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/13/2016 Lab Order No: 661401259 Reg Date: 06/14/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL - VOLP			
SPECIMEN TYPE			
RIGHT CHEST BLOOD			
ETHANOL	NONE DETECTED	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			
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

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

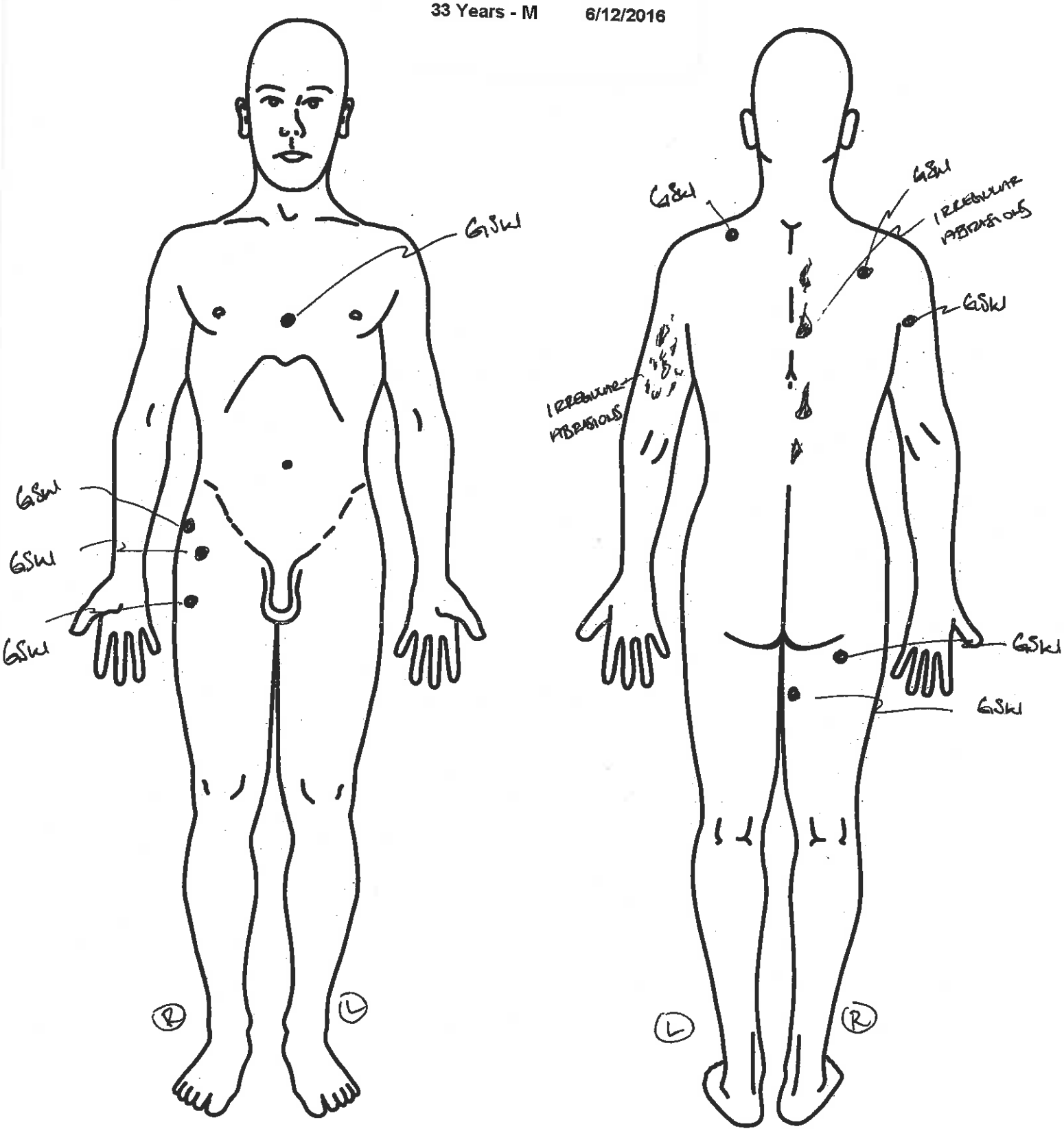
Reviewed by: _____ Date: 7/18/16

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

ME16-00957

Ayala Ayala, Rodolfo

33 Years - M 6/12/2016



15-217 (3/08)

INJURY CLARIFICATION