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

REPORT OF AUTOPSY

DECEDENT: PAUL T. HENRY **CASE NUMBER:** ME 2016-000935

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

AGE: 41 years **SEX:** Male
RACE: Black/African-American **DATE OF DEATH:** June 12, 2016

DATE/TIME OF AUTOPSY: June 14, 2016 @ 1:30 p.m.

Gary Lee Utz 8/5/16

PERFORMED BY: Gary Lee Utz, MD, Deputy Chief Medical Examiner

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CAUSE OF DEATH: Multiple gunshot wounds

AUTOPSY FINDINGS

I. Gunshot wound of torso, indeterminate range, entering right chest with exit:
   - A. Perforation of liver
   - B. Perforation of right lower lung lobe
   - C. Rib fracture
   - D. Hemothorax
   - E. Hemoperitoneum
   - F. Exit wound, right upper back

II. Gunshot wound of torso, indeterminate range, entering right groin, with exit:
   - A. Perforation of subcutaneous tissue of medial right thigh
   - B. Exit wound, medial/posterior right thigh

continued...

III. Gunshot wound of torso, indeterminate range, entering right groin, with exit:
   A. Perforation of subcutaneous tissue of medial right thigh
   B. Exit wound, medial/posterior right thigh

IV. Gunshot wound of torso, indeterminate range, entering left forearm, with exit, and re-entry:
   A. Entrance posterior left forearm, below elbow
   B. Exit, medial left upper arm at axilla
   C. Re-entry, medial axilla
   D. Projectile retrieved from subcutaneous tissue of left upper back

V. Gunshot wound of torso, indeterminate range, entering right buttock, with exit:
   A. Penetration of subcutaneous and deep soft tissue of pelvis
   B. L2 fracture
   C. Projectile retrieved from soft tissue adjacent to L2

VI. Gunshot wound of torso, indeterminate range, entering superior right buttock, without exit:
   A. Perforation of right hemi-pelvis
   B. Projectile retrieved from right femoral head

VII. Gunshot wound of torso, indeterminate range, entering lateral left buttock, with exit:
   A. Perforation of subcutaneous tissue
   B. Exit wound, posterior left thigh

VIII. Gunshot wound of torso, indeterminate range, entering superior left buttock, with exit:
   A. Perforation of subcutaneous tissue
   B. Exit wound, left gluteal fold

IX. Tangential gunshot wound of posterior right thigh:
   A. Indeterminate range
   B. Indeterminate direction

X. Through and through gunshot wound of right lower extremity:
   A. Indeterminate range
   B. Entrance, medial right calf

C. Exit, posterior right calf

XI. Through and through gunshot wound of left lower extremity:
A. Indeterminate range
B. Entrance wound lateral, below knee
C. Exit wound anterior, above knee

XII. Gunshot wound of lower extremity, indeterminate range, entering anterior right leg below knee, without exit:
A. Tibia fracture
B. Projectile retrieved from proximal tibia

XIII. Through and through gunshot wound of right upper extremity:
A. Indeterminate range
B. Entrance wound, posterior forearm below elbow
C. Exit wound, anterior forearm below elbow

TOXICOLOGY ANALYSIS: See laboratory report.

CONCLUSION: In consideration of the circumstances surrounding the death, and after examination of the body, and review of the available investigative reports, it is my opinion that the death of Paul T. Henry, a 41 year old man found deceased at the location of a mass shooting, is due to multiple gunshot wounds. The deceased sustained a total of thirteen (13) gunshot wounds. Four (4) of the wounds were penetrating and projectiles were recovered, eight (8) were perforation, and one was tangential.

The manner of death is homicide.

POSTMORTEM EXAMINATION OF THE BODY OF PAUL T. HENRY

A postmortem examination of the body of a man identified as Paul T. Henry is performed pursuant to Florida statute 406.11 by Gary Lee Utz, MD, Deputy Chief Medical Examiner, District Nine at the Orange County Medical Examiner facility, Orlando, Florida on June 14, 2016, at 1:30 p.m.

IDENTIFICATION: The body of Paul T. Henry is identified by FDLE Agent Walsh via comparison to his accompanying Florida driver's license #H560-698-75-023-0. The identification is made on June 12, 2016, at the Orange County Medical Examiner facility.

CLOTHING AND VALUABLES: The body is received clad in a t-shirt, blue jeans with belt, briefs, boots, and socks. A yellow metal ring is on the right 4th digit. A white and orange paper bracelet is on the right wrist. A black and turquoise bracelet is on the right wrist. A white metal watch is on the left wrist. Other personal effects accompany the body and are documented and personally verified on the Body and Personal Effects Record. Examination of the clothing reveals multiple small defects consistent with the locations of gunshot wounds later described. There is no evidence of close range firing.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished, black man that weighs 192 pounds, measures 68 inches in length, and appears compatible with the stated age of 41 years. A small amount of particulate white matter is adherent to the skin surfaces that are exposed and also to some extent to the clothing. A few small particles of glass are present in the clothing. The body is cool to touch. Rigor mortis is passing in the extremities and jaw. Diffuse non-blanching purple livor mortis extends over the posterior surface of the body, except in the areas exposed to pressure.

The irides are brown; the corneas are cloudy. The sclerae are pale and the conjunctivae are congested. The nose and ears are not unusual and display no evidence of trauma. The oral cavity contains a small amount of reddish-brown fluid. Injuries to the mucosae are not identified. The natural teeth are in fair repair. The neck is without masses, and the larynx is in the midline. The thorax is well-developed and symmetrical.

The abdomen is flat. The external genitalia are those of a normal adult man.

The anus and back are unremarkable. The upper and lower extremities are well-developed and symmetrical, without absence of digits.

IDENTIFYING MARKS AND SCARS: No identifying marks or scars are readily apparent.

EVIDENCE OF MEDICAL INTERVENTION: None.

EVIDENCE OF INJURY

There are a total of thirteen (13) gunshot wounds identified. They are described in the order in which they were listed previously, without respect to the order in which they may have been inflicted.

Postmortem radiographs reveal retained projectiles in the torso (3) and right lower extremity.

Gunshot wound "#1":

A gunshot wound of entrance is identified in the right chest centered 2-1/2 inches to the right of the midline and 20-1/2 inches below the top of the head. The wound is just above the costal margin. It is round, less than ¼ inch in diameter, with circumferential marginal abrasion.

The projectile travels front to back, right to left, and upward.

The projectile enters the torso through the right 7th intercostal space, perforates the right lobe of the liver, perforates the right hemi-diaphragm, perforates the right lower lung lobe, and exits the right thorax fracturing the 6th rib posteriorly. The projectile then traverses upward through the subcutaneous tissue, where it exits just below the right shoulder.

A gunshot wound of exit is identified 4-1/2 inches to the right of the midline and 10-1/2 inches below the top of the head. The wound is irregular, 3/8 inch x ¼ inch, with a roughly triangular shape and abrasion at the inferior medial border. No projectile is recovered. Associated with this wound is 800 ml of

liquid and clotted blood present in the right chest cavity. There is extensive disruption of the right lobe of the liver. A moderate amount of hemorrhage is present in the right lower lung lobe associated with the path of the projectile.

Gunshot wound "#2":

A gunshot wound of entrance is identified in the right groin 1 inch below the base of the penis and 1-1/2 inches to the right of the midline. This wound is just superior to a similar-appearing wound described later. This wound is slightly irregular, ½ inch x 3/8 inch, with minimal circumferential margin of abrasion. No soot or stippling is present.

The projectile travels front to back, right to left and downward.

The projectile traverses the soft tissue of the anterior pelvis and medial thigh and exits the posterior medial thigh approximately 1 inch to the right of the midline and 29 inches above the level of the right heel. The wound is irregular, ¼ inch x ½ inch without soot, stippling or marginal abrasion. No projectile is recovered.

Gunshot wound "#3":

This gunshot wound is similar in trajectory to that of gunshot #2. A gunshot wound of entrance is identified in the right groin 1 inch directly inferior to the entrance described in gunshot wound #2. The wound is irregular, 5/8 inch x ¼ inch, without soot or stippling and with minimal marginal abrasion.

The projectile travels front to back, downward and toward the left.

The projectile traverses the soft tissue of the anterior and medial thigh, and exits posteriorly just medial to the exit wound of gunshot wound #2. This wound is ½ inch x 3/8 inch, slightly irregular, without soot, stippling or marginal abrasion. No projectile is recovered.

Gunshot wound "#4":

A gunshot wound of entrance is identified in the posterior left forearm, 3 inches below the elbow. The wound is round, 3/8 inch in diameter, with slightly irregular and abraded margins. No soot or stippling is present. The projectile travels upward through the arm without apparently damaging bone or major vessels. The projectile then exits the left upper arm at the axilla, producing an

irregular ½ inch x 5/8 inch defect without soot, stippling or marginal abrasion. The projectile then immediately re-enters the left torso at the axilla, producing a ¼ inch slightly abraded defect. No soot or stippling is present. The projectile then traverses the soft tissue of the left chest wall without entering the left chest cavity, and comes to rest in the subcutaneous tissue overlying the left scapula. A damaged jacketed lead projectile is retrieved and retained labeled "Left Upper Back."

Gunshot wound "#5":

A gunshot wound of entrance is identified in the right buttock, centered 2 inches to the right of the midline and less than ½ inch above the level of the right gluteal fold. It is also 31-1/2 inches above the level of the right heel. The wound is round, slightly less than ¼ inch in diameter, with circumferential marginal abrasion. No soot or stippling is present. The projectile travels back to front, upward, and toward the midline.

The projectile traverses the soft tissue of the buttock and the pelvis and without entering the abdominal cavity, strikes the body of L2 and comes to rest. There is fracture of the transverse process of L2. A projectile is retrieved and retained from the soft tissue to the right of the 2nd lumbar vertebra labeled "L2."

Gunshot wound "#6":

A gunshot wound of entrance is identified in the superior right buttock centered 1 inch to the right of the midline and 37 inches above the level of the right heel. The wound is oval, slightly less than ¼ inch in maximum dimension, with minimal marginal abrasion. No soot or stippling is present.

The projectile travels back to front, right to left, and slightly downward.

The projectile traverses the soft tissue of the buttock, strikes the right hemi-pelvis, and penetrates the right femoral head producing a fracture. A non-deformed partially-jacketed lead projectile is retrieved and retained, labeled "Right Femoral Head."

Gunshot wound "#7":

A gunshot wound of entrance is identified in the lateral left buttock centered

6-1/2 inches to the left of the midline and 35 inches above the level of the left heel. The wound is oval, 3/8 inch x ¼ inch, without soot, stippling or marginal abrasion. The projectile travels left to right and downward with minimal frontward or backward deviation with respect to the coronal plane.

The projectile traverses the soft tissue of the buttock and posterior left upper thigh, where it exits. A gunshot wound of exit is identified in the mid-posterior upper left thigh centered approximately 3 inches to the left of the midline and 29 inches above the level of the left heel. The wound is irregular, 5/8 inch in maximum dimension, without soot, stippling or marginal abrasion. No projectile is recovered.

Gunshot wound "#8":

A gunshot wound of entrance is identified in the superior left buttock centered 2 inches to the left of the midline and 38-1/2 inches above the level of the left heel. The wound is roughly circular, less than ¼ inch in diameter with minimal circumferential marginal abrasion. No soot or stippling is seen.

The projectile travels right to left and downward, without significant frontward or backward deviation with respect to the coronal plane. The projectile traverses the soft tissue of the left buttock and exits at the left gluteal fold. A gunshot wound of exit is identified at the left gluteal fold centered 5 inches to the left of the midline and 31-1/2 inches above the level of the left heel. The wound is slit-like, 1/8 x ¼ inch, without soot, stippling or marginal abrasion. No projectile is recovered.

Gunshot wound "#9":

A diagonally-oriented tangential gunshot wound is identified in the posterior right thigh centered approximately 3 inches to the right of the midline and 24 inches above the level of the right heel. The wound is diagonally-oriented with the superior margin medial. The direction of the projectile cannot be determined. The graze consists of two distinct halves separated by an island of intact skin. There is abrasion at both the leading and trailing edges of the wound. No projectile is recovered. No stippling or soot is seen.

Gunshot wound "#10":

A through and through gunshot wound of the right lower extremity is identified. The entrance wound is over the medial calf 11 inches above the level of the right heel. The wound is round, 3/8 inch in diameter, with circumferential marginal abrasion. The projectile travels front to back, toward the midline and slightly upward. The projectile traverses the subcutaneous tissue of the medial right calf and exits posteriorly 1 inch from the entrance, producing a 3/8 inch x ¼ inch defect without soot, stippling or marginal abrasion. No projectile is recovered.

Gunshot wound "11":

A through and through gunshot wound of the left lower extremity is identified. The entrance wound is anterior, approximately 1 inch below the level of the left knee. The projectile travels upward and slightly toward the midline. The wound is very superficial. The projectile traverses the subcutaneous tissue and exits the anterior lower left thigh, producing a regular ¼ inch x 3/8 inch wound, 2-1/2 inches above the left knee. No soot or stippling is present. No projectile is recovered.

Gunshot wound "12":

A gunshot wound of entrance is identified in the anterior right leg centered just below the knee. The wound is oval, ½ inch x ¼ inch, without soot, stippling, and with minimal marginal abrasion.

The projectile travels front to back and slightly upward.

The projectile strikes the proximal right tibia, producing a comminuted fracture, and comes to rest there. A deformed partially jacketed lead projectile is retrieved and retained, labeled "Right Knee."

Gunshot wound "13":

A through and through gunshot wound of the right upper extremity is identified. The entrance wound is in the posterior proximal forearm approximately 3 inches below the level of the elbow. The wound is irregular, 3/8 inch x ¼ inch, with circumferential marginal abrasion. No soot or stippling is seen.

The projectile travels back to front, and slightly upward. The projectile traverses the soft tissue of the forearm without producing apparent injury to the bone. The projectile exits anteriorly approximately 3 inches below the elbow, producing an irregular 3/8 inch x ¼ inch defect without soot, stippling or marginal abrasion. No projectile is recovered.

Other than the gunshot wounds previously described, no other injuries are identified.

INTERNAL EXAMINATION

BODY CAVITIES: The previously-described 800 ml of liquid and clotted blood is present in the right chest cavity. An additional 300 ml of blood is also present within the abdominal cavity. No adhesions or other abnormal collections of fluid are within any of the body cavities. All body organs are present in normal anatomical position.

CARDIOVASCULAR SYSTEM: The heart weighs 380 grams. The pericardial surfaces are smooth, glistening and intact; the pericardial sac contains a physiologic amount of fluid. The coronary arteries arise normally, follow the usual distribution, and are widely patent, without atherosclerosis or thrombosis. The chambers and valves exhibit the usual size-position relationships and are unremarkable; the atrial and ventricular septa are intact. The myocardium is slightly softened, mottled muddy brown, and without focal abnormalities. The minimally hemoglobin-stained aorta and its major branches arise normally, follow the usual courses, and are widely patent, with focal mild atherosclerosis. The vena cava and its tributaries return to the heart in the usual distribution and are free of thrombi.

RESPIRATORY SYSTEM: The right and left lungs weigh 400 grams and 330 grams, respectively. The upper airway contains a small amount of adherent bloody fluid, but the airway is otherwise clear of debris and foreign material; the mucosa is yellow-tan and smooth. The pleural surfaces are smooth, glistening and, except as noted otherwise, intact. Emphysematous bullae are present in the apices. The pulmonary parenchyma exudes a slight to moderate amount of blood and frothy fluid. No focal lesions are seen. The pulmonary vasculature is unremarkable.

HEPATOBILIARY SYSTEM: The liver weighs 1220 grams. There is disruption of the hepatic capsule associated with a large defect in the medial portion of the right lobe owing to the gunshot wound of the torso previously described. There is some contusion over the dome of the liver. The remaining red-brown parenchyma is without focal lesions. The gallbladder contains approximately 5 milliliters of dark green, slightly mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

ENDOCRINE SYSTEM: The pituitary, thyroid and adrenal glands are unremarkable. The pancreas has the usual yellow-tan, lobulated appearance and the ducts are clear.

DIGESTIVE SYSTEM: The esophagus is lined by a gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 200 milliliters of thin tan liquid and small particles of unidentifiable digesting food. The small and large intestines are unremarkable. The appendix is present.

GENITOURINARY SYSTEM: The right and left kidneys weigh 120 grams each. The renal capsules are smooth, thin and semitransparent, and strip with ease from the underlying smooth, red-brown, firm, cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. The urinary bladder contains approximately 200 milliliters of clear nearly colorless urine; the mucosa is gray-tan and smooth.

The prostate gland and seminal vesicles are unremarkable.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 110 grams and has a smooth intact capsule covering a deep red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The exposed bone marrow is red-purple and homogeneous, without focal abnormalities.

MUSCULOSKELETAL SYSTEM: Except as noted otherwise, the bony framework, supporting musculature, and soft tissues are not unusual.

NECK: Examination of the soft tissues of the neck, including strap muscles, thyroid gland, and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact.

HEAD AND CENTRAL NERVOUS SYSTEM: The brain weighs 1580 grams. The dura mater and falx cerebri are intact. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. There is mild generalized cerebral edema with flattening of the gyri, narrowing of the sulci, fullness of the cerebellar tonsils, and bilateral uncal grooving. The structures at the base of the brain, including the cranial nerves and blood vessels, are intact and free of additional abnormalities. Coronal sections through the cerebral hemispheres reveal no lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere. The ventricles are normal in caliber. Sections through the brainstem and cerebellum reveal no abnormalities.

LABORATORY EXAMINATIONS:

Laboratory examinations were ordered and the results attached.

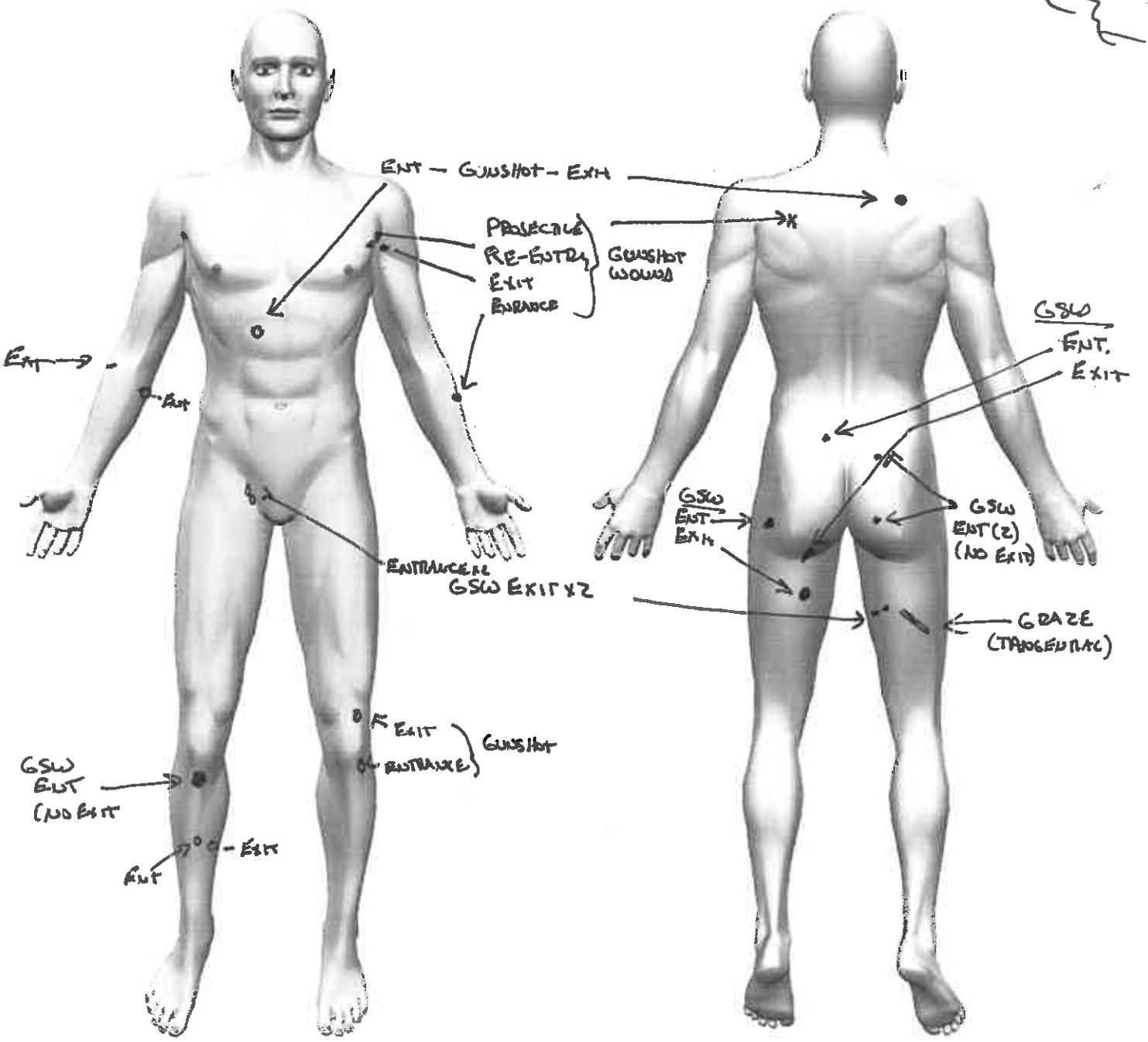
GLU/alm

ME16-00935

Henry, Paul

41 Years - M 6/13/2016

INJURY CLARIFICATION



Wuesthoff REFERENCE LABORATORY

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

Patient: HENRY, PAUL Age: **41** Sex: **M**
Client Patient ID: 9-16-935 Account#: VX83010
Physician: UTZ, GARY Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/14/2016 Lab Order No: 661501207 Reg Date: 06/15/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL - VOLP			
SPECIMEN TYPE			
HEART BLOOD			
ETHANOL	**0.032**	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			
NO DRUGS DETECTED			
BLOOD IMMUNOASSAY SCREEN			
SPECIMEN TYPE			
HEART 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
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: Susan K Allen Date: 7-19-16

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE