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

REPORT OF AUTOPSY

DECEDENT: SHANE TOMLINSON **CASE NUMBER:** ME 2016-000947

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

AGE: 34 years **SEX:** Male
RACE: Black **DATE OF DEATH:** June 12, 2016

DATE/TIME OF AUTOPSY: June 14, 2016 @ 11:45 a.m.

Gary Lee Utz 6/5/16

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 head, indeterminate range, entering posterior to right pinna, without exit:
   - A. Perforation of skull and brain
   - B. Subarachnoid hemorrhage
   - C. Extensive basilar skull fractures
   - D. Extensive calvarial fractures
   - E. Pseudo stippling of face anterior to entrance wound
   - F. Partial exit left parietotemporal scalp
   - G. Projectile fragments recovered from brain

II. Gunshot wound of torso, indeterminate range, entering right flank, without exit:
   A. Perforation of small intestine
   B. Perforation of intestinal mesentery
   C. Projectile fragment retrieved from left abdominal wall

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 Shane Tomlinson, a 34-year-old man found deceased at the scene of a mass shooting, is due to multiple gunshot wounds.

The manner of death is homicide.

POSTMORTEM EXAMINATION
OF THE BODY OF SHANE TOMLINSON

A postmortem examination of the body of a 34-year-old male identified as Shane Tomlinson 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 @ 11:45 a.m.

IDENTIFICATION: The body of Shane Tomlinson is identified by comparison to the photograph in Florida Driver's License #T545-785-81-305-0 by FDLE Special Agent Walsh on June 12, 2016 @ 10:18 p.m., at the Orange County Medical Examiner facility.

CLOTHING AND VALUABLES: The body is received clad in a button-front shirt, jeans with belt, suspenders, boxer briefs and shoes. A white metal chain with a white metal pendant is about the neck. Two beaded bracelets are on the left wrist. A white and orange paper bracelet is on the right wrist. Other personal effects accompany the body. Clothing and personal effects are documented and personally verified in the Body and Personal Effects record.

Examination of the shirt reveals a small circular defect in the lower right portion consistent with the location to the gunshot wound entrance later described. No evidence of close-range firing is apparent.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished black man that weighs 202 pounds, measures 72 inches in length, and appears compatible with the stated age of 34 years. The body is cool to touch. Rigor mortis is passing in the extremities and jaw. Minimally blanching purple livor extends over the anterior surface of the body, except in the areas exposed to pressure.

The scalp hair is dark brown and measures up to 1 inch in length over the crown. The facial hair is a trimmed dark brown beard and mustache. The irides are brown; the corneas are slightly cloudy. The sclerae are pale and the conjunctivae are minimally congested. Dried congealed blood is present within both nostrils. There is injury to the right pinna described later. A large amount of dried and smeared blood is present over the face. A small amount of dried blood is present within the mouth. The nose and ears are otherwise not unusual.

No injuries to the oral mucosae are identified. The teeth are natural and in good 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 male.

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

IDENTIFYING MARKS AND SCARS: Tattoos are identified on the neck, the upper extremities and the posterior left shoulder. They are documented photographically. A small circular scar is present over the anterior right knee.

EVIDENCE OF MEDICAL INTERVENTION: None.

EVIDENCE OF INJURY

Head and Neck:
A gunshot wound of entrance is identified in the scalp just posterior to the right pinna. It is centered 1 inch posterior to the right external auditory meatus and 4½ inches below the top of the head. The wound is irregular, 3/8 x ½ inch with circumferential marginal abrasion most prominent in the 3 to 7 o'clock position. There is avulsion of the skin of the posterior aspect of the right pinna immediately adjacent to the entry wound. Multiple areas of punctate abrasion, some containing small portions of apparent glass and whitish material, are present over the posterior scalp and right upper neck directly inferior and posterior to the entrance defect. No soot or stippling is seen.

The projectile travels right to left, upward and slightly toward the front.

The projectile enters the cranial vault just posterior to the right temporal ridge, perforates the right lobe of the cerebellum, crosses the midline at the level of the brainstem producing a partial transection, and exits the left parietal lobe. The projectile then strikes the left temporoparietal calvarium, producing a partially outwardly beveled defect. It appears that at least a portion of the projectile exits the head. A gunshot wound of exit is identified in the left parietotemporal scalp centered 4 inches above and ½ inch anterior to the level of the left external auditory meatus. The wound is slit-like, ½ inch in length, without soot, stippling or marginal abrasion. Projectile jacketing is retrieved from the brain. Multiple

small fragments of apparent projectile lead are also identified in the brain but are not retrieved.

Associated with the gunshot wound is a large displaced linear fracture extending along the left side of the frontal bone into the left parietal and communicating with the exit defect. An additional displaced linear fracture extends from this fracture posteriorly toward the occiput. Subgaleal hemorrhage is present over the posterior calvarium. There is extensive disruption of the left basilar skull with near obliteration of the left anterior fossa and left middle cranial fossa. A slightly displaced linear fracture completely encircles the occiput extending from a point just posterior to the foramen, posteriorly crossing the occipital ridge and then continuing anteriorly toward the left side of the foramen. Nondisplaced linear fractures are present in the right middle cranial fossa. There is extensive disruption of the ethmoid and multiple displaced fractures of the right orbital plate. Patchy subarachnoid hemorrhage is present over both convexities and the basilar brain. There is extensive disruption of the parenchyma associated with the path of the projectile. On the left lateral neck there are small abrasions and minor areas of avulsed epidermis associated with a patterned impression consistent with the white metal chain.

Torso:
A gunshot wound of entrance is identified in the right flank centered just posterior to the posterior axillary line 24 inches below the top of the head. The wound is round, ¼ inch in diameter with circumferential marginal abrasion.

The projectile travels right to left, slightly upward and slightly toward the front.

The projectile enters the abdominal cavity, perforates the intestinal mesentery and small intestine in several places. Postmortem radiographs reveal multiple small projectiles in the abdomen and projectile jacketing in the left abdominal wall. This projectile jacketing is recovered from the left abdominal wall and retained labeled "Left Abdominal Wall".

Associated with this gunshot wound is 300 milliliters of liquid blood present within the abdominal cavity and minimal hemorrhage in the soft tissue associated with the path of the projectile.

Upper and Lower Extremities:
None.

INTERNAL EXAMINATION

BODY CAVITIES: Except as noted otherwise, no adhesions or 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 370 grams. The pericardial surfaces are smooth, glistening and intact; the pericardial sac contains a physiologic amount of fluid. The coronary arteries arise normally and follow the usual distribution. They are widely patent, without atherosclerosis or thrombosis. The chambers and valves otherwise exhibit the usual size-position relationships and are unremarkable; the atrial and ventricular septa are intact. The myocardium is a slightly mottled reddish brown, minimally softened and without focal abnormalities. The slightly hemoglobin-stained aorta and its major branches arise normally, follow the usual courses, and are widely patent, without 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 390 grams and 480 grams, respectively. The upper airway is clear of debris and foreign material; the mucosa is yellow-tan and smooth. The pleural surfaces are smooth, glistening and intact. The pulmonary parenchyma exudes slight to moderate amounts of blood and frothy fluid and is without focal lesions. The pulmonary vasculature is unremarkable.

HEPATOBILIARY SYSTEM: The liver weighs 1190 grams. The hepatic capsule is smooth, glistening and intact, covering a red-brown parenchyma without focal lesions noted. The gallbladder contains approximately 2 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 gland is not identified, owing to disruption of the basilar skull associated with the gunshot wound to the head. The 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 150 milliliters of thick tan liquid and small particles of digesting food. The small and large intestines are unremarkable. The appendix is present.

GENITOURINARY SYSTEM: The right and left kidneys weigh 130 grams and 140 grams, respectively. 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 yellow urine; the mucosa is gray-tan and smooth.

The prostate gland and seminal vesicles are unremarkable.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 90 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 1250 grams. Disruption of the dura is present associated with the gunshot wound previously described. Subarachnoid hemorrhage is also present. The cerebral hemispheres appear to have been symmetrical. Examination of the uninjured portions of the brain reveals no lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere. Sections through the brainstem and cerebellum reveal no additional abnormalities.

GLU/jw

Wuesthoff REFERENCE LABORATORY

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

Patient: TOMLINSON, SHANE Age: **34** Sex: **M**
Client Patient ID: 9-16-947 Account#: VX83019
Physician: UTZ, GARY Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/14/2016 Lab Order No: 661501221 Reg Date: 06/15/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL - VOLP			
SPECIMEN TYPE			
HEART BLOOD			
ETHANOL	**0.229**	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			
ABDOMINAL BLOOD			
GC/MS			
CAFFEINE			
LC/MS/MS			
LC/MS/MS PERFORMED ON HEART BLOOD			
NAPROXEN, CAFFEINE, CAFFEINE METABOLITE			
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

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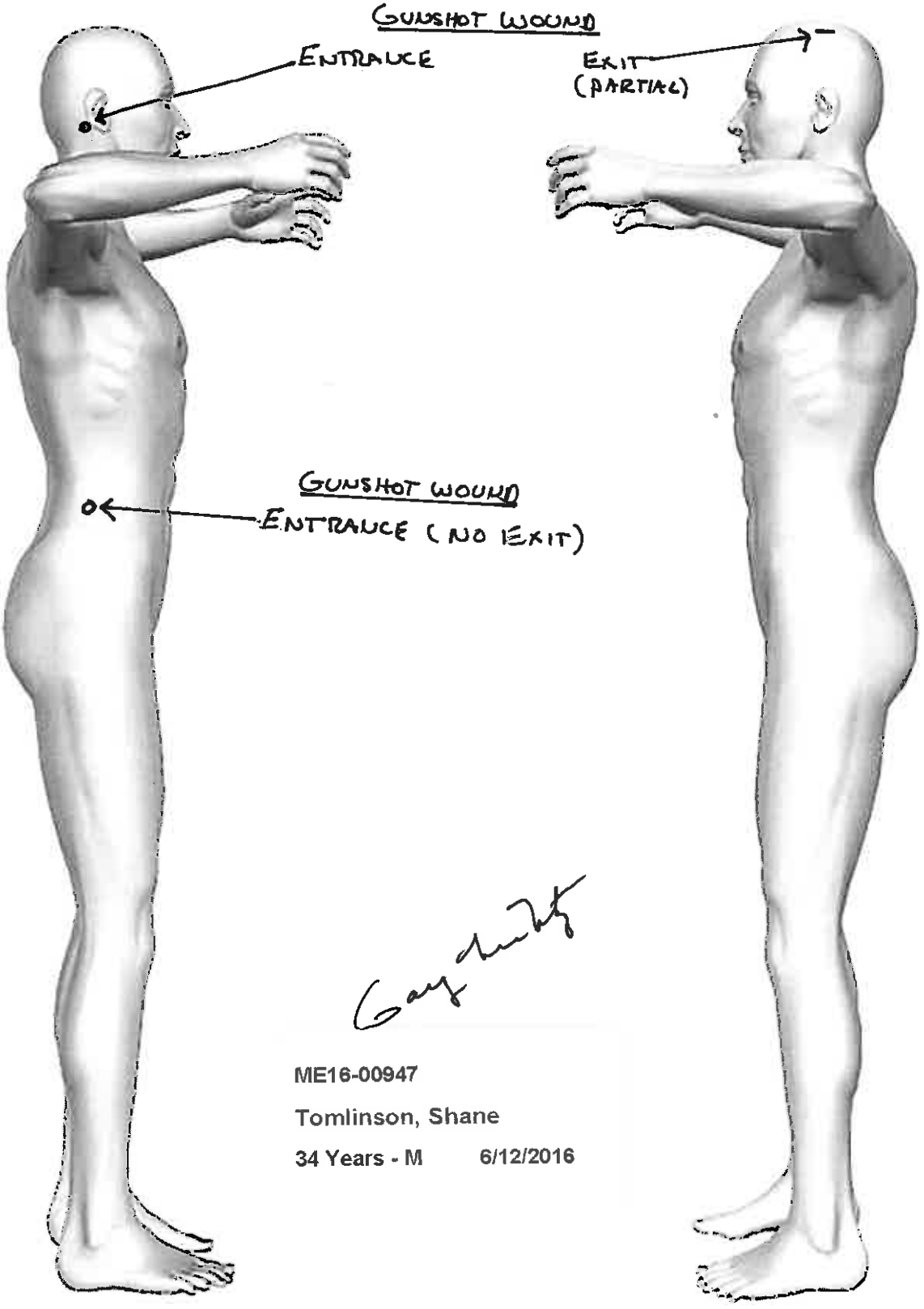
Specimens were intact upon receipt. Chain of custody, specimen security and integrity has been mantained. Testing has been performed as requested

Reviewed by: _____ Date: 7/20/16

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE



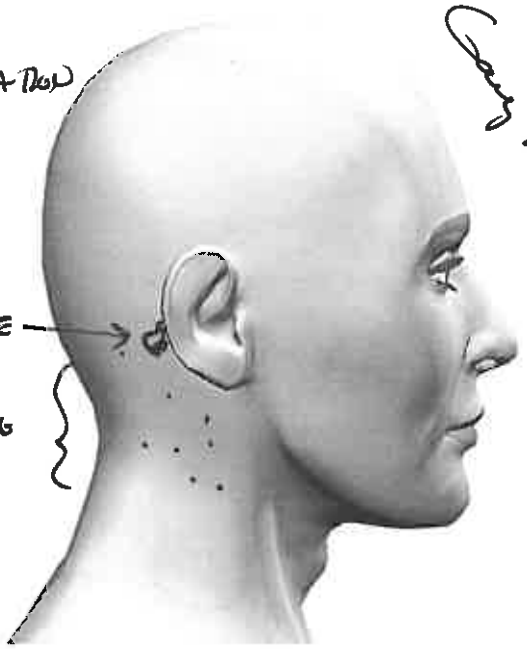
ME16-00947

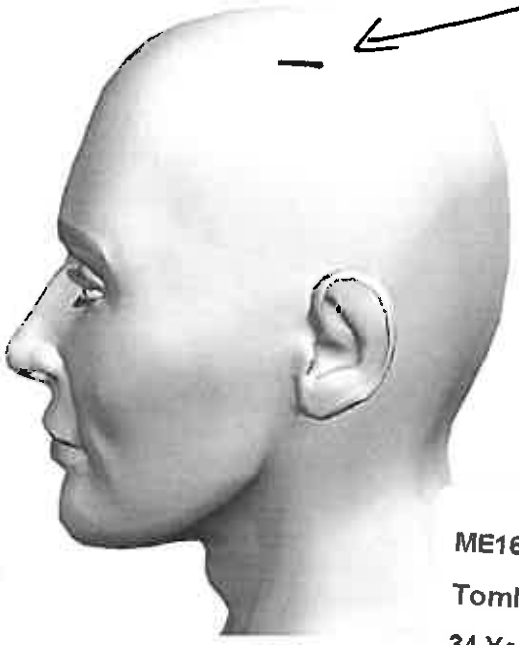
Tomlinson, Shane

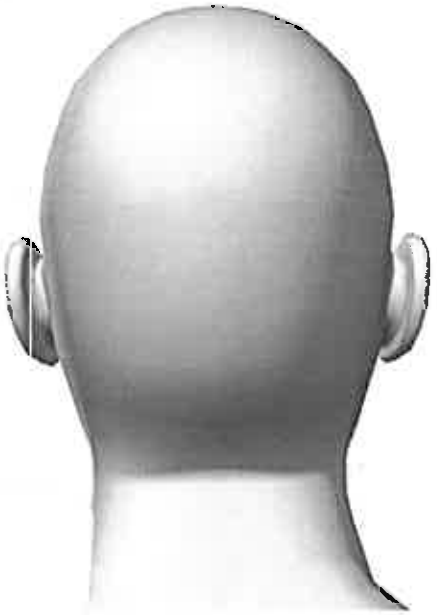
34 Years - M 6/12/2016

-947 SHANE TOMLINSON

INJURY CLARIFICATION
2/2







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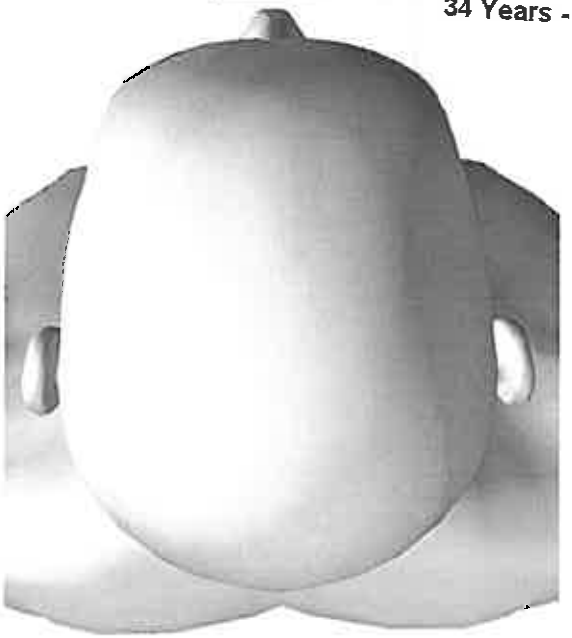
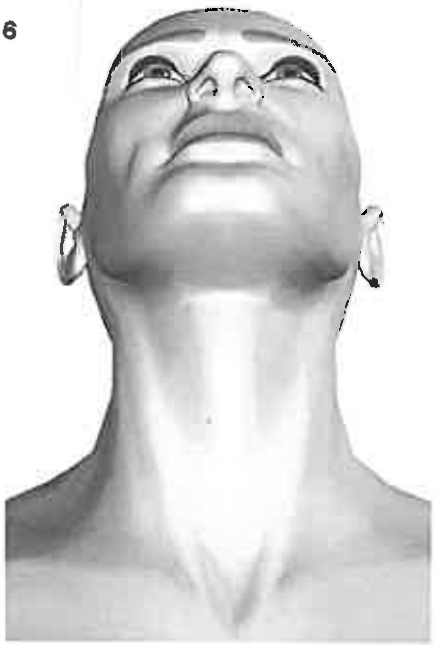
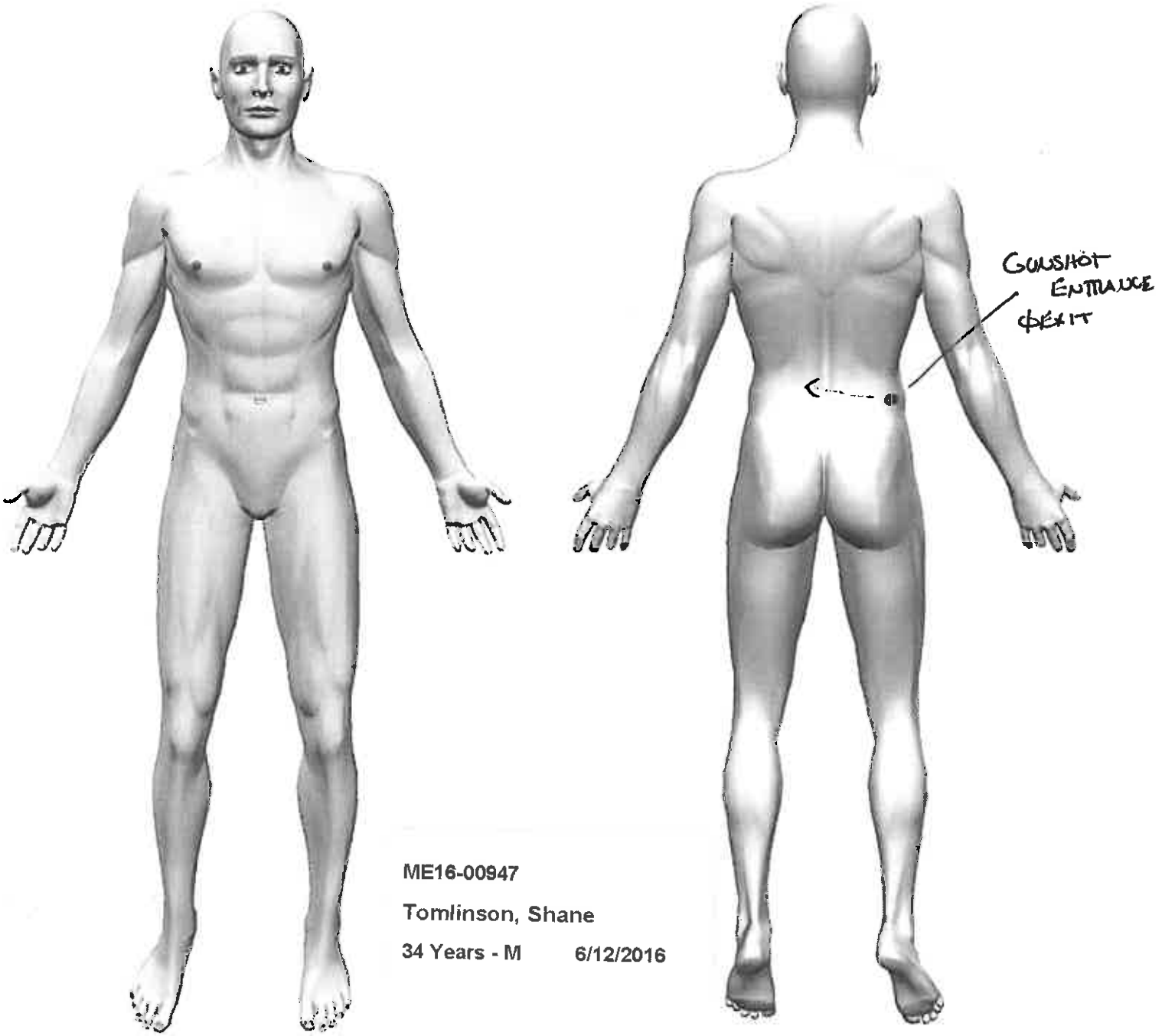
Tomlinson, Shane

34 Years - M 6/12/2016





INJURY CLARIFICATION 1/2
16-947 SHANE TOMLINSON



ME16-00947

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34 Years - M 6/12/2016