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

REPORT OF AUTOPSY

DECEDENT: SIMON CARRILLO FERNANDEZ

CASE NUMBER: ME 2016-000952

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

AGE: 31 years **SEX:** Male
RACE: White **DATE OF DEATH:** June 12, 2016

DATE/TIME OF AUTOPSY: June 13, 2016 at 1:30 pm

PERFORMED BY: Russell S. Vega, MD, Associate Medical Examiner
(District 12 – providing cross coverage)

, MD 6/8/16

REVIEWED BY: Joshua D. Stephany, MD, Chief Medical Examiner

CAUSE OF DEATH: Gunshot wounds of the head and torso

AUTOPSY FINDINGS

I. Gunshot wound of left arm traversing the torso:
   - A. Extensive blast injury, pectoralis muscle
   - B. Blast fractures of left second, third, and fourth ribs
   - C. Focal left lung laceration
   - D. Extensive left lung contusion and modest hemothorax

II. Gunshot wound of left arm:
   - A. Soft tissue injury only

continued...

III. Gunshot wounds of head:
- A. Tangential wound, left side of face
- B Depressed and comminuted skull fracture
- C. Thin subdural and subarachnoid hematomas
- D. Modest cerebral contusion
- E. Separate graze wound, left preauricular zone with ear perforation

IV. Gunshot wound of left hip:
- A. Perforations of right and left hemipelvis
- B. Transecting perforation, rectum
- C. Perforations of mesentery, distal ileum, and non-full thickness bladder injury

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 records, it is my opinion that the death of SIMON CARRILLO FERNANDEZ, a 31 year old man, is due to gunshot wounds of the head and torso.

The manner of death is homicide.

POSTMORTEM EXAMINATION
OF THE BODY OF SIMON CARRILLO FERNANDEZ

A postmortem examination of the body of a man identified as Simon Carrillo Fernandez is performed pursuant to Florida Statute 406.11 by Russell Vega, MD, Associate Medical Examiner (District 12 – providing cross coverage), District Nine at the Orange County Medical Examiner facility, Orlando, Florida on June 16, 2016 at 1:30 pm.

IDENTIFICATION: The body of Simon Carrillo Fernandez is identified by his Florida Driver's License # C641-781-84-258-0. The positive identification is made by Special Agent Walsh of the Florida Department of Law Enforcement on June 12, 2016 at 10:46 pm, at the Orange County Medical Examiner facility.

CLOTHING AND VALUABLES: The clothing comprises a black T-shirt, blue jeans, print underwear, a black leather belt, black ankle socks, and black canvas shoes. Defects in the clothing are consistent with wounds described below. A single grey metal clear stone earring is in a normally pierced right ear. The left earlobe has no piercing. No items are recovered from the pockets, with the exception of a cellphone in the right pants pocket. Separately received personal effects include a Driver's License with the name of Simon Adrian Carrillo Fernandez.

EXTERNAL EXAMINATION

The body is that of a 69 inch in length, 205 lb., normally developed, Hispanic-appearing man with general appearance consistent with the age of record of 31 years. The body is cool to touch due to refrigeration. Rigor mortis has strongly developed, but appears broken in the upper extremities. Lividity is mild, affects the posterior aspect of the body, is pink-purple, and is fixed in position.

The scalp hair is black, wavy, up to 3 to 4 inches in maximal length over the crown, and fully distributed over the scalp. The irides are brown, the conjunctivae have no petechiae. The teeth are natural and in a good state of repair. Some white foam emanates from the mouth. The face is clean shaven. The neck is remarkable as described below. The chest is symmetric. The abdomen is flat. The external genitalia are those of a normally-developed man with normally descended testes bilaterally. The extremities are symmetric. The legs have neither pitting edema nor ulcers. The back and anus have no lesions.

The hands each have a single identifying wrist band with the number 952. The left hand grasps a cut or torn orange access-type bracelet.

The body has no tattoos evident. A scar is present over the lower left side of the scrotum. A medium length, horizontally oriented scar is over the medial left groin region. No other scars are clearly identifiable, nor are there other identifying marks. The body has no injuries except those described below.

EVIDENCE OF INJURY

WOUND SUMMARY:

The body has six separate gunshot tracks. Notably, one of these is a superficial, in and out wound of the posteromedial left arm. This appears to be co-linear with a track that progresses from the left chest to the left clavicular region, and was likely caused by the same projectile path. Additionally, a single wound traverses the left arm exiting over the left shoulder, but also is, with minimal manipulation of the head and neck, roughly co-linear with a superficial gunshot wound of the left side of the face. These two may also have been caused by the same projectile path. Thus, though there are six gunshot wound tracks in total, these may represent only four actual gunshots. In summary, the gunshot tracks result in extensive contusion and focal laceration of left lung, blast fractures of three of the left-sided ribs, perforations of both sides of the pelvis, transection of the rectum, perforations of the mesentery and small intestine, depressed skull fracture, thin subdural and subarachnoid hemorrhages, and mild focal cerebral contusion. A single projectile is recovered from the right side of the pelvis. Finally, a single projectile casing is found between the shirt and the sin of the back.

The above described injuries are herein described in detail:

Gunshot wound of left arm, posteromedial

1. The entrance wound, designated in diagrams as "A," is located over the posterior aspect of the left arm, that is 52 inches superior to the sole of the left foot and medial and posterior to the humerus in the midline. The wound is an obliquely oriented ovoid perforation, ¾ inches in length and 3 inches in width. The wound has a well-defined, ¼ inch in greatest width, flame-shaped abrasion at its inferolateral margin. The wound has no soot fouling or stippling associated.

2. The exit wound, designated in diagrams as "B," is located 53 inches superior to the sole of the left foot and is obliquely oriented along the same line as the previously described entrance wound. It comprises a 5/8 inch in length ovoid perforation. The superomedial margin has a ½ inch in length somewhat more irregular but roughly flame-shaped zone of abrasion.

3. The wound track traverses the entrance to the exit wound simply by perforating the underlying subcutaneous fat without any deeper injury. Thus, there are no associated injuries and no projectile recovered.

4. The wound track is, with reference to the standard anatomic position, from left to right, from posterior to anterior, and from inferior to superior. (COMMENT: the overall orientation of this wound track is consistent with having been caused by the same projectile which results in the next described wound track, *Gunshot wound of left lateral chest.*)

Gunshot wound of left lateral chest:

1. The entrance wound, designated I diagrams as "C," is located 53 ½ inches superior to the sole of the left foot and approximately 1 inch posterior to the mid axillary line on the left side of the chest. The wound is just inferior to the apex of the axilla. The wound comprises a 3/8 x ¼ inch irregular perforation with central tissue deficit but no stippling or soot fouling. The wound has irregular tan-red abrasion margins at the 2 o'clock and 6 o'clock margins that are each 3/16 inch in width. Additionally, two broader and more extensive zones of additional abrasion extend posteriorly from the primary wound. Finally, just adjacent and anterosuperior to the primary perforation is a 1 inch zone of purple contusion.

2. The exit wound, designated in diagrams as "D," is located over the medial left clavicular area, 57 inches superior to the sole of the right foot and centered ¾ inches to the left side of the midline. The perforation comprises a ½ x 3/8 inch irregular zone of perforation without soot fouling or stippling. There is modest central tissue deficit but no marginal abrasion. Separated from the primary perforation by a narrow band of tissue and skin, is a secondary ¼ inch in greatest dimension exit perforation that is immediately medial to the primary perforation. Additionally, medial and superior to the exit perforation, is a branched pink-red curvilinear abrasion zone, approximately 1 ½ inches in greatest dimension.

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3. The wound track traverses the skin of the medial upper aspect of the left side of the chest, traversing axillary fat and then perforating with broad blast type injury, the pectoralis major muscle on the left side. The wound track then exits through the previously described exit wound.

4. No projectile is recovered from the wound track.

5. Associated with the wound track are blast fractures of the second, third, and fourth ribs on the left side. There is a large hemorrhagic wound cavity in the left pectoralis muscle and adjacent soft tissues. The left lung has a 1 inch focal superficial laceration over the anterolateral surface of the upper lobe. Additionally, the left lung has extensive, nearly confluent hemorrhagic contusion. The right lung has possible mild contusion along with some degree of hemoaspiration and, possibly, dependent blood drainage. The wound track does not involve the axillary artery or vein.

6. The wound track is, with reference to the standard anatomic position, from inferior to superior, from posterior to anterior, and from left to right.

Gunshot wound of shoulder:

1. The entrance wound is located over the anterolateral left shoulder, 2 inches anterior to the coronal midline of humerus and 56 ½ inches superior to the sole of the left foot. The wound comprises an ovoid perforation, ¼ x 3/16 inches in greatest dimension, with the long axis oriented from 1 o'clock to 7 o'clock. The 7o'clock margin has a 1/16 inch in width zone of marginal abrasion. Well-defined central tissue deficit is present. The wound has no surrounding soot fouling or stippling.

2. The exit wound is located over the superior aspect of the shoulder, 8 inches to the left side of midline, and 60 inches superior to the sole of the left foot. The wound comprises an ovoid, gaping wound, 1 ¼ x ½ inches in greatest dimension, with the long axis essentially in a coronal plane. The wound has some irregular small superficial skin tears around its margin, however; no distinct abrasion margin is present, nor is there soot stippling or soot fouling associated.

3. The wound track traverses the skin of the left arm and shoulder area, perforating the underlying triceps and deltoid musculature. The wound track passing lateral and superior to the humerus, exits through the previously described cutaneous exit wound.

4. No projectile is recovered from the wound path.

5. There are no deeper associated injuries.

6. The wound track is, with reference to the standard anatomic position, from left to right, from inferior to superior, and slightly from anterior to posterior.

Gunshot wound of head, perforating:

1. The entrance wound is located at the margin between the earlobe and the skin of the left side of the face. The wound comprises a triangular perforation that, in neutral, relaxed position, is more trident shaped, however; when tension is applied and the wound is gaping, it is ¾ x 1/8 inch in its greatest dimensions. Note that this wound is 6 ½ inches from the vertex of the scalp. The wound has a curvilinear abrasion margin over the inferior surface, estimated at less than 1/8 inch in width. Just superior to the entrance perforation, and essentially along a vertically oriented line, is a 1 and 1/8 inch skin split which is just anterior to the tragus of the ear. Note that these injuries have no surrounding soot fouling or stippling. Central tissue deficit is only evident when tension is applied to the wound edges.

2. The exit wound is a large, vertically oriented, roughly tear-drop shaped, gaping wound in the left frontal scalp. This is essentially in the region of the left-sided anterior hairline. The wound comprises a 4 x 2 inch gaping wound that appears to be a stellate type tearing exit wound. The margins are focally torn and irregular. There is no clear abrasion margin, and the wound has no soot fouling or stippling associated. The wound is centered 3 inches inferior to the vertex of the scalp.

3. The wound track traverses the previously described entrance wound, passing through the subcutaneous tissues of the preauricular region, causing the previously described overlying skin split. The wound track then continues through the temporalis musculature, anterior to the mandible and the frontal bone, and there exits.

4. No projectile or fragments are recovered from the wound track.

5. Associated is comminuted and depressed fracture of the right frontal bone underlying the exit wound area. These fractures include associated orbital plate fractures, along with a radiating, roughly horizontally oriented fracture emanating from this area across the anterior midline, involving the frontal bones. Also associated is internal intracranial injury, including thin subdural and subarachnoid hematomas over the left frontal area, along with thin subarachnoid hemorrhage over the right cerebral convexity. The brain has modest focal contusions in the right frontal and temporal areas.

6 The wound track is, with reference to the standard anatomic position, from inferior to superior, and slightly from posterior to anterior, without appreciable right to left deviation. (COMMENT: The trajectory of this wound path is consistent with continuation of the same projectile that caused the shoulder wound described immediately previously.)

Gunshot wound of left ear:

1. The left side of the head has a wound which is a grazing wound of the left side of the scalp and a perforating wound of the superior aspect of the left pinna. This wound comprises a 1 x 3/8 inch, oblong, somewhat triangular shaped red abrasion that involves the left posterior auricular aspect of the scalp. This wound is roughly horizontally oriented, with the narrow end posterior and the broader end anterior. The broad anterior end is contiguous with a ½ inch zone of skin and superficial soft tissue defect of the scalp.

2. A continuation of this same wound track involves perforation through, and essentially obliteration of the superior aspect of the left pinna. The margins of the pinna wound are rough, irregular, abraded, and dried. Just superior to the pinna is a roughly ¾ inch in length, irregular pink-red abrasion. (COMMENT: this abrasion, while not contiguous with the pinna injury or the initially described scalp graze wound, may represent injury caused by fragments of pinna impacting scalp.) The overall defect in the pinna appears to be 1 inch x 3/8 inch in greatest dimension, with a ½ inch zone of pink-red abrasion on the adjacent remaining ante helix.

3. No projectile or fragments are recovered in this essentially non-penetrating wound.

4. No additional associated injuries are identified.

5. The wound track is, with reference to the standard anatomic position, from posterior to anterior, without inferosuperior deviation or right to left deviation appreciable.

Gunshot wound of left hip traversing pelvis:

1. The entrance wound is located over the lateral left hip region, 34 ½ inches superior to the sole of the left foot, and 3 ½ inches anterior to the posterior body margin as the body lies on the table. The wound comprises a 3/16 inch in diameter circular perforation. The wound has a very minimal surrounding abrasion margin which is circumferential, and exhibits dermal and subcutaneous coning. The wound has no soot fouling or stippling associated.

2. The wound track has no exit.

3. The wound track traverses the skin of the left lateral hip area, posterior to the greater trochanter, perforating the lateral hip musculature and subsequently perforating the iliac wing on the left side. The wound track there appears to diverge into two separate tracks. Based on radiographs and dissection, these tracks result in a primary bullet track that progresses horizontally across the pelvis, and a secondary track which progresses across the pelvis in a slightly upward angle. The first track traverses and transects the rectum and subsequently impacts the right pelvic wall, imbedding in the right iliac bone. That wound track there ends. The secondary track results in perforations of mesentery, and at least one perforation of distal ileum, and ends in the more superior aspect of the iliac wing on the right side. The primary wound track also results in a grazing wound of the posteroinferior wall of the bladder, which is non-full thickness.

4. Recovered from the lower wound track is a moderately deformed, small, apparently jacketed projectile. This is cleaned, photographed, and retained as evidence for law enforcement. At the end of the upper wound track, based on postmortem radiographs, are occasional small lead fragments, none of which are observable or retrievable.

5. Associated with the wound track is modest soiling of the peritoneal cavity and pelvis by intestinal and rectal contents. There is relatively modest

associated soft tissue hemorrhage. There is focal comminuted fracture about all three impact sites of pelvis, both on the left and right sides.

6. The primary wound track is, with reference to the standard anatomic position, from left to right, probably slightly downward, and without anterior or posterior deviation. The secondary wound track is left to right and probably slightly upward, and also probably slightly posterior in direction.

Additional Gunshot Evidence:

1. A single spent casing consistent with a rifle cartridge is found between the skin of the back and the overlying t-shirt. This is photographed and retained as evidence for law enforcement.

Additional Injuries:

1. A ½ inch tan abrasion is over the upper right side of the back. A 3/8 inch red abrasion is over the posteromedial aspect of the left thigh.

INTERNAL EXAMINATION

HEAD: The scalp, skull, and brain are remarkable for injuries as described above. Outside of contusions associated with the gunshot injury, the scalp has no additional injuries. Nor does the skull have any other fracture. The brain has no penetrating injuries. The brain weighs 1570 grams. It has no evidence of natural disease on external examination or sectioning. The cranial nerves and cerebral arteries also appear intact.

NECK: The cervical spine, laryngeal cartilages, and hyoid bone have no fractures. The strap muscles of the neck have no injuries evident. The upper airways are lined by thin mucosa, without lesions or obstructions. The tongue has no injuries.

BODY CAVITIES: The body cavities are remarkable for injuries associated with changes as described above. The body cavities have no adhesions or other fluid accumulations. The body organs are normally situated, minimally congested, and have no unusual odors.

CARDIOVASCULAR SYSTEM: The great vessels and chambers of the heart are markedly underfilled, containing scant dark red liquid blood. The great vessels arise normally, follow their usual courses, and have no thrombi or emboli. The aorta has no significant atherosclerosis, nor is there aneurysm or dissection. The aorta has no injuries evident.

The heart weighs 310 grams. The epicardial and pericardial surfaces are smooth and glistening. The coronary arteries arise normally and follow a left dominant distribution; they have no atherosclerosis, thrombosis, or other cause of luminal compromise. The myocardial cut surfaces are brown, without evidence of recent or remote infarction or focal changes. The endocardium is thin. The cardiac valves are normally formed with thin and compliant cusps and leaflets that have no lesions. The coronary ostia are normally situated and are patent.

LUNGS: The right and left lungs weigh 360 grams and 690 grams, respectively. The pleural surfaces are smooth without anthracosis. Both lungs are remarkable for injury and blood accumulation as described. No emphysematous changes or tumor nodules are present. The pulmonary arterial branches have no thromboemboli. The tracheobronchial tree is patent without lesions or obstructions, though thick blood is within the bronchial passages.

LIVER, GALLBLADDER, AND PANCREAS: The liver weighs 1160 grams. The capsule is smooth and thin. The cut surfaces are brown without nodules or cirrhosis. The gallbladder contains liquid bile without stones. The pancreas has tan parenchyma without nodules, hemorrhage, or fibrosis.

HEMIC AND LYMPHATIC: The spleen weighs 140 grams. The capsule is smooth and thin. The cut surfaces are red without nodules or injuries. The lymph nodes appear inconspicuous throughout the body. The exposed bone marrow is red. The thymus is unremarkable.

DIGESTIVE: The stomach contains 300 mL of mucoid green-brown liquid without medicaments clearly identified. The gastric contents include non-specific partially digested food fragments. The stomach, esophagus, and duodenum have no chronic ulcers, tumors, or obstructions. The small and large intestines have no evidence of obstruction, and appear unremarkable to in situ examination.

GENITOURINARY: The right kidney weighs 110 grams, as does the left kidney. The capsules strip with ease from the underlying smooth brown cortical

surfaces. The cut surfaces have the usual corticomedullary architecture, without nodules, scars, or large cysts. The calices, pelves, and ureters are not dilated and have no stones. The bladder contains a moderate volume of clear pale yellow urine and is lined by smooth mucosa. The prostate gland has homogeneous tan cut surfaces without nodules or enlargement. The testes have no palpable nodules.

ENDOCRINE: The pituitary gland does not appear to be enlarged. The thyroid gland has brown parenchyma without cysts or nodules. The adrenal glands have yellow cortices and tan-white medullae, without nodules.

MUSCULOSKELETAL: The ribs and pelvis are remarkable for injuries as described above. The clavicles and spine have no evident injuries. The supporting musculature and soft tissues are remarkable only as described above.

RV/crg

Wuesthoff REFERENCE LABORATORY

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

Patient: CARRILLO FERNANDEZ, SIMON Age: **31** Sex: **M**
Client Patient ID: 9-16-952 Account#: VX82961
Physician: DIST 9, M.E. Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/13/2016 Lab Order No: 661401250 Reg Date: 06/14/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL - VOLP			
SPECIMEN TYPE			
PERIPHERAL 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			
LEFT CHEST BLOOD			
GC/MS			
SALICYLIC ACID, CAFFEINE			
LC/MS/MS			
LC/MS/MS TESTING PERFORMED ON HEART BLOOD			
NAPROXEN, CAFFEINE, CAFFEINE METABOLITE			
BLOOD IMMUNOASSAY SCREEN			
SPECIMEN TYPE			
PERIPHERAL 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

Wuesthoff REFERENCE LABORATORY

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Patient: CARRILLO FERNANDEZ, SIMON Age: **31** Sex: **M**
Client Patient ID: 9-16-952 Account#: VX82961
Physician: DIST 9, M.E. Client: DISTRICT 9 MEDICAL EXAMINER MISC

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

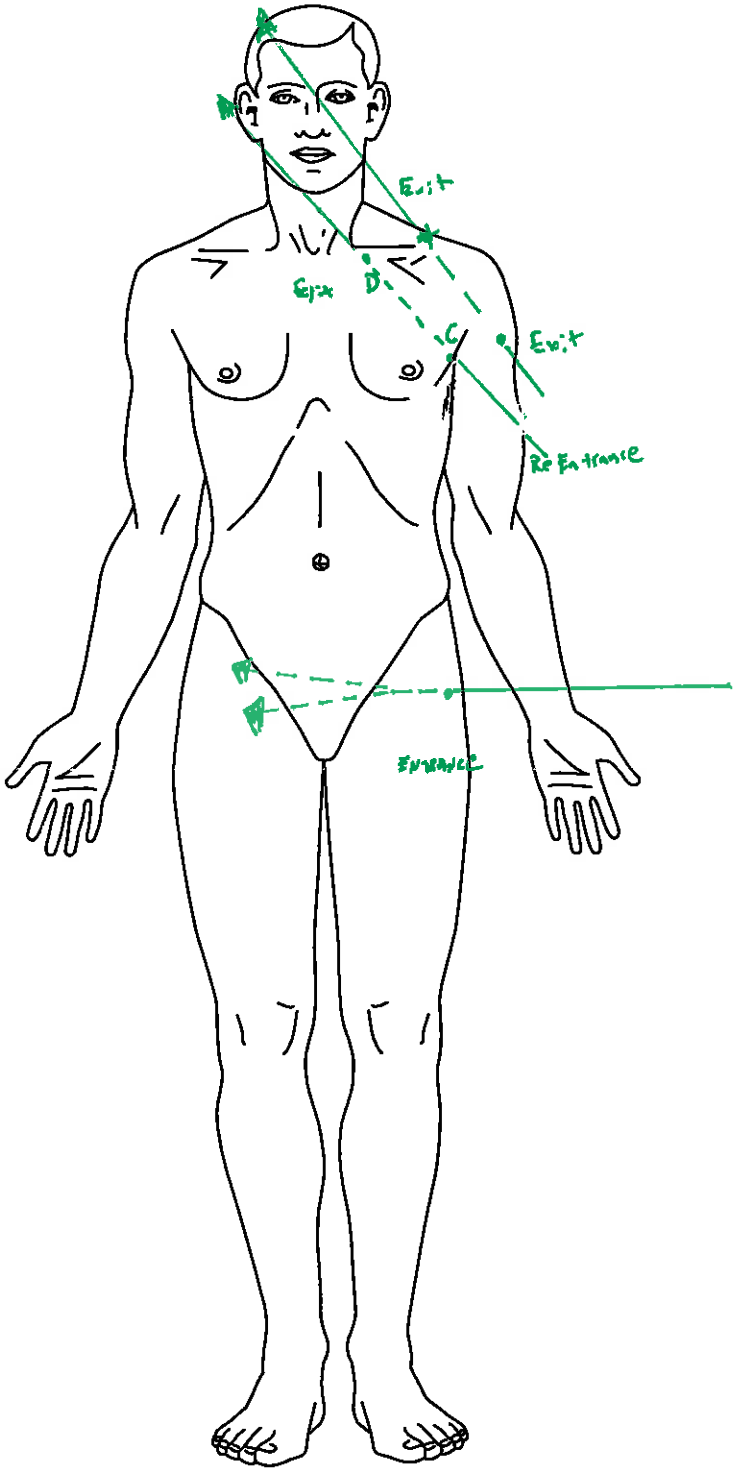
Reviewed by: _____ Date: 7/20/16

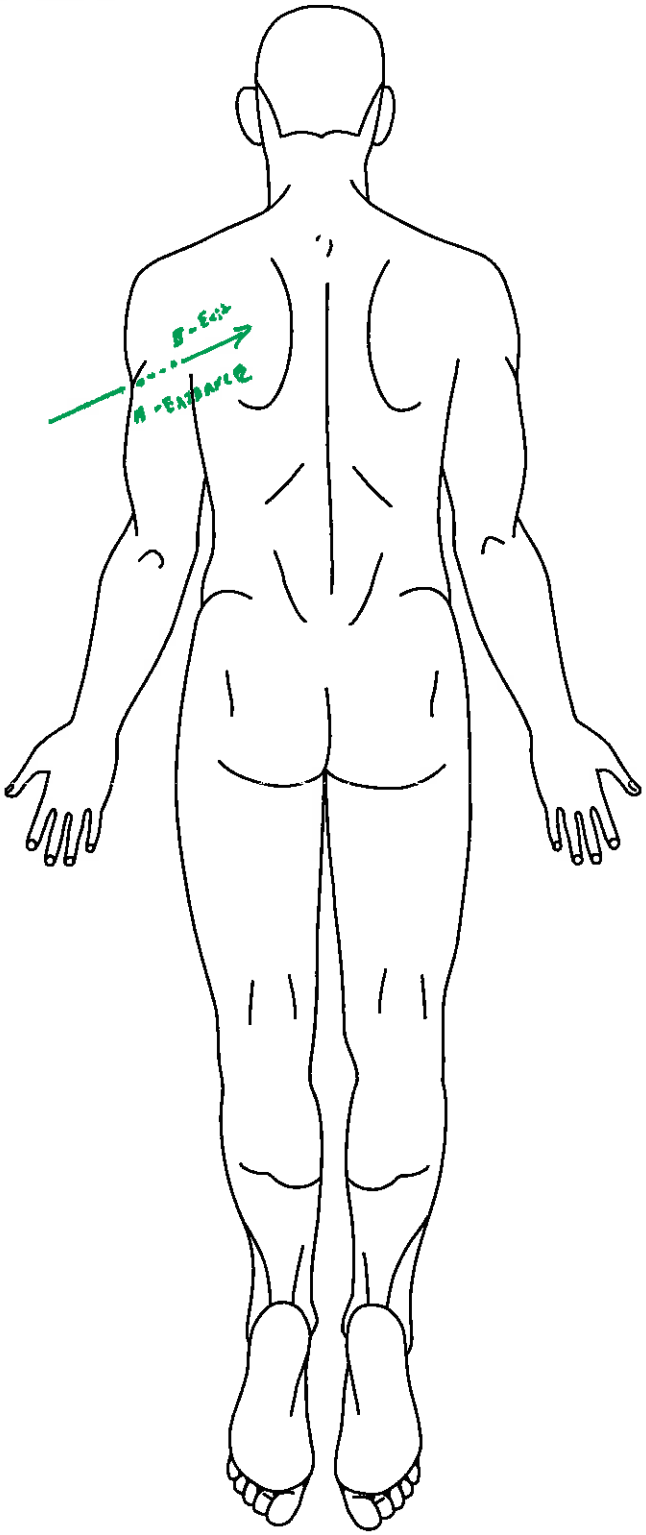
FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

ME Case Number: ME16-00952

Carrillo Fernandez, Simon

31 Years - M 6/12/2016





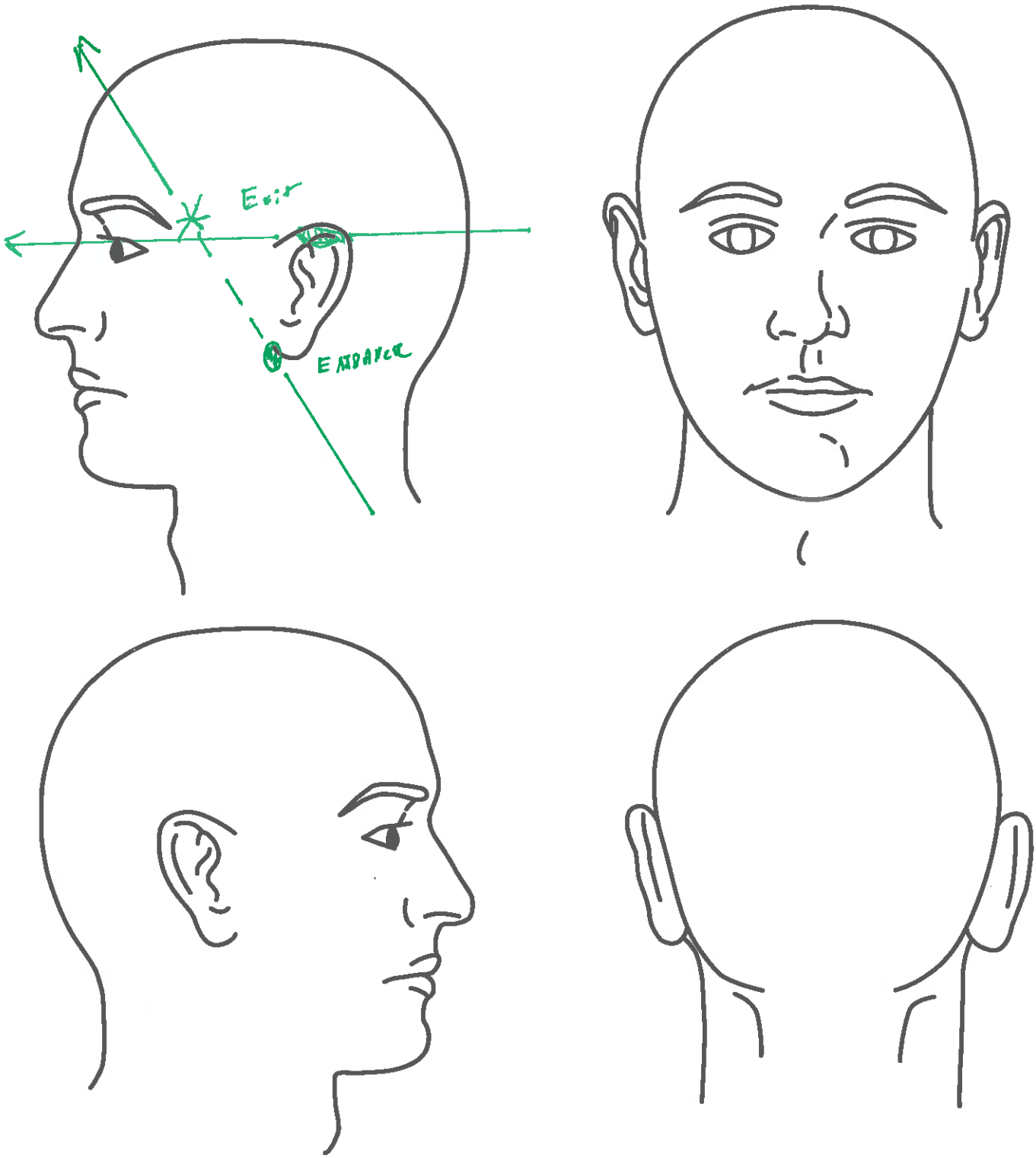
15-225 (8/11)

CLARIFICATION DIAGRAM

ME16-00952

Carrillo Fernandez, Simon

31 Years - M 6/12/2016



15-219 (3/08)

CLARIFICATION DIAGRAM