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

REPORT OF AUTOPSY

DECEDENT: STANLEY ALMODOVAR **CASE NUMBER:** ME 2016-000913

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

AGE: 23 Years **SEX:** Male
RACE: White **DATE OF DEATH:** June 12, 2016

DATE AND TIME OF AUTOPSY: June 12, 2016, at 10:00 A.M.

Jesse C. Giles MD 8/5/16

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

CAUSE OF DEATH: Multiple Gunshot Wounds

AUTOPSY FINDINGS

I. Two perforating close-range (stippling present) gunshot wounds of trunk:

A. Gunshot wound of chest: Entering at upper left chest, passing rightward, downward, and slightly backward, passing through right outer chest wall soft tissues without penetration of chest, fracturing 4th right anterior rib and contusing right lung, exiting at upper lateral right chest and right axilla, and terminating at posteromedial proximal right arm with abrasion and contusion (but no penetration), with no projectile present at autopsy

B. Gunshot wound of abdomen: Entering at mid-lateral left abdomen, passing rightward, downward, and backward, penetrating abdomen and perforating small and large bowels and mesentery, perforating right iliac bone, and exiting at upper lateral right hip, with no projectile pieces recovered at autopsy, with hemorrhage including moderately large hemoperitoneum

II. Only other trauma: Abrasions of knees, especially right knee

III. Pre-existing medical diseases: Fatty metamorphosis of liver

TOXICOLOGIC AND LABORATORY ANALYSES:

I. Blood Ethanol 48 mg/dL (BAC 0.05 g%).

II. Ocular fluid Ethanol 61 mg/dL (0.06 g%).

III. Cocaine and metabolites, Levamisole, Lidocaine, Caffeine and metabolite, and Nicotine metabolite detected in heart blood, but no quantitations performed.

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, review of available medical and other records, and review of toxicologic analyses, it is my opinion that the death of Stanley Almodovar, a 23 year-old white man pronounced dead at a local E.R. after a mass shooting at a night club, is the result of multiple gunshot wounds.

The manner of death is classified as homicide.

AUTHORIZATION: The autopsy of the body of Stanley Almodovar 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 10:00 A.M.

IDENTIFICATION: The body of Stanley Almodovar was identified by Orange County Sheriff's Office Detective Danny Garciapagan by comparison of the decedent to the photograph in his associated Florida Driver's License # A452780922250. The identification was made to ME Forensic Investigator Chief Carol Hicks on 06/12/2016.

ROUTINE EXTERNAL EXAMINATION

The body is admitted to the autopsy room dressed in casual clothing, with brown paper bags over the hands and feet, accompanied by a bag of valuables, with a blue folded towel lying over the anterior right thigh area, and status post CPR efforts. The body is that of a well-developed white man who appears the stated age of 23 years. Body height is 70 inches and body weight is 189 pounds. At autopsy, rigor mortis is generalized, livor mortis is posterior and blanching, and the body is cold to touch. Decomposition is absent. There is some obvious external injury (gunshot wounds at the chest and abdomen).

Artifacts of medical and postmortem care are an oral endotracheal tube with adjacent face mask, IV lines at the right antecubital fossa and left groin with attached blood/fluid therapy bags, an open thoracostomy incision at the lateral right chest (with no chest tube present), a large open thoracotomy incision at the left chest with a rib spreader and hemostat clamp in place within the chest opening, and a hospital ID band at the right wrist (marked "DOE, ANDORRAJUNE"). No antemortem blood or urine samples accompany the body.

Clothing is a dark maroon t-shirt, present on the chest only at the sleeves (having been previously cut open up the front), blue jean pants (initially on the body down below the mid-thighs), blue-gray undershorts (initially on the body down below the genitals), red tennis shoes, and short gray socks. The shirt has holes which match the two gunshot entrances on the body (see below), but no obvious exit holes are found, although the shirt has been irregularly cut open toward the right axilla. No projectile pieces are found in or on or around the clothing. There are some valuables on or with the body, including a black woven fabric anklet at the left ankle, a left earlobe stud earring with a clear stone, $20, an orange nightclub-style fabric band around the right wrist, and some other items (see the Medical Examiner's file for the complete "Body & Personal Effects Record").

Scalp hair is short, black, tightly curled, and with a swath of blond-yellow dye across the left side. 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 or areas of periorbital ecchymosis. Facial hair is a short sparse 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 masculine. The abdomen is soft and mildly protuberant. Extremities are symmetrical and with no deformities. The legs have no peripheral edema or skin atrophy. The nails are very short and are 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 an irregular round scar at the left knee, a tattoo at the dorsal left forearm of an owl and a rose, a tattoo at the posterolateral left calf of stars and flames, and a tattoo at the dorsal neck of a star within a circle.

EVIDENCE OF INJURY

Gunshot wound of chest:

The entrance wound is at the upper left chest below the left sternoclavicular joint centered 14 inches below the top of the head and 1/8 inch to the left of midline. The entrance wound is a horizontal oval 0.5 cm x 1.0 cm with surrounding abrasion ring 0.1 cm thick, except laterally where it is 0.5 cm x 0.6 cm. There are several tiny gunshot stipples around the wound with radii from the center of the entrance wound of 1.2 cm superiorly, 2.5 cm inferomedially, and 1.5 cm laterally. In addition, there are scattered stipples at the low anterolateral left neck, left clavicular area, and lateral left chest with radii of 6.5 cm (low anterior neck), 10.5 cm (upper left anterolateral neck), 15.5 cm (left clavicular area), 22 cm (lateral left chest), and 25 cm (inferolateral left chest area, but still above the breast). These stipples are tiny red and reddish-purple round superficial skin marks with no adherent foreign material.

X-ray of the chest shows no foreign bodies.

The exit wound is at the upper lateral right chest and inferior right axilla centered 15 ½ inches below the top of the head and 7 ½ inches to the right of midline. This is a large gaping hole with irregular edges, especially at the anteromedial border, measuring 8 cm x 6.5 cm total.

From the entrance wound, the projectile track passes rightward, downward, and slightly backward. There has been no penetration of the chest, but instead, there has been impact and fracture at the right anterior 4th rib with intercostal space hemorrhage there and around the fractured rib, with the projectile having passed through the pectoralis muscles to the axillary area exit wound, as noted above.

Following the exit, there is an apparent terminus (impact) mark at the posteromedial proximal right arm adjacent to the exit wound, located 10.5 cm distal (center to center) to the exit hole. This terminus mark consists of irregular abrasions 1.8 cm x 1.5 cm within a purple contusion about 3 cm x 3 cm total surface area. There has been no penetration of the arm, and X-rays of the arm show no fracture or foreign body.

Inside the chest, there is no hemothorax or injury of the heart, aorta, or vena cavae, but there are contusions of the right lung upper and middle lobes (especially the middle lobe).

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

Gunshot wound of abdomen:

The entrance wound is at the mid-lateral left abdomen in the anterior axillary line centered 28 inches below the top of the head and 5 ½ inches to the left of midline. The entrance wound is a horizontal oval hole 0.5 cm x 0.7 cm with surrounding abrasion 0.1 cm thick. There is no stippling immediately at the wound, but superior to the wound as far up as the level of the breast (below the thoracotomy incision), there is a broad area of sparse gunshot stippling, similar to those noted above with the chest gunshot entrance, but less dense here. These vary from 7.5 cm radius from the center of the abdominal entrance hole (inferolateral area of stippling at mid-axillary line of chest), to 12.5 cm (mid-anterior stippling area at low anterolateral chest), to 18 cm (superior-most aspect of stippling adjacent to thoracotomy incision).

X-rays of the trunk show multiple tiny metallic fragments scattered across the lower right abdomen and upper right hip area.

The exit wound is at the upper lateral right hip centered 29 inches below the top of the head and 7 inches to the right of midline. The wound is a diagonal irregular slit 1.4 cm x 0.3 cm, with no surrounding abrasion or contusion.

From the entrance wound, the projectile penetrates the peritoneal lining and then perforates the small bowel and the descending colon and then the mesentery. The projectile continues its rightward, backward, and downward path without further internal organ injury and then perforates the right iliac wing with a hole at the internal surface of that bone being 2 cm x 1 cm. From the iliac wing, the projectile exits at the right hip skin wound noted above.

Arising from the shot inside the abdomen are 700 mL of blood and blood clot with some admixed bowel contents. There is local hemorrhage around the perforations of the small bowel and descending colon.

None of the small metallic fragments noted on X-ray are found at autopsy.

Other trauma:

The only other external or internal injuries present are some skin abrasions of the right and left knees, especially the right knee, the largest 1.7 cm x 1.2 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 not thickened. The organs are present as usual. In the pleural, pericardial, and cranial cavities, there are no collections of fluid, blood, pus, or foreign material, but see above for the hemoperitoneum. 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 scant 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.

THYMUS: The thymus gland is of the usual size and consistency for age. There are no petechiae, and the cut surface is 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 fibrosis.

VASCULAR SYSTEM: Intravascular blood is liquid but greatly decreased in available peripheral volume, and heart blood is collected for toxicology. 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 570 g and the left lung weighs 370 g. The tracheobronchial tree has no malformations or

obstructions. The trachea and mainstem bronchi have flat tan mucosa and contain scant mucus. Palpation and sectioning reveal no evidence of atelectasis, bronchiectasis, bronchopneumonia, abscess, fibrosis, granulomas, cavitation, tumor, infarction, thrombosis, or emphysema. There is no 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 1,590 g and has a smooth and glistening capsule. On cut surface, the parenchyma is diffusely dense and bright yellow and has no increased lobular architecture. There is no evidence of cirrhosis, tumor, vascular malformation, cysts, or abscess. The gallbladder contains thin dark bile, and there are no stones. The bile ducts are patent, and the gallbladder walls are not thickened.

SPLEEN: The spleen weighs 30 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 120 g and the left kidney weighs 120 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 and contains clear yellow urine and has a 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 200 mL of mushy brown fluid with partly-digested food (including French fries) but with no evidence of drug residue. The mesentery and bowel coverings have no fat necrosis, adhesions, masses, or areas of inflammatory exudate. The large and small bowels have no areas of palpable tumors or obstruction.

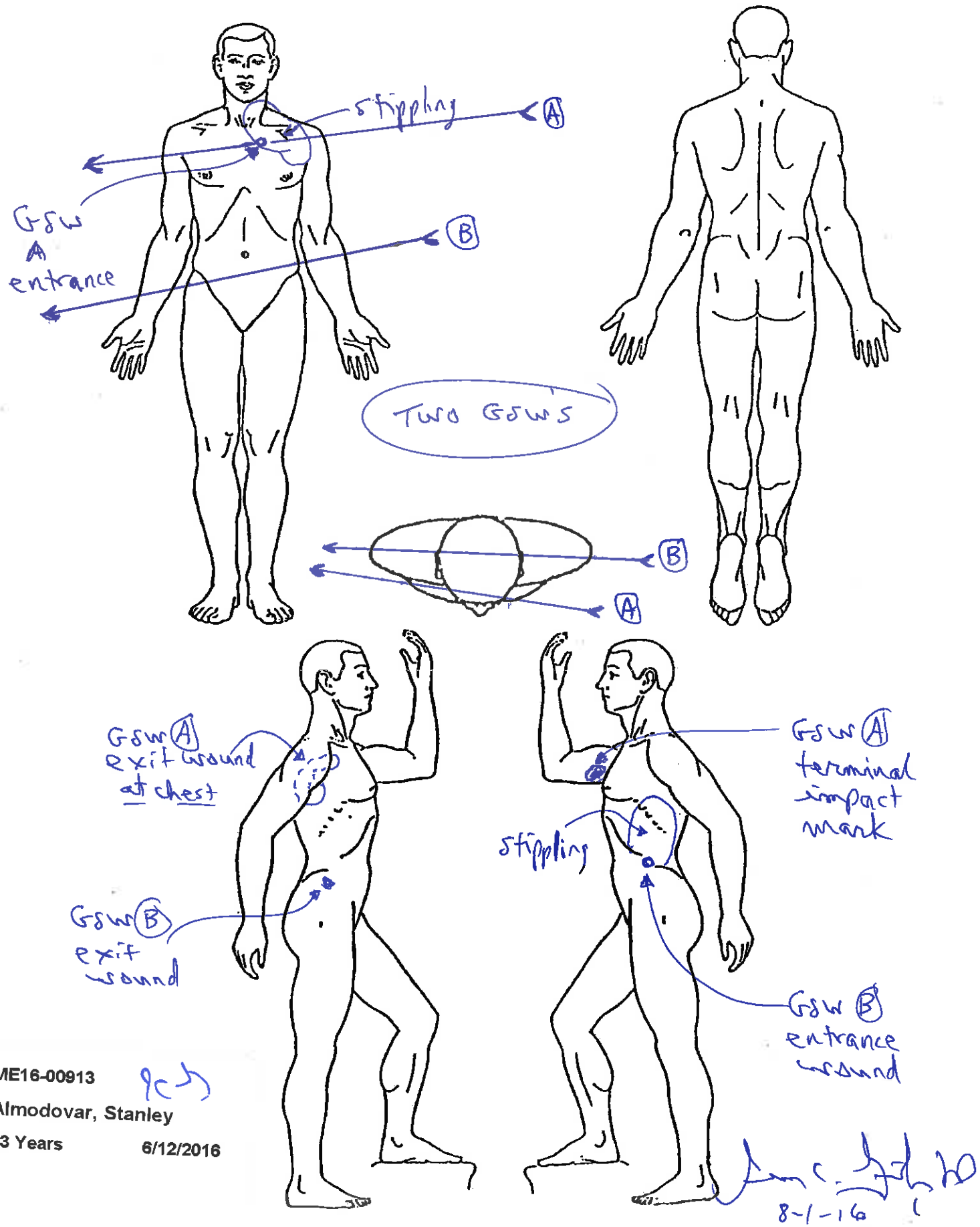
There is no obvious diverticulosis. The vermiform appendix is present. The proximal small bowel contains mucoid fluid, and the distal large bowel contains soft stool.

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 deep scalp and cap and base of the skull are not remarkable. The dura is smooth and glistening and has no areas of remote hemorrhage or surgery. The brain weighs 1,370 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 or thrombosis. The cranial nerves are symmetrical and intact. The leptomeninges are smooth and glistening and without evidence of acute or chronic inflammation. There is no subarachnoid hemorrhage. 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/alm/JCG



ME16-00913

Almodovar, Stanley

23 Years 6/12/2016

8-1-16

Wuesthoff REFERENCE LABORATORY

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

Patient: ALMODOVAR, STANLEY Age: **23** Sex: **M**
Client Patient ID: 9-16-913 Account#: VX82887
Physician: GILES, JESSE Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/12/2016 Lab Order No: 661300954 Reg Date: 06/13/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL - VOLP			
SPECIMEN TYPE			
HEART BLOOD			
ETHANOL	**0.048**	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			
HEART BLOOD			
GC/MS			
COCAINE, COCAINE METABOLITE, LEVAMISOLE, LIDOCAINE, CAFFEINE, NICOTINE METABOLITE			
LC/MS/MS			
COCAINE, COCAINE METABOLITES, CAFFEINE, CAFFEINE METABOLITE			
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	NEGATIVE	mg/L	0.050
COCAINE METABOLITE	**POSITIVE**	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

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

Patient: ALMODOVAR, STANLEY Age: **23** Sex: **M**
Client Patient ID: 9-16-913 Account#: VX82887
Physician: GILES, JESSE Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/12/2016 Lab Order No: 661500906 Reg Date: 06/13/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL, VITREOUS - VOLPV			
SPECIMEN TYPE			
VITREOUS			
ETHANOL	**0.061**	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: 7/20/16

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE