

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

REPORT OF AUTOPSY

DECEDENT: YILMARY RODRIGUEZ-SOLIVAN **CASE #:** ME 2016-000914

MANNER OF DEATH: Homicide

IDENTIFIED BY: Photo ID

AGE: 24 years

SEX: Female

RACE: White

DATE OF DEATH: June 12, 2016

DATE/TIME OF AUTOPSY: June 12, 2016 @ 1:20 p.m.

PERFORMED BY:

 6/5/16
Gary Lee Utz, MD, Deputy Chief Medical Examiner

CAUSE OF DEATH: Gunshot wound of torso

AUTOPSY FINDINGS

- I. Gunshot wound of torso, indeterminate range, entering left back, with exit:
 - A. Transection of cervical spinal cord
 - B. C6-C7 fracture
 - C. Subarachnoid hemorrhage
 - D. Exit wound right anterior neck

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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 medical records and investigative reports, it is my opinion that the death of Yilmary Rodriguez-Solivan, a 24-year-old female who was shot by another person, is due to gunshot wound of the torso.

The manner of death is homicide.

**POSTMORTEM EXAMINATION
OF THE BODY OF YILMARY RODRIGUEZ-SOLIVAN**

A postmortem examination of the body of a female identified as Yilmary Rodriguez-Solivan 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 12, 2016 @ 1:20 p.m.

IDENTIFICATION: The body of Yilmary Rodriguez-Solivan is identified by comparison to the photograph in Florida Driver's License #R362-960-91-830-0 by FDLE Special Agent Walsh on June 12, 2016. The identification is made to M.E. Chief Investigator Hicks.

CLOTHING AND VALUABLES: The body is received clad in a shirt, elastic underwear, bra and shoes. Hair ties and bobby pins are in place. An elaborate yellow metal necklace is around the neck. White metal stud earrings are present in each earlobe. A paper hospital ID bracelet is on the right wrist. An orange and white paper bracelet is on the right wrist. Personal effects are documented and personally verified in the Body and Personal Effects record.

Examination of the shirt reveals a 1/8 inch slightly irregular defect in the left back of the shirt, corresponding the location to the gunshot entrance wound. There is also disruption of the necklace associated with the exit wound. There is no evidence of close-range firing.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished white woman that weighs 142 pounds, measures 61 inches in length, and appears compatible with the stated age of 24 years. The body is cool to touch. Rigor mortis is fully fixed in the extremities and jaw. Faint blanching purple livor extends over the posterior surface of the body, except in the areas exposed to pressure.

The scalp hair is dark brown and measures up to 20 inches in length over the crown. The irides are brown; the corneas are clear. The sclerae and conjunctivae are pale. The nose and ears are not unusual and display no evidence of trauma. The oral cavity is free of blood and the mucosae are without evidence of trauma. 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 breasts are normally developed and symmetrical, without palpable masses.

The abdomen is slightly rounded. Abdominal striae are present. The external genitalia are those of a normal adult woman.

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 extremities and torso and are documented photographically. A $\frac{3}{4}$ inch nevus is present on the anterior right thigh. A birthmark is present on the left buttock. Multiple irregular scars are present on the posterior aspect of the right elbow. An oval scar is present in the left breast at the inner upper quadrant. Irregular scars are present in the right upper back. Small scars are present over the anterior left knee and dorsum of the right foot.

EVIDENCE OF MEDICAL INTERVENTION: None.

EVIDENCE OF INJURY

Head and Neck:

A small faint abrasion and laceration are present over the dorsum of the nose.

Torso:

A gunshot wound of entrance is identified in the left upper back centered $1\frac{1}{2}$ inches to the left of the midline and $11\frac{1}{4}$ inches below the top of the head. The wound is round, $\frac{1}{4}$ inch in diameter with circumferential marginal abrasion measuring up to $\frac{1}{8}$ inch width most prominent between the 4 o'clock position and 9 o'clock position positions. No soot or stippling is present.

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

The projectile traverses the soft tissue of the back, and enters the cervical spine at the level of C6, producing comminuted fractures and transection of the cervical spinal cord. The projectile then exits anteriorly to the right of the larynx without producing visible injury to the carotid artery or jugular vein. A large amount of hemorrhage is present in the strap muscles on the right.

A gunshot wound of exit is identified in the right anterior neck centered 1 inch to the right of the midline and 9 inches below the top of the head. The wound is irregular, 5/8 x 1/4 inch, without soot, stippling or marginal abrasion. At the inferior margin of the wound is an irregular jagged defect measuring 1/8 inch in length. Small abrasions/contusions are present surrounding the inferior aspect of the wound and extending posteriorly across the right side of the neck, measuring in total

6 inches in length and up to 3/4 inch in width. These marks are consistent with the yellow metal necklace. No projectile is recovered.

Prior to performance of the autopsy, postmortem radiographs reveal no evidence of retained projectiles. Fingernail clippings and pulled head hair were obtained.

Upper and Lower Extremities:

None.

INTERNAL EXAMINATION

BODY CAVITIES: 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 240 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 red-brown and firm, without focal abnormalities. The 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 480 grams and 360 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.

HEPATOBIILIARY SYSTEM: The liver weighs 1240 grams. The hepatic capsule is smooth, glistening and intact, covering a red-brown parenchyma without focal lesions noted. 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 a scant quantity of thin tan mucoid material. The small and large intestines are unremarkable.

GENITOURINARY SYSTEM: The right and left kidneys weigh 100 grams and 110 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 150 milliliters of clear yellow urine; the mucosa is gray-tan and smooth.

The uterus, fallopian tubes, ovaries and vagina are unremarkable. An intrauterine device is in place. The breast tissue has the usual fibrous and adipose mixture, without focal abnormalities.

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: Except for hemorrhage in the soft tissue associated with the path of the projectile, examination of the soft tissues of the neck, including the strap muscles, thyroid gland and large vessels reveals no abnormalities. The hyoid bone and larynx are intact. Minimal mucosal hemorrhage is present in the larynx.

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HEAD AND CENTRAL NERVOUS SYSTEM: The brain weighs 1350 grams. The dura mater and falx cerebri are intact. The leptomeninges are thin and delicate. Minimal subarachnoid hemorrhage is present over the basilar brain and brainstem. Hemorrhage is present within the foramen magnum. 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.

GLU/jw

Patient: UNIDENTIFIED, FEMALE
Age: 99 Sex: F
Client Patient ID: 9-16-914
Account#: VX82888
Physician: UTZ, GARY
Client: DISTRICT 9 MEDICAL EXAMINER MISC
TOXICOLOGY

Specimen Collected : 06/12/2016

Lab Order No: 661300956

Reg Date: 06/13/16

Test Name	Result	Units	Cutoff/Reporting Limits
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VOLATILE PANEL - VOLP

SPECIMEN TYPE

PERIPHERAL BLOOD

ETHANOL	0.185	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

PERIPHERAL BLOOD

GC/MS

CAFFEINE

LC/MS/MS

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	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 maintained. Testing has been performed as requested

Reviewed by: Joindul Date: 7/19/16
FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE
TOXICOLOGY REPORT
UNIDENTIFIED, FEMALE

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YILMARY RODRIGUEZ-SOLIVAN

INJURY CLASSIFICATION

Gary Hunter

